

# 2025 AT A GLANCE

MSP NEWSLETTER 2025

DECEMBER 2025



Malaysian Society of Periodontology



## ADVANCING PERIODONTOLOGY

**Strengthening our local dental  
community**

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**Empowering and creating  
awareness in our local  
community**

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**Affiliating and fostering  
relationships with the global  
periodontal community**

## In Focus: Prof. Dr. V. Rathna Devi

On leadership, learning, and  
the future of our field







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# President's Thoughts

Dear Members and Friends,  
As we begin the final year of the 2024–2026 committee term, I am truly grateful for everything we have achieved together. This year has been especially meaningful for MSP.



One unforgettable moment was seeing the Malaysian flag waved for the very first time at EuroPerio in Vienna, marking our official affiliation with the European Federation of Periodontology (EFP). It was a proud moment for all of us.

Our activities throughout the year reflect the strong commitment of our members. The Kuantan and Melaka Roadshows reached more colleagues nationwide and will mark the final venue in Kota Kinabalu. Our participation at EFP EuroPerio and the IAP meeting strengthened Malaysia's presence internationally. The AGM 2025 and our feature interview with Professor Rathna added further richness to the year.

Additionally, I am pleased to highlight that the MSP Study Club Online continues to serve as an important educational platform for our members, providing valuable learning resources and a space for continuous professional development.

The highlight, without doubt, was co-hosting the International Scientific Conference in Malaysia, led by Prof. Rathna and her exceptional team, which brought world-renowned periodontists to our shores — a proud achievement for our society.



*AP Dr Mohd Faizal Hafez bin Hidayat  
President  
Malaysian Society of Periodontology (MSP)  
2024–2026*

As we move into the final stretch of our tenure, I look forward to continuing this journey together. With your support, we will keep advancing periodontal care and education in Malaysia and beyond.

**AP Dr Mohd Faizal Hafez bin Hidayat**

## Editor's Note



*Dr. Philip Han  
Editor-in-Chief  
MSP*

I hope that everyone had an amazing 2025 thus far. As we approach the end of an eventful year for our society, the MSP editorial team are excited to give our members a recap of the year 2025 and also updates on exciting upcoming events for the year 2026. It is our honour to also have Professor Dr. Rathna Devi Vaithilingam this year in our newsletter this year as our featured expert.

We are currently 303 members strong and growing (44 life members, 95 ordinary members and 164 associate members). 2025 has been an exciting year for our society. The highlights of this year would be seeing the Malaysian flag waved on stage along with the other affiliate countries of EFP during the EuroPerio Conference in Vienna as well as being host, alongside the International Academy of Periodontology (IAP) in bringing the biennial IAP Conference and many world renowned periodontists and experts to the Malaysian shores.

I hope that you enjoy this issue of our newsletter just as much as I did. We would like to thank our sponsors, Genlab Dental Laboratory, Wise Heritage and PharmaAce too for their support. We look forward to advancing periodontology in our local dental community, growing the awareness of periodontal health and diseases in the Malaysian public and also continue placing Malaysia on the global map.

## Your Editorial Team...



*Dr. Philip Han*



*Dr. Kimra Kaur*



*Dr. Nik Madihah*



*Dr. Tan Shiuan  
Lee*



*Dr. Dzulqarnain*



*Dr. Lew Pit Hui*

2024 - 2026



# EuroPerio 11 – Making Malaysia Proud on the Global Stage

Vienna, Austria | May 15–18, 2025



Dr Nik Madiah  
UKM

MSP proudly marked a historic milestone at EuroPerio11, the world's premier congress in periodontology and implant dentistry, held in Vienna, Austria. Among thousands of delegates from across the globe, Malaysia stood proudly for the very first time as an official part of the international periodontal community.

## *A Flag-Raising First for Malaysia*

One of the most memorable moments of the congress came during the Opening Ceremony, where Dr. Mohd Faizal Hafez, President of MSP, carried the Malaysian flag during the international flag parade. This was the first time the Malaysian flag was flown at EuroPerio, marking our debut as an associate member of the European Federation of Periodontology (EFP). This moment symbolised not just recognition, but the culmination of years of effort to put Malaysia on the global periodontal map. We would like to extend our deepest appreciation to the MSP executive and committee members, past and present, who worked tirelessly behind the scenes to secure Malaysia's associate membership in the EFP. Your dedication and persistence have opened the doors for Malaysian periodontology to engage with the global community in a more meaningful way. Your efforts have made this proud moment possible, and your legacy will be felt for years to come.





### *Malaysian Research and Presentations on the Global Stage*

Malaysia's participation went beyond the ceremonial. Several Malaysian researchers and clinicians took part in the scientific programme, presenting both oral and poster presentations. These covered a wide range of topics, including periodontal regeneration, clinical reports, and public health strategies in managing periodontal disease. These contributions reflected the growing strength and quality of periodontal research in Malaysia, and it was encouraging to see our presenters receiving positive engagement and interest from international peers.

### *Engaging with the Global Periodontal Community*

EuroPerio11 featured high-impact plenary sessions, cutting-edge scientific discussions, and live surgery broadcasts, all delivered by leading experts in the field. Malaysian



delegates fully immersed themselves in these sessions, exchanging ideas, learning from the best, and building connections that will help elevate periodontal care and research at home.

### *A United Malaysian Delegation*

It was inspiring to witness such a strong and passionate Malaysian delegation. From senior specialists and academics to postgraduate students and early-career researchers, our presence was vibrant and enthusiastic throughout the congress. Your participation is a clear reflection of our collective commitment to continuous learning, professional excellence, and collaboration beyond borders. To everyone who made this milestone possible—our presenters, delegates, and especially the MSP committee members—thank you. Your work has brought Malaysia into the international spotlight and shown the world what we are capable of. Thank You for Making Malaysia Proud!

As we celebrate this achievement, let us continue working together to strengthen periodontology in Malaysia and make an even bigger impact in the years to come. Onward to EuroPerio12!

# MSP Study Club: Autogenous Platelet Concentrates (APCs) Applications in Periodontal Therapy



Dr Najwa Baharudin  
UiTM

On December 12<sup>th</sup> 2024, the final MSP Study Club session of 2024 was held featuring a presentation by Dr. Najwa Baharudin from Faculty of Dentistry, UiTM on the evolving role of Autogenous Platelet Concentrates (APCs) in periodontal therapy. APCs are bioactive derivatives prepared from a patient's own blood have gained increasing attention for their potential to enhance soft and hard tissue healing through concentrated platelets, leukocytes, fibrin, and growth factors .

The presentation outlined the classification of APCs, distinguishing between platelet-rich plasma (PRP) and platelet-rich fibrin (PRF) based formulations and highlighting the superior structural integrity and

sustained growth-factor release offered by second-generation products such as L-PRF. Their robust fibrin matrix enables prolonged delivery of PDGF, TGF- $\beta$ 1, VEGF, and key cytokines, underpinning their regenerative potential .

The session also reviewed current evidence from recent systematic reviews and meta-analyses. While PRF shows promise as an adjunct to non-surgical periodontal therapy, the literature remains limited. More consistent benefits were reported in intrabony and Class II furcation defects, where PRF demonstrated improvements in PPD, CAL, and radiographic bone fill comparable to conventional regenerative approaches.

Applications in root coverage, ridge preservation, bone augmentation, and sinus floor elevation also appear encouraging, although study heterogeneity continues to limit strong conclusions.

Clinical case examples using concentrated growth factor, a subset of APC was also shared during the session, further illustrated its practical integration into periodontal and implant procedures. Overall, APCs represent a promising yet evolving adjunct in periodontal regeneration, with further high-quality trials needed to refine indications and protocols.



