



irma josefina savitri <irma-j-s@fkg.unair.ac.id>

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## [DJMKG] Submission Acknowledgement

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**Alexander Patera Nugraha** <dental\_journal@fkg.unair.ac.id>  
To: Irma Josefina Savitri <irma-j-s@fkg.unair.ac.id>

Tue, Nov 29, 2022 at 12:33 AM

Dear Irma Josefina Savitri,

Thank you for submitting the manuscript, "Aesthetic consideration in patient management with severe periodontitis aggravated by oral dexamethasone" to Dental Journal (Majalah Kedokteran Gigi).

With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal website:

Manuscript URL: <https://e-journal.unair.ac.id/MKG/authorDashboard/submission/40987>

Username: irmasav

The manuscript will review according to the provisions of the issuance of the Dental Journal (Majalah Kedokteran Gigi).

Certainty of revision or rejection of the manuscript will be notified further (approximately one month).

Authors are subject to administrative fees as follows: [Article Processing Charge \(APC\)](#) if the manuscript is accepted for publication.

If you have any questions, please do not hesitate to contact me. Thank you for considering this journal as a venue for your work.

Best Regards,  
Alexander Patera Nugraha

Dental Journal (Majalah Kedokteran Gigi)  
<https://e-journal.unair.ac.id/MKG>



irma josefina savitri <irma-j-s@fkg.unair.ac.id>

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## [DJMKG] Editor Decision

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Alexander Patera Nugraha <dental\_journal@fkg.unair.ac.id>

Thu, Dec 15, 2022 at 9:12 AM

To: Irma Josefina Savitri <irma-j-s@fkg.unair.ac.id>, I Komang Evan Wijaksana <i.komang.evan.w@fkg.unair.ac.id>, Okkinardo arief <okkinardoarief@yahoo.com>, Udijanto Tedjosasongko <udijanto@fkg.unair.ac.id>

Dear Irma Josefina Savitri, I Komang Evan Wijaksana, Okkinardo arief, Udijanto Tedjosasongko,

We have reached a decision regarding your submission to Dental Journal (Majalah Kedokteran Gigi), "Aesthetic consideration in patient management with severe periodontitis aggravated by oral dexamethasone".

Our decision is to: Revise your manuscript to review in the next round

Manuscript URL: <https://e-journal.unair.ac.id/MKG/authorDashboard/submission/40987>

If you forgot the password, you can use this [link to reset your password](#) (which will then be emailed to you along with your username).

Please revise according to the reviewer comments, highlight the text with color on the changes made and make a response letter (download [here](#)).

**Please send the revised manuscript within a month.**

Make sure your name is not displayed in the files to ensure all files are anonymized.

Follow this [link to how to ensure all files are anonymized](#) during upload.

Determination of acceptance of the manuscript based on the revised results sent.

Best Regards,

Alexander Patera Nugraha<br/>[dental\\_journal@fkg.unair.ac.id](mailto:dental_journal@fkg.unair.ac.id)

Dental Journal (Majalah Kedokteran Gigi)

<https://e-journal.unair.ac.id/MKG>

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### 3 attachments

**C-review 1\_Assessment Esthetic consideration in patient management (ME).pdf**  
1127K

**B-review 1\_Esthetic consideration in patient management (RV2).pdf**  
1060K

**A-review 1\_Esthetic consideration in patient management (RV1).pdf**  
132K



irma josefina savitri <irma-j-s@fkg.unair.ac.id>

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## [DJMKG] New notification from Dental Journal (Majalah Kedokteran Gigi)

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**Alexander Patera Nugraha** <dental\_journal@fkg.unair.ac.id>

Thu, Dec 15, 2022 at 9:12 AM

Reply-To: Alexander Patera Nugraha <dental\_journal@fkg.unair.ac.id>

To: Irma Josefina Savitri <irma-j-s@fkg.unair.ac.id>

You have a new notification from Dental Journal (Majalah Kedokteran Gigi):

You have been added to a discussion titled "Editor decision: revision required" regarding the submission "Aesthetic consideration in patient management with severe periodontitis aggravated by oral dexamethasone".

Link: <https://e-journal.unair.ac.id/MKG/authorDashboard/submission/40987>

Editor in Chief

Alexander Patera Nugraha

Dental Journal (Majalah Kedokteran Gigi)

<https://e-journal.unair.ac.id/MKG>



irma josefina savitri <irma-j-s@fkg.unair.ac.id>

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## [DJMKG] Proofreading

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**Dental Journal (Majalah Kedokteran Gigi)** <dental\_journal@fkg.unair.ac.id>

Tue, Jan 31, 2023 at 2:34 PM

To: irma josefina savitri <irma-j-s@fkg.unair.ac.id>

Dear Irma Josefina Savitri,

Please find the proofreading article attached below.