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# MSP 23<sup>rd</sup> Annual General Meeting



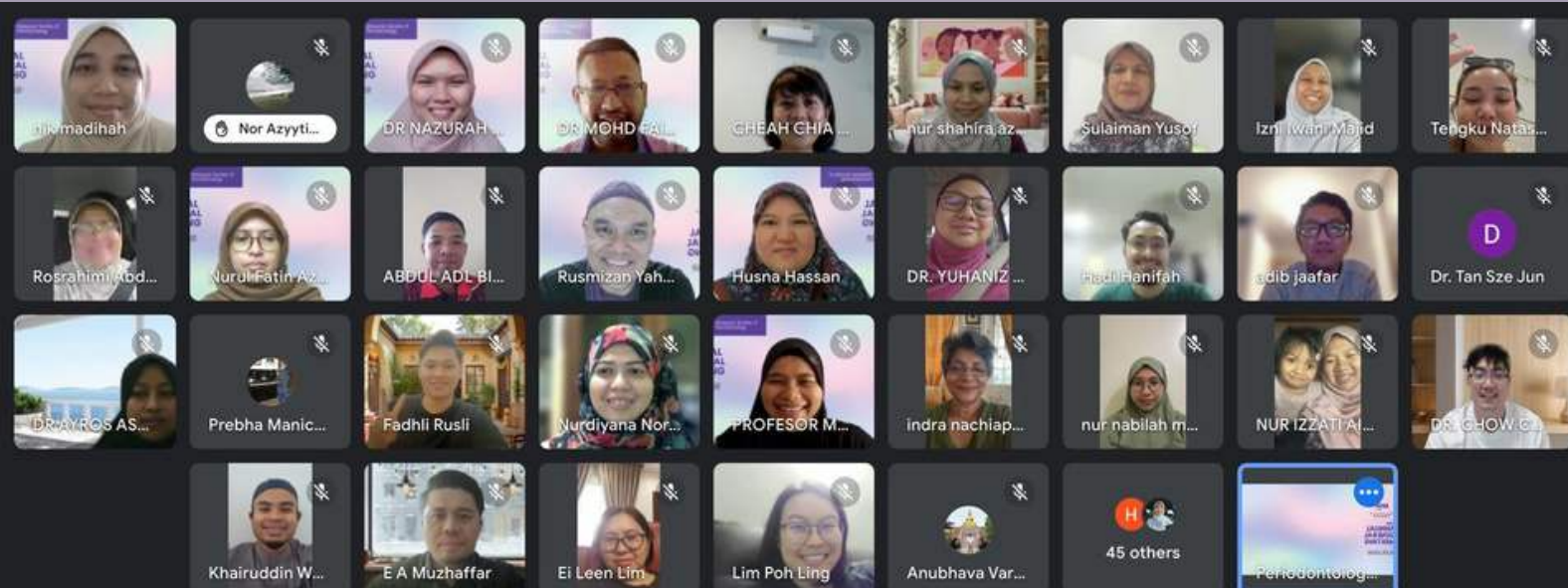
Dr Tan Shiuan Lee  
MOH

The Malaysian Society of Periodontology (MSP) 23<sup>rd</sup> AGM was successfully conducted online on March 25, 2025. The session received a tremendous response, with over 100 attendees showing up.

The AGM was moderated by Dr. Nik Madihah Nik Azis and it begun with a welcoming speech by the MSP President Dr Faizal Hafez Hidayat, paving the way for an engaging and productive meeting. The session continued with two insightful plenary talks, given by Dr Rusmizan Yahaya, with the topic on "Indirect Sinus Lift: Daunting to Encouraging Procedure" as well as by Dr Nurul Fatin Azizan (MSP 2024 Book Prize Recipient), focusing on "Exploring Adjunctive Therapies for Residual Pockets During Supportive Periodontal Care".

The official meeting was led by MSP Secretary Dr Mohd Zamri Hussin, where pivotal discussions and decisions were made, including validation of previous minutes, financial report by MSP Treasurer Dr Lim Ei Leen, along with presentation of motions. Each MSP portfolio, namely MSP Roadshow, MSP Study Club, MSP Newsletter & Publications as well as MSP Media, presented their progress on key projects and accomplishments, respectively.

The climax of the meeting was the announcement of the MSP 2025 Book Prize winner and an exciting lucky draw, adding fun, suspense and fantastic prizes to the participants! A sincere appreciation to the sponsors – NTC, Ametis Biomed and Mr Bur, for their generous contribution to bring this event to fruition. The meeting wrapped up successfully with a group photo session.



# Bedtime Procrastination – Does it impact our General and Periodontal Health?

*Dr Arlene Khaw Bee Hong*



After a long week, Friday night is finally here! After tucking our kids into bed, I loaded the dryer and sat down on our couch. My husband had to work the following day, and so he left me sitting alone and went to bed. The entire house was quiet. I looked at my phone – it was 10:30PM. And the next thing I knew, it was 12:45AM!

I bought three things on the Shopee midnight sale which I did not need. I was just scrolling mindlessly and I am now mad at myself because I should have gone to bed two hours ago. This seems to be occurring frequently. Has this happened to you? This act of deliberately delaying sleep to engage in leisure activities is known as bedtime procrastination (BP) and is often a reaction to a busy or stressful day.<sup>1</sup> The hustle culture, parenting responsibilities or a packed schedule can lead to a feeling that bedtime is the only available me-time.

## The Impact of Sleep Duration on General Health

It is known that sleep helps regulate many physiological functions. Studies demonstrated the presence of a U-shaped association between sleep duration and poorer health.<sup>2,3</sup> It appears that individuals with both insufficient and excessive sleep duration have a greater risk of developing obesity, diabetes, hypertension and cardiovascular diseases compared to those with adequate sleep.

To highlight the importance of sleep, healthy sleep (an average of 7–9 hours per day) has been recently added to the indicators of cardiovascular health, the so-called Life's Essential 8 (LE8).<sup>4</sup> Other components of LE8 include a healthy diet, regular physical activity, no exposure to nicotine, a healthy weight, and a healthy range of blood lipids, glucose and pressure. Excessive sleep ( $\geq 9$  hours) has been associated with sleep disorders, alcohol consumption and poor lifestyle.<sup>5</sup>



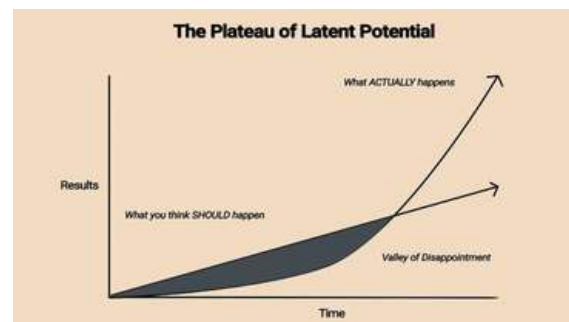
## The Association between Sleep and Periodontitis

Epidemiological studies with large sample sizes (18 studies, 292 665 subjects) indicate a correlation between sleep duration and oral/periodontal health. The literature also supports the biological plausibility of this association in a complex and multifactorial interplay which is linked to the immune-inflammatory response and the oral microbiota composition.<sup>6</sup>

### Conclusion

Self-chosen sleep deprivation is very common in our modern society and the importance of sleep for health remains generally undervalued. Furthermore, this habit is especially difficult to break, given that the majority of people who deliberately put off their sleep are aware of its negative consequences.

However, getting 1 percent better every day counts for a lot in the long term, particularly in changing your sleep behaviour.<sup>7</sup> Most habits appear to make no difference until you cross a critical threshold. So in order to see a meaningful difference, your habit needs to persist long enough to breakthrough this plateau of latent potential. And so, I wish you an adequate and restful sleep for your nights to come. May you enjoy its rewarding impact on your general and periodontal health in the not so distant future.



Source: Clear, J. (2018). Atomic habits: An easy & proven way to build good habits & break bad ones. Avery. - page 22

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# MSP Hits the Road – Melaka Edition 2025



*Dr Tan Shiuan Lee  
MOH*

The Malaysian Society of Periodontology (MSP) successfully organized its 2025 second Roadshow at Swan Garden Resort Hotel, Melaka on 5th July 2025, bringing together dental professionals from both government and private sectors, as well as academics, for a day of education and hands-on learning.

The event began with a warm welcome speech by MSP Treasurer, Dr. Lim Ei Leen, who also highlighted the upcoming IAP 20<sup>th</sup> Biennial Joint Scientific Conference which will be held from 2<sup>nd</sup> – 4<sup>th</sup> October 2025 at Kuala Lumpur.



We were also delighted to have Dr Sabarina bt Omar, TPKN(G) Melaka, gracing the event with her presence. A subsequent series of engaging lectures ensued, addressing key topics in contemporary periodontal and implant practice.



These sessions provided participants with valuable updates on clinical decision-making and evidence-based management in related disciplines.

The first scientific talk was delivered by Assoc Prof Dr Chan Yoong Kian, who shared insights on “Challenges in Sinus Floor Elevation” and it captivated the audience. Next was the first sponsor presentation by Pharmaniaga, represented by Dr Saliha bt Abd. Aziz, discussed on the use of “High Molecular Weight Hyaluronic Acid in Periodontology: Evidence Based Use in Gingival and Periodontal Healing”. After a quick mid-morning coffee break, the program carried on with lecture featured Lt Kol (Dr) Raja Noreihan binti Raja Abdullah with a topic on “The Endodontic-Periodontal Interrelationship: Where Two Worlds Meet”. Her session highlighted the applied best practices to deal with these common clinical challenges. Following that, a second sponsor session from SC Dental, where Dr Kan Wye Yip, a private dental practitioner shared his thoughts on the advantages of Neodent GM Helix implant.

The event was not completed without the combined lecture and hands-on session on “Periodontal and Implant Maintenance in General Practice” conducted by Dr Arlene Khaw, together with one of our gold sponsors, Wise Heritage Sdn Bhd. Her lecture focused on the use of EMS air-polishing devices for periodontal and implant maintenance. Participants had the opportunity to gain first-hand experience with the equipment and techniques that enhance biofilm control and patient comfort during maintenance therapy.

After the closing ceremony and group photo session, the event ended and participants were invited to the buffet lunch. The MSP Roadshow in Melaka served as an excellent platform for knowledge exchange, professional networking, and skill enhancement among general dentists. The Society continues its commitment to promoting continuing dental education and advancing periodontal care standards across Malaysia.



# Expert Spotlight: Prof. Rathna Devi



*Dr Lew Pit Hui  
IMU*

Prof, could you start by sharing a bit about yourself and your journey in the field of Periodontology?

I graduated from Universiti Malaya (UM) in 1990 and served in the Ministry of Health (MOH) for 17 years before joining UM again as an academic lecturer.

Back then, after completing a basic dental degree, we did not have the structured specialist attachments available to new graduates today. Most of us were posted to rural clinics as the sole dental officer, responsible not only for delivering clinical care but also for managing the entire clinic. The learning curve was steep—we had to refine our clinical skills independently while ensuring that the clinic administration and operations ran smoothly.

My early years were spent in government clinics in Sungai Sumun, Perak, after which I was transferred to Selangor, where I served in Tanjung Karang, Shah Alam, and Klang.

Following the completion of my MCLinDent (Periodontology) at UM, I was posted to Negeri Sembilan, working first in Seremban and later in Kuala Pilah.

After 17 years with the Ministry of Health (MOH), I received permission (pelepasan dengan izin) to transition to UM in January 2008, and I have been here ever since—for the past 18 years.



*PROF. DR. V.RATHNA DEVI A/P A.VAITHILINGAM  
University Malaya*





What inspired you to pursue Periodontology as your specialty, and what continues to motivate you today?

When I was working in Klang in the 1990s, I recognized a significant need for periodontal services in Selangor, as there were no periodontists in the state at that time. Dentists had no specialists to whom they could refer complex cases, and patients often lacked awareness of their oral health, frequently accepting extractions as the only solution.

Dr Norhayati, the oral and maxillofacial surgeon working in Klang then, truly inspired me to pursue specialty training in periodontology while I was at Hospital Tengku Ampuan Rahimah. I was fortunate to have weekly periodontics attachments with Datuk Dr Ahmad Sharifuddin at his clinic in KP Cahaya Suria, Kuala Lumpur. Datuk Ahmad's passion for promoting periodontal services further motivated me to follow this path.

My journey into academia was shaped by my lecturers at UM—Prof Dr Tarabai Taiyeb Ali, Associate Prof Dr Salmah Kamin, and Professor Dasan Swaminathan—whose guidance inspired me to contribute to teaching and research. One of my main motivations for joining academia was my keen interest in research. While I had already conducted small cross-sectional studies during my time with the Ministry of Health, my passion for exploring periodontology–systemic health research fully developed after joining UM.

Could you share a memorable clinical case or teaching moment that had a significant impact on you?

There are many memorable clinical cases I could share, but one that truly stands out involved a 35-year-old patient referred to me for her periodontal condition. She had generalized severe periodontitis and had

**“ONE OF MY MAIN MOTIVATIONS FOR JOINING ACADEMIA WAS MY KEEN INTEREST IN RESEARCH”**

seen many dentists before. She was deeply distressed about the possibility of losing her teeth

and began crying in the dental chair.

That moment made me realize the profound impact periodontitis can have on a patient's quality of life. I carefully explained the treatment plan and emphasized the crucial role she would play in her own care. She proved to be an exceptionally motivated patient, diligently following all oral hygiene instructions.

By the end of her periodontal treatment, her confidence had noticeably improved, and she was immensely grateful to have retained most of her teeth.

Equally memorable for me are the teaching moments with my students—the satisfaction of seeing them excel in their studies and grow into capable dental professionals is truly rewarding.



How do you envision the future landscape of Periodontology in Malaysia, especially with the increasing number of dental graduates and periodontists?

According to the latest NOHSA studies, the burden of periodontal disease in Malaysia remains high. However, the number of periodontists working in both government and private dental specialist clinics is still relatively low. This gap underscores the ongoing need for periodontists to ensure that periodontal services are accessible and effectively utilized.

The Ministry of Health has made commendable progress in addressing this issue, with new periodontal clinics opening in smaller cities, improving access for populations who previously had limited services.

At the same time, there is a critical need to raise public awareness about the importance of periodontal health—not only for maintaining oral function but also for its significant impact on overall systemic health.

This highlights the crucial role of our dental graduates. I always tell my students that the most important phase of periodontal therapy is Step 1, which focuses on risk factor control. Spending extra time educating patients, providing oral hygiene instructions, and motivating them is what ultimately determines the success of treatment. With sufficient numbers of well-trained dental graduates distributed across the country, I am confident that future NOHSA surveys will reflect significant improvements in periodontal health outcomes.





In your opinion, which emerging research areas hold the greatest potential to transform future periodontal care and patient outcomes?

Among all dental specialties, periodontal research is undoubtedly at the forefront in terms of growth and scientific innovation. There is a wealth of research in areas such as periodontitis–systemic conditions, periodontal regeneration and tissue engineering, artificial intelligence and digital periodontology, host modulation and immunotherapy, the various Omics technologies (proteomics, metagenomics, metabolomics, transcriptomics, etc.), precision diagnostics, and many more.



I believe no single emerging field holds the greatest potential alone; rather, collectively, these areas are driving the evolution of personalized, biologically guided, and minimally invasive periodontal care—ultimately improving both oral and systemic health outcomes.