Please complete or answer the proofreader's questions in the comments section using the 'CleanCopy\_\_' file.

**Please reply to this message if you have already answered the proofreader's comments.**

Best wishes,

Editor

**Dental Journal (Majalah Kedokteran Gigi)**

<http://e-journal.unair.ac.id/MKG>

Faculty of Dental Medicine, Universitas Airlangga

[Jl. Mayjen Prof. Dr. Moestopo 47 Surabaya 60132 INDONESIA](#)

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### 2 attachments



**CleanCopy-Savitri et al\_Aesthetic consideration in patient management\_-227450.docx**

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**TrackChanges-Savitri et al\_Aesthetic consideration in patient management\_-227450.docx**

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# Aesthetic consideration in patient management **withof** severe periodontitis aggravated by oral dexamethasone

## ABSTRACT

**Background:** The treatment of severe periodontitis must consider ~~an~~ immune response~~s~~ and local conditions, including ~~aestheti~~the aesthetic aspects. The tooth loss in the anterior area~~;~~ can lead to a psychological issue in some patient. ~~Aesthetical aspects must consider as one goal in periodontal treatments. In addition, patients, and~~ the daily use of dexamethasone ~~gives a great contribution~~contributes greatly to the severity~~— of aesthetical aspects.~~ Periodontal treatments must be cautious of these aesthetic effects. **Purpose:** To report the aesthetical consideration in patient management of severe periodontitis aggravated by oral dexamethasone. **Case:** The 44-year~~s~~-old female patient reported having tooth mobility in the upper right and left central incisor~~;~~ and lower right and left posterior. Due to the condition, the central anterior ~~should~~needed to be extracted. ~~She has~~The patient had seafood allergies~~;~~ ~~and the patient has~~ consumed oral dexamethasone periodically to prevent allergic reactions for two years. **Case Management: Initial management:** The initial periodontal therapy was designed prior to the tooth extraction, socket preservation, and immediate denture on teeth 11 and 21. ~~Meta~~A metal frame combined with an acrylic denture ~~were~~was designed to support the tooth splint and replace the teeth on the mandible. The patient was treated with 20 mg of sub-antimicrobial-dose ~~Doxyeyeline~~ 20 mg doxycycline twice a day for three months~~;~~ and vitamin E was prescribed once a day. Since dexamethasone may contribute to immune response and osteoclastogenesis, dexamethasone was replaced by cetirizine. **Conclusion:** ~~Treating~~The treatment of severe chronic periodontitis must consider immune responses~~s~~, local conditions~~s~~, and aesthetical aspects. In this case, the use of dexamethasone might worsen the periodontal breakdown. However, the periodontal treatment, ~~the~~ use of host modulation therapy~~;~~ and ~~repla~~replacement of dexamethasone with cetirizine are expected to improve these conditions.-

**Keywords:** host modulation therapy; periodontitis; periodontal diseases; oral dexamethasone

## INTRODUCTION

Periodontitis~~;~~ is a common disease in the oral cavity consisting of slow irreversible damage of the periodontal supporting tissue over a period of time.<sup>1</sup> It has been shown that deep

periodontal pockets as a result of alveolar bone destruction ~~have been~~ associated with an increase in ~~the number of~~ tooth loss.<sup>2-4</sup> ~~The~~ Tooth loss, especially in the anterior area, can lead to psychological issues in some patients.<sup>5</sup> Aesthetical aspects must ~~consider as one goal~~ be taken into account during periodontal treatment.<sup>6</sup>

Periodontitis is an inflammatory disease caused by microorganisms and characterized by the progressive destruction of periodontal tissue.<sup>7</sup> The pathogenesis of the destructive periodontal disease is currently understood as the response given by an individual to the bacterial challenge of subgingival dental biofilm.<sup>4</sup> This response is modulated by different mechanisms, including environmental and acquired factors.<sup>8,9</sup> The variety of environmental and acquired factors, including genetics, comorbid, local and dental factors, and medicine, modify the condition of periodontal disease patients.<sup>9-11</sup>