My own research passion lies in the periodontal–systemic relationship. I began by investigating the link between periodontitis and diabetes, and one significant outcome of this work was the inclusion of periodontal disease management in the 2020 Clinical Practice Guidelines for management of type 2 diabetes. This has the potential to elevate periodontal care within broader healthcare models and promote interdisciplinary management— an area in which I remain actively engaged. Since 2012, I have been fortunate to work closely with Emeritus Prof Dr Mark Bartold from Adelaide University, Australia, whose mentorship has been invaluable. He encouraged me to explore the connection between periodontitis and rheumatoid arthritis, an area with significant scope for fundamental research into the underlying mechanisms. This continues to be a central focus of my current research.

From a lecturer perspective, what strategies do you find most effective in keeping students engaged and motivated across different learning levels?

Students today are highly exposed to technology, and as a result, teaching methods can no longer rely solely on traditional didactic approaches. Active learning strategies—such as discussions, problem-solving activities, case-based learning, and hands-on demonstrations—help keep students engaged rather than passively listening. Such participation enhances both retention and understanding.

# "Passion is contagious and can spark their interest"

Motivation also increases when students see the practical relevance of what they are learning. Incorporating real clinical cases, images, and patient experiences during tutorials, bridges theory with practice and makes learning more meaningful.

Malaysian students tend to be more reserved, which often leads to fewer questions being asked. Small-group discussions therefore provide a more approachable, supportive environment that encourages them to seek clarification, share ideas, and admit confusion without fear of judgment. Finally, students are naturally more engaged when they sense genuine enthusiasm from the lecturer. Passion is contagious and can spark their interest.

Equally important is acknowledging students' progress, effort, and achievements—even small ones—as this boosts morale and fosters sustained motivation.



What key qualities should an aspiring periodontist aim to develop early in their training?

Aspiring periodontists should begin cultivating several key qualities early in their training to excel both clinically and academically. These include building a strong clinical foundation, developing critical thinking and diagnostic skills, formulating evidence-based treatment plans, and practicing with empathy and ethical integrity. Effective communication, teamwork, and a commitment to lifelong learning are equally essential.

My advice to future periodontists is this: the world is your oyster—continue challenging yourself to grow beyond expectations and strive for excellence in everything you do

What advice would you give to young academics who are striving to balance teaching, research, and clinical responsibilities?

As the saying goes, academics need to be a jack of all trades; however, we should also strive to become masters of all. As teachers of future generations of dentists and periodontists, you serve as their role models, nurturing and shaping the professionals they will become. In teaching, you also continue to learn. Teach with passion, empathy, and, most importantly, with a strong commitment to ethical patient management—values that your students will carry into their future practice.



Being in academia may not always allow us the luxury of performing as much clinical work as we would like.

Nevertheless, it is imperative that young academics maintain and refine their clinical skills while continuously updating themselves. Remember that the patients your students treat are, in essence, your patients as well. Ensure that these individuals receive the same standard of care that you would personally wish to provide.

With regard to research, my advice to young academics is to identify a niche area they feel genuinely passionate about. Build a research team that brings together expertise from various disciplines and with whom you can collaborate comfortably. Once you have that foundation, immerse yourself deeply in your chosen subject. The further you explore, the more profound your understanding will become. This depth of engagement is also key to securing highly competitive research grants, as review panels look for clear commitment and sustained effort within your field of study.

Outside of Dentistry, what are your personal interests, and how do you usually spend your free time?

My personal interests include reading, travelling, gardening, and practicing yoga –activities I have not had much time to indulge in due to a demanding work schedule, especially since entering academia. These are pursuits I look forward to enjoying more fully upon retirement!



I have also been actively involved in the Malaysian Society of Periodontology, where I previously served as Treasurer, Vice President, and President. In 2023, I was invited once again by MSP to serve as Chairperson of the Local Organising Committee for the IAP–MSP 2025 Biennial Scientific Conference. It was a truly rewarding experience working alongside the young talents of MSP, guided by our advisor, the ever-inspiring Datuk Dr. Ahmad Sharifuddin.

In addition to this, I have been involved with the Malaysian Society of Microbiologists and Immunologists, a young society that brings together clinicians and scientists. Within this organisation, I have served as Council Member, Vice President, and President.





Looking back on your career, what were the most significant challenges you faced, and how did you navigate or overcome them?

For me, one of the greatest challenges came when I decided to move from the MOH to UM in 2008. After serving in the MOH for 17 years and having already long been confirmed in my post, the transition required me to start anew in a different environment. Although I had received a 'pelepasan dengan izin', which allowed my pensionable service to be carried forward, I still needed to meet UM's requirements for confirmation—including producing three publications.



It took time and perseverance to complete those publications, but I truly enjoyed the learning process. As the saying goes: "Challenges are what make life interesting; overcoming them is what makes life meaningful." Looking back, I have no regrets about entering academia. It has given me opportunities to contribute to society in meaningful ways that I might not have been able to within the MOH.

What legacy do you hope to leave for the next generation of periodontists and dental educators?

Whatever I am today, is a reflection of the legacies of my parents and the exceptional teachers who shaped me. I hope to pass on a similar legacy—one grounded in compassion, clinical excellence, and a genuine commitment to lifelong learning.





I often remind my students that confidence in clinical practice stems from a strong foundation of knowledge. Their curiosity should not end at graduation; rather, they should continue pushing their boundaries and seeking growth throughout their careers.

For the next generation of periodontists, I want to emphasise the importance of practising evidence-based dentistry while never losing sight of the human being behind every clinical decision. If they carry forward a spirit of curiosity, humility, and empathy, I will feel that I have made a meaningful contribution.

As a dental educator, my aspiration is to nurture a culture of critical thinking, integrity, and innovation. Above all, I want educators to recognise that teaching is not merely the transfer of knowledge—it is the shaping of professionals who will elevate our discipline and serve society with sincerity and purpose.

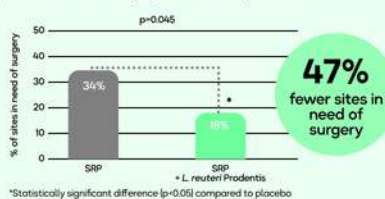
If the next generation feels empowered to pursue excellence, uplift others, and leave the field better than they found it, that will be the legacy I am proud to leave behind!

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*L. reuteri* Prodentis as an adjunct to SRP significantly reduced the need for surgery in patients with deep periodontal pockets.<sup>1</sup>

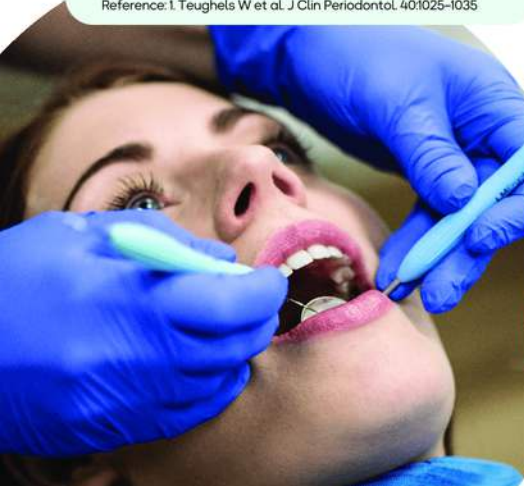
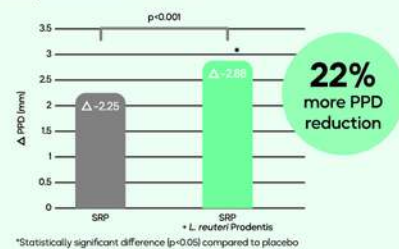


For Healthcare Professional Only.  
Reference: 1. Teughels W et al. J Clin Periodontol. 40:1025-1035

*L. reuteri* Prodentis as an adjunct to SRP resulted in significantly more clinical attachment level (CAL) gain in deep pockets compared to SRP alone.<sup>1</sup>



*L. reuteri* Prodentis as an adjunct to SRP leads to additional pocket depth reduction compared to SRP alone.<sup>1</sup>



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# MSP Study Club: Periodontal Regeneration, My Perspective



Dr Tan Hong Jin  
Maison Dental Specialists

Periodontal regeneration remains one of the most rewarding and biologically elegant treatment modalities available for improving a tooth's long-term prognosis.

Conventionally, regeneration is indicated when residual probing depths of  $\geq 6$  mm are associated with intrabony defects of  $\geq 3$  mm, or in cases of Grade II furcation involvement, following Step 2, non-surgical periodontal therapy.

However, I believe our mindset should not limit regeneration to surgical intervention alone. The principles of periodontal regeneration can and should guide our thinking even during non-surgical therapy. Through minimally invasive non-surgical therapy (MINST), we can often maximise the effectiveness of initial treatment.

In my daily practice, I “think regeneration” from the moment therapy begins, especially when managing sites with deep vertical defects.

Beyond using micro-instruments to thoroughly debride root surfaces while minimising soft-tissue trauma, I



Figure 1: Splinting of tooth UR2 using flowable composite with no interference on protrusive or lateral movements

frequently consider splinting for mobile teeth in situations where “blood clot stability” in the gum pockets may be compromised. This may also involve minor occlusal adjustments to relieve secondary occlusal trauma.

Figures 1–5 demonstrate the regenerative potential of non-surgical periodontal therapy. These outcomes occur from time to time and can be recognised when sudden improvements in probing depths appear at sites with vertical defects





Figure 2 and 3: Left - Circumferential bone loss at UR2 and vertical defect at the mesial of UL1. Right - Radiographic evidence of bone fill at UR2 and UL1.



Figure 4 and 5: Pre- and post-treatment images of LL6 demonstrating radiographic bone fill of mesial vertical defect following a course of non-surgical periodontal therapy.

That said, surgical regenerative therapy remains the more predictable and commonly indicated approach when non-surgical outcomes have been exhausted. Numerous factors can influence the success of regenerative procedures (Figure 7), but the following 2 factors deserve particular attention

1. Debridement Quality (Figure 6): This, to me, is the cornerstone of successful regeneration. While minimally invasive flaps are ideal, they should not compromise access. If adequate debridement cannot be achieved, a wider flap is justified. I often begin with a smaller flap and extend the flap if needed. The use of loupes or a microscope can definitely enhance precision and visualisation, supporting optimal debridement



Figure 6: Illustrates that debridement quality carries greater importance than flap minimality (author's opinion).

2. Passive Primary Intention Closure: During flap closure, it is critical to avoid "over-packing" graft material, sufficient space must be preserved for supracrestal tissue components. Additionally, periosteal releasing is essential when additional flap mobility is required to achieve passive, tension-free closure, particularly when a membrane is being placed.

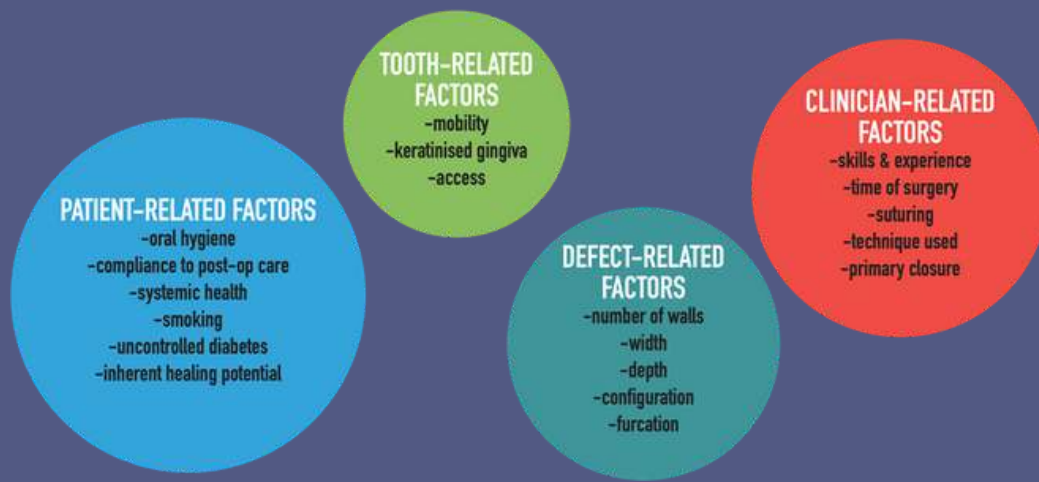


Figure 7: Demonstrates different factors (not limited to) that can affect clinical outcomes of periodontal regeneration

The following figures present 2 cases illustrating the principles and outcomes of periodontal regeneration in clinical practice (Figures 8-12).

I hope this article offers a useful insight into my approach to periodontal regeneration and encourages clinicians to optimise both non-surgical and surgical strategies for improved patient outcomes.



Figure 8: Case 1 – Periodontal Regeneration of LR6 and LR5 with the use of enamel matrix derivatives alone.

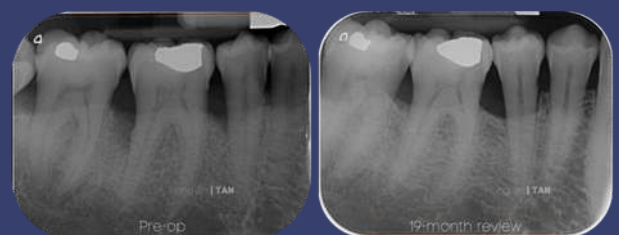


Figure 9: Case 1 - Radiographic bone fill of LR6 and LR5 which remained stable at 19 months.



Figure 10: Case 2 - Periodontal Regeneration of LR6 and LR5 following osseous recontouring using xenograft and enamel matrix derivatives



Figure 11: Case 2- Radiographic bone fill of LR6 and LR5 which remained stable at 12-month review.



Figure 12: Case 2 -Stability of periodontal probing depths of LR6 and LR5 at 12-months





On 8 February 2025, the Malaysian Society of Periodontology (MSP) held its Kuantan Roadshow, gathering dental professionals, academics, and students for a full day of learning and hands-on experience.

The event offered a valuable platform to share the latest knowledge and practical skills in periodontology..

The day began with registration and a warm welcome speech by MSP Vice President, Assoc. Prof. Dr Farha binti Ariffin, who highlighted the importance of continuous education and professional development in advancing periodontal care.

The first scientific session featured Dr Wan Sem Guan with a lecture on "Periodontitis: Orthodontic Implication and Management." The talk was well received and followed by a short Q&A session.

Next was the first sponsor presentation by Pharmaniaga, delivered by Dr Nik Madihah binti Nik Azis. Her session focused on the clinical use of high

## MSP Kuantan Stop: A Day of Insight and Innovation

molecular weight hyaluronic acid in periodontal therapy, sparking interest among many attendees.

After a refreshing coffee break, the program continued with Asst. Prof. Dr Juzaily binti Husain's talk titled "Revisiting Non-Surgical Periodontal Therapy," which offered an evidence-based approach to everyday clinical challenges. This was followed by a second sponsor session from SG

Med Sdn Bhd, where Dr Mohd Nor Hafizi bin Mohd Ali shared his personal experience in implant planning using the JDental System

The highlight of the event was a combined lecture and hands-on session led by Assoc. Prof. Dr Farha binti Ariffin on mastering periodontal instrumentation.

Participants had the opportunity to refine their techniques and gain practical tips to improve clinical outcomes. The event wrapped up with a closing ceremony, group photo session, and a buffet lunch.



Dr Nik Madihah  
UKM



# From Guidelines to Clinical Training: UiTM's Stepwise Periodontal Treatment Model for Undergraduates Periodontal Education

Nazurah Nik Eezammuddeen, Fara Azwin Adam, Farha Ariffin, Mohd Faizal Hafez Hidayat, Erni Noor, Muhammad Hilmi Zainal Ariffin, Najwa Baharudin, Hafizul Izwan Zahari, Sam Ye Han.