To the best of the authors' knowledge, there is no clear epidemiological data regarding the number of periodontitis patients using dexamethasone. However, several studies explained a strong relationship between the effect of dexamethasone and tissue destruction in periodontitis. Previous studies analyzed the role of synthetic glucocorticoids, including dexamethasone, and found that it has direct effects on osteoblast, osteocyte, and osteoblast function resulting in reduced remodeling and ~~may cause possible~~ diminished repair of microdamage ~~to~~ bone.<sup>11</sup> ~~Glucocorticoid~~ Glucocorticoid-induced inhibition of osteoblast differentiation via ERK signaling,<sup>12</sup> and it also induced osteoporosis through the Runx2 signaling pathway.<sup>13</sup> Dexamethasone, a steroidal inflammatory ~~drugs, was~~ drug, clearly demonstrated has the capability to modulate the inflammatory process in periodontal tissue.<sup>14</sup> It ~~was reported may decrease~~ reportedly decreased the bone mineral density and mineralized matrix.<sup>12,13,15</sup> This study reports the aesthetical consideration in patient management of severe periodontitis aggravated by oral dexamethasone.

## CASE

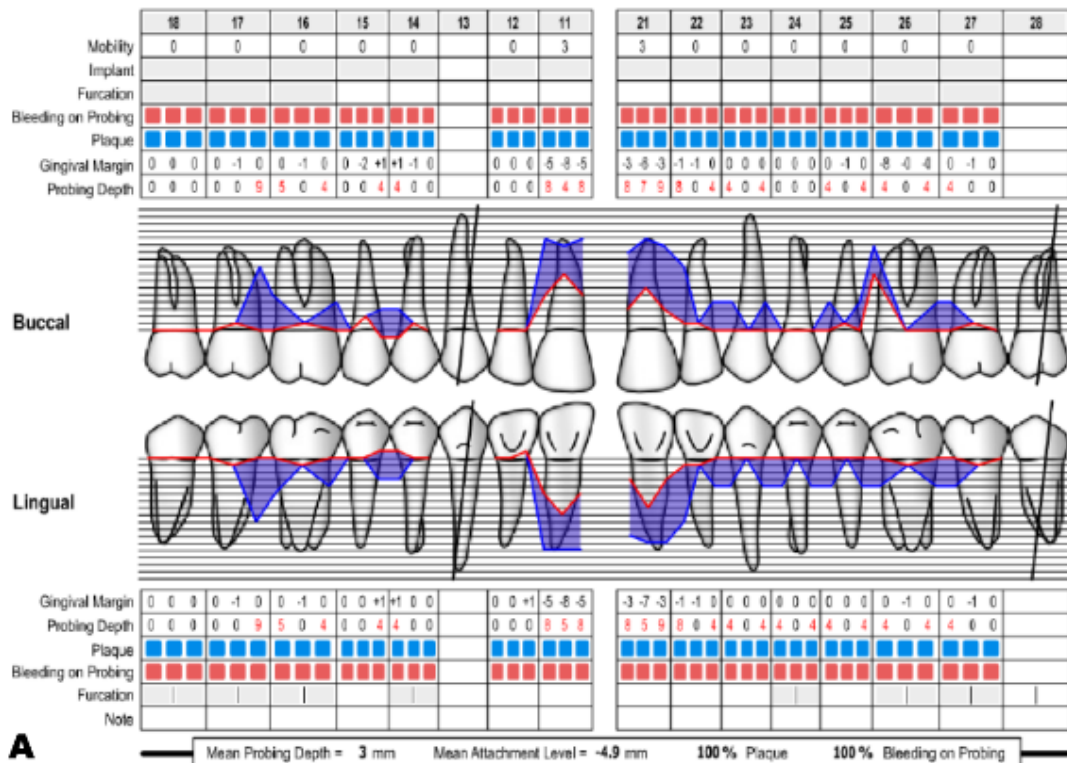
The 44-year-old, systemically healthy, ~~has~~ seafood-allergic, nonsmoking female patient was diagnosed with generalized periodontitis ~~S~~stage IV Grade C. For ~~2~~ two years, the patient has consumed oral dexamethasone periodically to prevent allergic reactions. The patient did not reveal any severe periodontal destruction or early tooth loss in her family history, and there were ~~no~~ external abnormalities found (Figure 1). The patient has not received any periodontal treatment in the past ~~time-~~. The patient expressed her concern about aesthetics.