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In 2020, the European Federation of Periodontology (EFP) published S3 Clinical Practice Guidelines (CPG) based on high-level evidence on periodontal therapy that delineate four sequential phases of treatment as shown in Figure 1 (Sanz et al, 2020).

- Promoting a staged, minimally invasive pathway that protects patients and develops undergraduates' confidence
- Supporting structured clinical monitoring and tailored care plans through multiple checkpoints
- Reinforcing decision-making

Recognizing its value, the

Faculty of Dentistry, Universiti Teknologi MARA (UiTM)

has

translated this

international guideline

into a localized, clinically relevant workflow for undergraduate training.

The stepwise approach now underpins both the diagnostic flow and treatment planning across clinical cases with the aims of:

grounded in scientific evidence

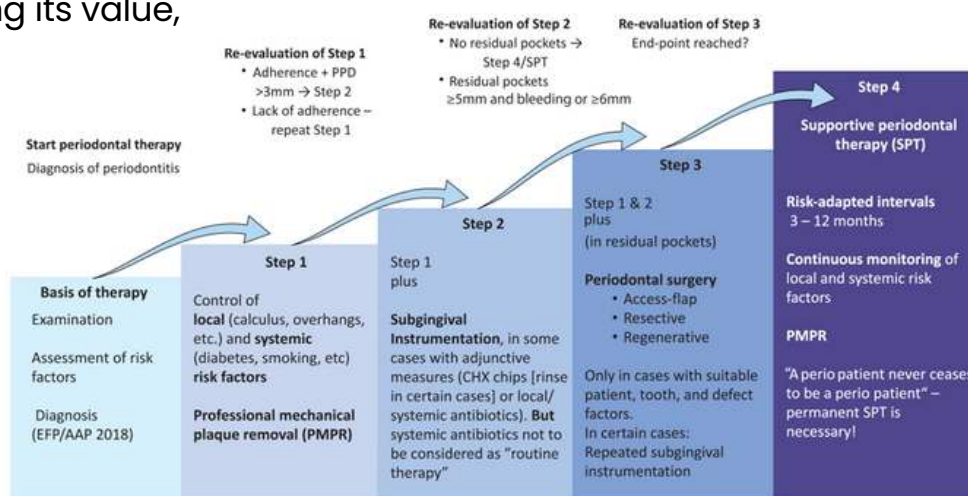


Figure 1 shows the algorithm for stepwise approach in management of Stage I-III periodontitis cases (Sanz et al, 2020) (Reproduced from "Implementing the EFP clinical practice guideline at the national level," by D. Herrera, M. Kebschull, I. Kopp, & M. Sanz, *Perio Insight*, 15 (Summer 2021), pp. 2–6. © European Federation of Periodontology.)

## UiTM Undergraduate Periodontal Clinical Workflow

In the past, periodontal clinical training prioritized the quantity of procedures over patient-centered management.



The approach was largely "one-size-fits-all", where completion of tasks took precedence over diagnostic reasoning or individualized care. In April 2025, UiTM revised the undergraduate periodontal practice and introduced a decision-based structure, adapted from EFP's S3 CPG, for all periodontal cases (Table 1). UiTM's adaptation of the pathway maintains the same clinical backbone while adding student-facing structures such as BPE/Bleeding score gates, mandated triage, referral rules, and timed re-evaluations so students learn why and when to escalate, not just how.

With the model, the curriculum emphasized Step 1 for undergraduate students, highlighting the importance of undergraduates' competency in addressing local/systemic risk factors and, more importantly, providing tailored oral hygiene instruction (OHI) which is pivotal for their future roles as frontline providers in preventing and managing mild periodontal diseases. This stepwise model is also embedded into clinical competencies requiring students to complete cases using the stepwise approach (Step 1 → Step 3/Step 4) as part of their Minimum/Expected Clinical Experience.

UiTM Adaptation of Stepwise Periodontal Treatment for Undergraduate Training	
BASIS OF THERAPY	BPE screening and bleeding score assessment help in triaging cases, validated by a periodontist to identify true periodontitis cases through assessment of CAL, followed by examination and diagnosis (EFP/AAP 2018) (Caton et al, 2018)
STEP 1	OHI, PMPR, control of local/systemic factors and mandatory (Compliance) review strictly after 2-4 weeks with complete documentation of plaque score and persistent deep pockets.
STEP 2	Subgingival instrumentation at sites with PPD>4mm with strict re-evaluation after 6-8 weeks. Reinforcement of OHI and continued control of systemic factors.
STEP 3	Students do not perform surgery. Management is either re-debridement for PPD 5 mm sites or referral to a Periodontist for sites with PPD ≥ 6 mm (Sanz-Sanchez et al., 2020). Interdisciplinary referrals as needed. Consistent reinforcement of OHI and control of systemic factors.
STEP 4	In cases where stable periodontitis is achieved at Step 1 or Step 2, students deliver supportive periodontal therapy according to patient's risk (Lang & Tonetti, 2003).

Table 1 The Stepwise Approach to Periodontal Treatment for Undergraduate Training in UiTM adapted from EFP's S3 Clinical Practice Guideline.

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These case-based experiences support deep learning and critical thinking, ensuring students can justify each intervention rather than perform procedures by routine. In conclusion, the adoption of the stepwise periodontal treatment is feasible for undergraduate training, and the model reflects UiTM's commitment to evidence-based periodontal education.

\*Further details on the full clinical workflow are available upon request. Kindly contact the author through the Department of Periodontology, Faculty of Dentistry, UiTM.



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# MSP Study Club Beyond Brushing: Diet, Periodontal Health, and Everything in Between



Dr Nurul Fatin Azizan  
MOH

This sharing explores the influence of diet on periodontal health, complementing the traditional plaque-centred understanding of gingivitis and periodontitis. While dental biofilm remains the primary cause of periodontal inflammation, current evidence shows that dietary habits strongly modulate the host immune response, oxidative stress levels, and systemic inflammation, all of which affect periodontal outcomes.

High intake of free sugars and refined carbohydrates promotes hyperglycaemia, oxidative stress, and dysregulated immune function, which together heighten gingival inflammation and contribute to both oral and systemic disease. In contrast, diets rich in whole grains, vegetables, fruits, fibre, antioxidants, and omega-3 fatty acids help to reduce inflammatory burden as well as improve gingival parameters, even when plaque levels do not change significantly.

Studies on healthy dietary patterns including Mediterranean, low-glycaemic, and anti-inflammatory diets, consistently demonstrates reductions in bleeding on probing and gingival index, along with improvements in metabolic health. Calorie restriction and intermittent fasting, such as the 5:2 regimen, also show benefits by improving metabolic balance, lowering systemic inflammatory markers and protecting against periodontal breakdown in experimental models.

Overall, integrating dietary guidance alongside conventional periodontal therapy provides a more holistic approach that enhances treatment outcomes, that promotes long-term both oral and general health.



# Controversies in Dentistry: Education at a Crossroad and a Time to Break the Cycle

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Controversies in dentistry have long been a topic of debate among professionals across countries, institutions, and specializations. These debates often centre around a shared concern: that dental education and clinical practice are not evolving quickly enough to meet the changing needs of patients and the profession. This concern has persisted for decades, as reflected in personal experiences dating back to the 1980s, during my study at the MSc in Periodontology at the University of London in 1983, where questions raised during the clinical sessions continue to echo in modern discussions.

One of the most enduring and polarizing debates in dentistry is water fluoridation. In the UK, discussions began in the 1950s, with the government formally endorsing fluoridation by the 1980s as both safe and effective. However, the controversy remains alive today. As recently as 2025, renewed calls to re-evaluate fluoride levels in water resurfaced in the media. Similarly, in Malaysia, despite adherence to national guidelines, public and professional scepticism persists.

These ongoing debates highlight the broader challenge of translating scientific evidence into consistent public policy and dental education.

Dental health education itself is another unresolved issue. Despite curricular expansion, a core problem remains: knowledge is not consistently translated into improved oral hygiene behaviors among patients. Even basic clinical protocols, such as the necessity of plaque scoring, risk assessment, or regular dental visits are still debated. This inconsistency reflects a fragmented educational system that lacks a unified philosophy of care

In Periodontology, the principle of plaque control continues to be fundamental. However, the field has long suffered from inconsistencies in diagnosis and treatment planning. Advances like the Basic Periodontal Examination (BPE), the 2017 Classification of Periodontal and Peri-implant Diseases and conditions, and, digital tools for periodontal charting have helped standardize care.



Still, unless these tools are universally adopted in both undergraduate and postgraduate curricula, variations in clinical practice will remain.

Prosthodontics, often described as both art and science, also faces deep divisions. Undergraduate training typically focuses on complete and partial dentures along with basic fixed prosthodontics. Yet, modern clinical demands, such as implant-supported prostheses and digitally designed restorations far exceed this basic preparation. Postgraduate training often fails to bridge this gap, instead, repeating foundational concepts. A further divide exists between traditional techniques, like wax-ups and castings, and newer digital methods involving CAD/CAM, intraoral scanners, and 3D printing. The reluctance to fully embrace digital dentistry leaves many new graduates ill-equipped for contemporary practice.

Conservative dentistry, rooted in principles of prevention and minimal intervention, is also under threat. Technological advancements, shifting patient expectations, and commercial pressures have pushed the field toward more aggressive and sometimes unnecessary treatments. A major issue is the disconnect between what is taught, minimally invasive, evidence-based care and what is practiced, which often emphasizes profitability.

Outdated teaching methods persist, and the lack of integration of modern adhesive techniques and evidence-based practice further weakens the discipline.

To protect its core values, conservative dentistry must undergo curricular reform, modernize faculty training, emphasize ethical, patient-centered care, and embrace evidence-based practice. This discipline exemplifies broader issues across dental education. The profession must now choose between clinging to outdated traditions or evolving to meet modern expectations with integrity and relevance.

In conclusion, the controversies in dentistry are intensifying and demand immediate attention. Whether it's the debate over fluoride, inconsistencies in periodontal education, or the pressures shaping conservative care, one thing is clear: dental education is at a crossroads. It is time to break the cycle, for students, patients, and the future of the profession.

# 20th IAP & 9th MSP Biennial Joint Scientific Conference 2025



Dr Dzulgarnain  
MOH

The Malaysian Society of Periodontology (MSP) successfully hosted the 20th International Academy of Periodontology (IAP) and 9th MSP Biennial Joint Scientific Meeting from 3–4 October 2025 at the Connexion Conference & Event Centre (CECC), Kuala Lumpur. Chaired by Prof. Dr. Rathna Devi Vaithilingam and co-chaired by Dr. Yuhаниз Ahmad Yaziz, the meeting welcomed more than 420 delegates from Malaysia and across the globe.

The programme began on 2 October with a Pre-Conference Symposium on “Novel Strategies in Periodontal & Bone Regeneration,” followed by three hands-on workshops focusing on bone regeneration, tunneling procedures for root coverage, and surgical and regenerative management of peri-implantitis. These sessions laid the groundwork for the comprehensive scientific exchange that continued over the next two days.









The main scientific conference on 3–4 October opened with remarks by Prof. Shogo Takashiba, President of IAP. Over two days, six major sessions brought together 20 local and international renowned speakers who shared state-of-the-art updates spanning perio-systemic interactions, contemporary periodontal therapy, reconstructive and regenerative advancements, future innovations in periodontology, implant therapy developments, and evolving perspectives in peri-implantitis. A key highlight was the keynote lecture “Save the Tooth; Our Mission” by Prof. Niklaus P. Lang, which underscored the central importance of tooth preservation in modern periodontal practice. The strong scientific programme promoted meaningful dialogue, evidence-based learning, and global collaboration.



A vibrant industry exhibition accompanied the meeting, supported by our valued sponsors, whose contributions helped elevate the overall experience. A memorable Gala Dinner at The Oak Room featured Malaysian cultural performances and the much-anticipated tasting of durian, warmly received by international delegates. The conference concluded with the handover of the IAP presidency from Prof. Shogo Takashiba to Prof. Lior Shapira (USA), followed by a closing montage and the announcement that the next IAP Meeting in 2027 will be held in Istanbul, Türkiye.



MSP extends its heartfelt appreciation to all committee members for their dedication and hard work, which ensured the smooth and successful delivery of this international event.



Orthodontic treatment (OT) in adults with periodontal disease addresses both functional and aesthetic concerns, particularly secondary malocclusions caused by periodontitis.

OT can be categorised according to periodontal health, periodontitis, and mucogingival conditions. In periodontally healthy patients, OT is generally safe and considered almost “periodontally neutral”. Optimum oral hygiene and careful monitoring can minimise common risks such as gingival overgrowth and root resorption.

For successfully treated periodontitis patients, OT does not significantly affect probing depth, attachment level, or bone support. Treatment should begin only after achieving periodontal therapy endpoints—specifically, no probing pocket depth (PPD) of 5 mm with bleeding on probing and no PPD  $\geq$  6 mm (Herrera et al., 2022).

In contrast, untreated or inflamed periodontium presents higher risks, as orthodontic forces may exacerbate attachment loss, bone defects, and inflammation, leading to increased tooth mobility and root resorption. Complications include gingival recession, loss of keratinised tissue, interdental papilla loss, and post-treatment relapse.

## MSP Study Club: Orthodontic Treatment in Periodontally Compromised Patients



*Dr. Najahuddin Bin Shahbudin  
MOH*

Risk factors are thin gingival phenotype, teeth proclination, and poor retainer control. According to the mucogingival periodontal-orthodontic treatment algorithm, root coverage procedure or phenotype modification therapy can be performed to prevent the development of mucogingival deformity after OT (Fig. 1) (Chambrone and Zadeh, 2024).





Stage IV periodontitis often requires OT for hypermobility, pathologic migration, or arch rehabilitation. Current evidence shows that combined periodontal–orthodontic therapy improves clinical outcomes, aesthetics, and patient satisfaction more than periodontal therapy alone (Papageorgiou et al., 2024). The latest treatment sequence proposed by Zhong and colleagues (2025) provides a useful guideline (Fig. 2). Multidisciplinary planning, controlled forces, and supportive maintenance are essential for long-term success.

We would like to thank the Director General of Health Malaysia for his permission to publish this article.