Extra-oral and intra-oral images s with the periodontal chart and a radiographic of the patient were taken before periodontal treatment. The oral examination showed severe

calculus and teeth mobility in several ~~area~~areas, measured ~~by~~ using Miller's tooth mobility index.<sup>16</sup> Grade ~~3~~three of Miller's index ~~were~~was found in the upper right and left central incisors, grade ~~2~~weretwo was found in teeth 44, 43, 42, 41, 31, 32, and grade ~~1~~wereone was found in teeth 33, 34, and 35. Gingival recession and periodontal pockets up to 9mm were found in most of the teeth (Figures 2 and 3). ~~Radiograph~~A radiograph examination revealed severe bone loss in the upper right and left central incisor. Bone loss also occurs in other areas (Figure 4).



Figure 1. Extra oral image of the patient.



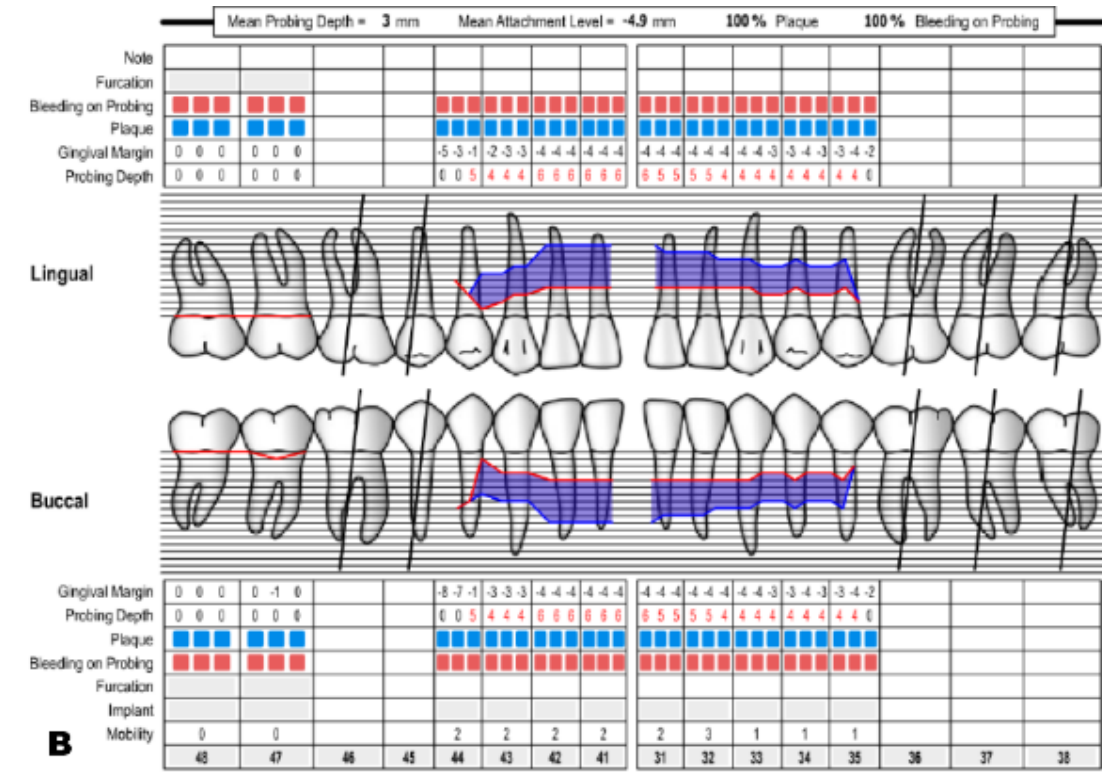


Figure 2. Periodontal chart (A) upper arch (B) lower arch.



Figure 3. Intra oral image of the patient, before (A) and after (B) scaling and root planning.