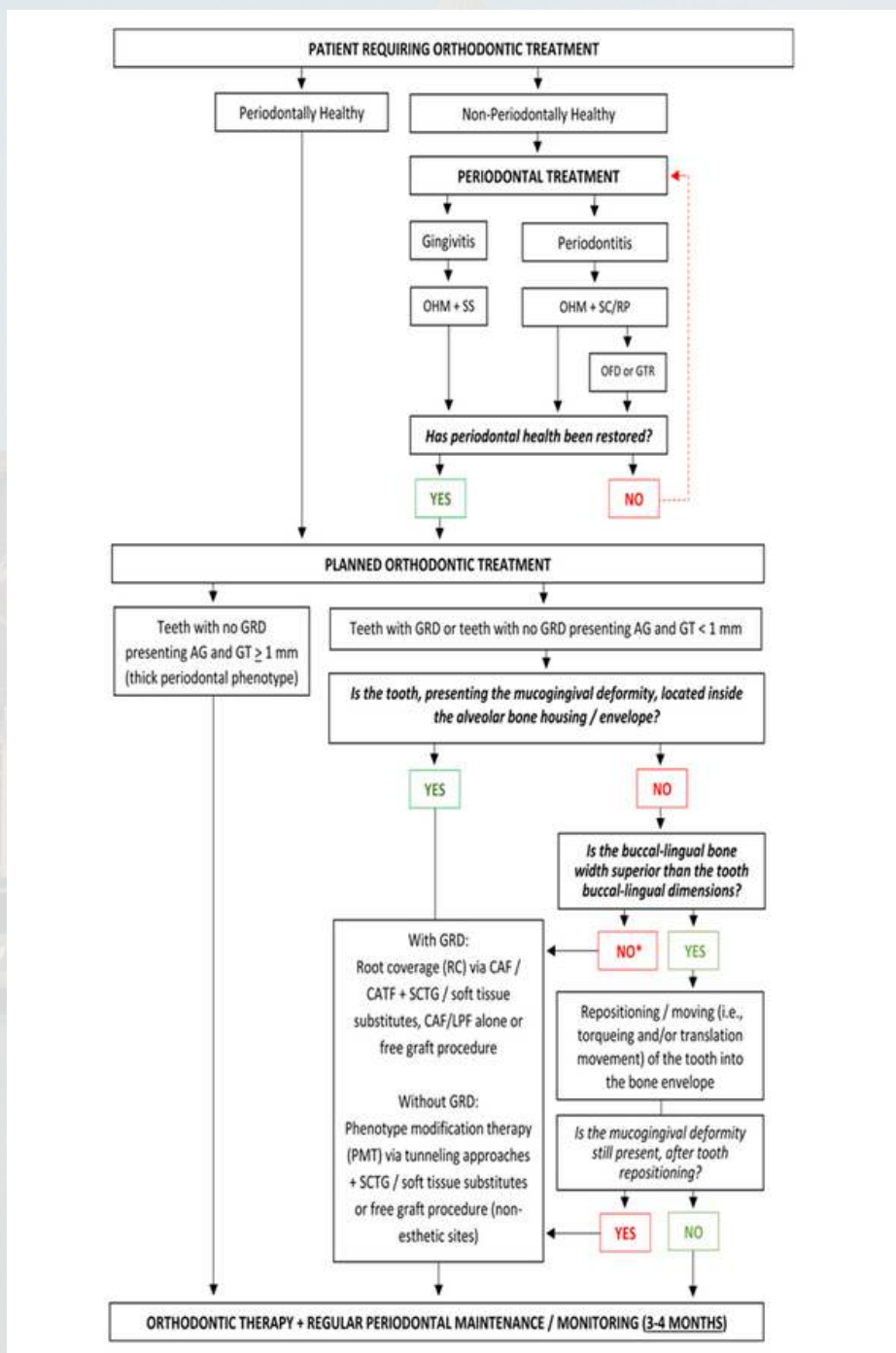


Fig. 1. Mucogingival Periodontal-Orthodontic Treatment Algorithm. AG: attached gingiva; CAF: coronally advanced flap; OHM: oral hygiene measures; OFD: open flap debridement; PMT: phenotype modification therapy; SC/RP: scaling and root planning; SCTG: subepithelial connective tissue graft; SS: supragingival scaling (Chambrone and Zadeh, 2024).



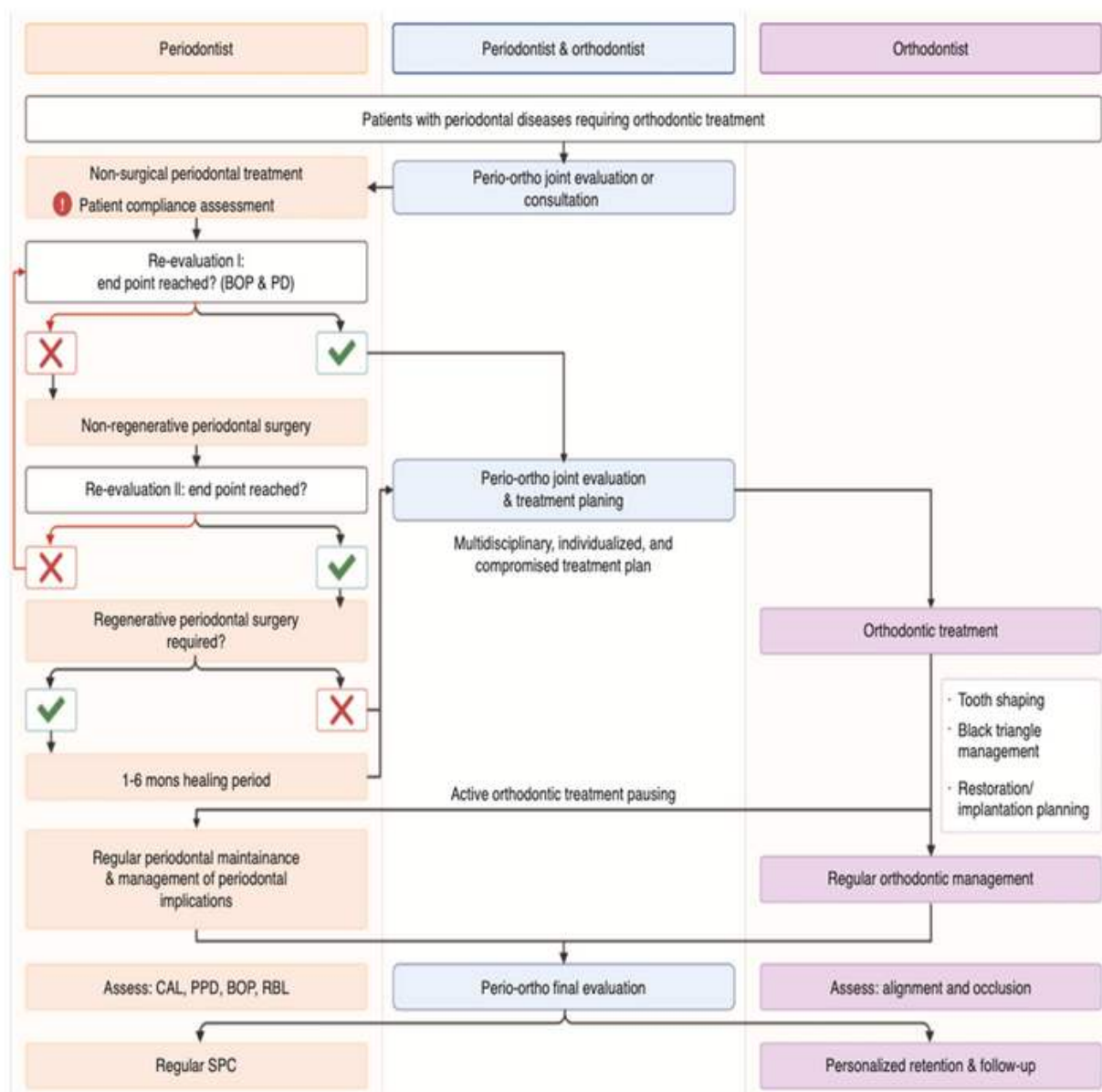


Fig. 2. Flowchart illustrating the integration of OT into periodontal management for patients with periodontal disease (modified version; originally sourced from Papageorgiou et al.). Perio-orthodontic; BOP, bleeding on probing; PPD, probing pocket depth; CAL, clinical attachment loss; RBL, radiographic bone loss; SPC, supportive periodontal care (Zhong et al., 2025).

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# Upcoming Events



## MSP Roadshow in Kota Kinabalu, Sabah


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gentle orangutans, crystal islands, and the  
world's largest flower: Rafflesia.


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 Ming Garden Hotel & Residences

## MSP AGM 2026

We warmly invite all members to attend the  
Malaysian Society of Periodontology (MSP) 24th  
Annual General Meeting!

 31 January 2026

 Aloft Kuala Lumpur Sentral.







*"A Path Through A Forest"*  
*Hutan Lipur Sungai Kanching, Malaysia*