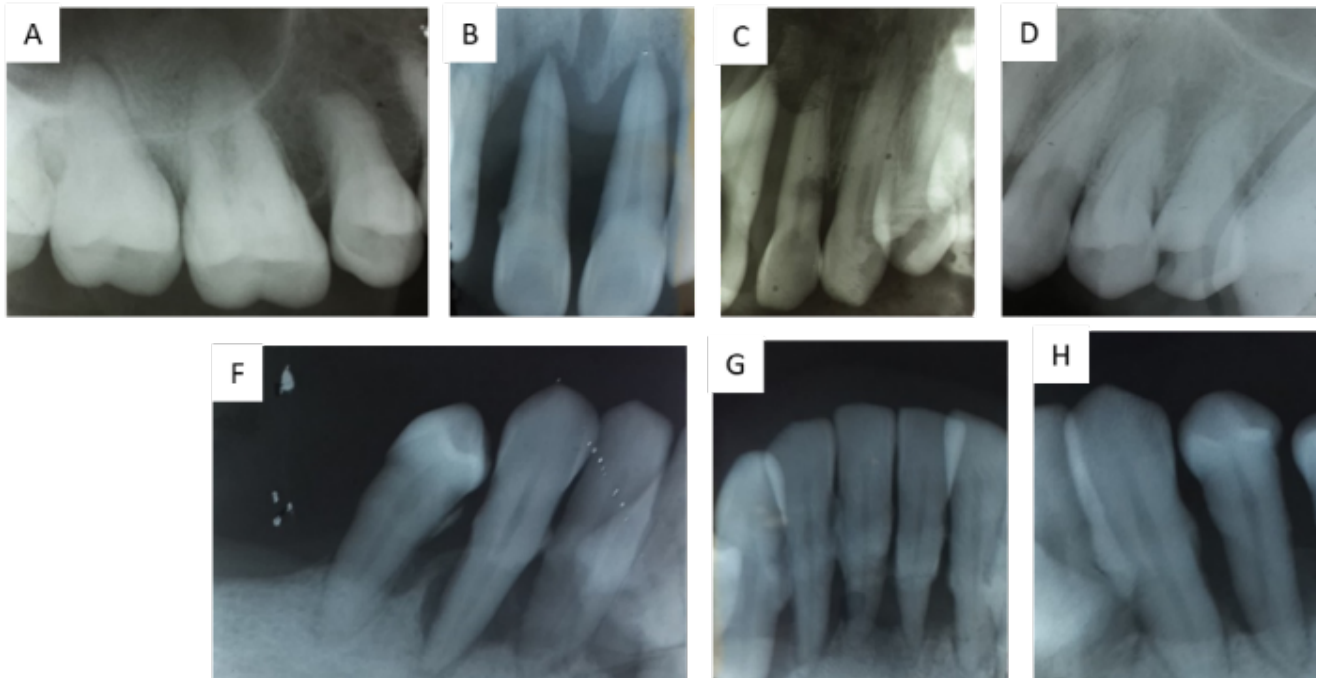


Figure 4. (A) X-ray image of teeth 17, 16, and 15; (B) X-ray image of teeth 11, and 21; (C) X-ray image of teeth 2, 2.3, and 24; (D) X-ray image of teeth 23, 24, and 25; (E) X-ray image teeth 25, 26, and 27; (F) X-ray image of teeth 44, 43, and 42; (G) X-ray image of teeth 42, 41, 31, and 32; (H) X-ray image of teeth 33, 34, and 35.

The initial periodontal therapy was designed prior to the tooth extraction, socket preservation, and immediate denture on teeth 11 and 21. A metal frame combined with an acrylic denture were designed to support the tooth splint and replace the teeth on the mandible.<sup>17</sup> To modulate the immune system, the patient was treated with host modulation therapy.<sup>18</sup> Sub 20 mg of sub-antimicrobial-dose Doxycycline 20 mg were prescribing doxycycline was prescribed twice a day for three months and vitamin E was prescribing once a day.<sup>19-21</sup> Periodontal A periodontal flap surgery combined with a bone graft augmentation was planned to regenerate periodontal tissues.<sup>22</sup> In addition, the patient was referred to an internist to replace the steroidal inflammatory drugs.

### CASE MANAGEMENT

At the first visit, the patient was treated by scaling, root planning, and a fiber splint on teeth 44, 43, 42, 41, 31, 32, 33, 34, and 35 (Figures 3 and 5A). An immediate denture for the maxilla and a metal frame denture for the mandible were designed (Figure 6). The patient was prescribing 20 mg of doxycycline 20 mg and vitamin E twice a day for three months for host modulation therapy<sup>19,21,23</sup> and patient was referred to an internist for a medical assessment.

~~Laboratory~~ A laboratory assessment shows that the fasting glucose level was 89 mg/dl (normal: 70-115 mg/dl) ~~and 2 hours~~, the two-hour glucose level was 135 mg/dl (normal: <200 mg/dl), and the HBA1C was 4.5% (normal: 5.7%; ~~pre-pre~~ pre-diabetes: 5.7-6.4%; diabetes:  $\geq$ 6.5%). Dexamethasone was replaced with ~~another anti-histamine~~, cetirizine dihydrochloride, another anti-histamine, to prevent an allergic reaction.

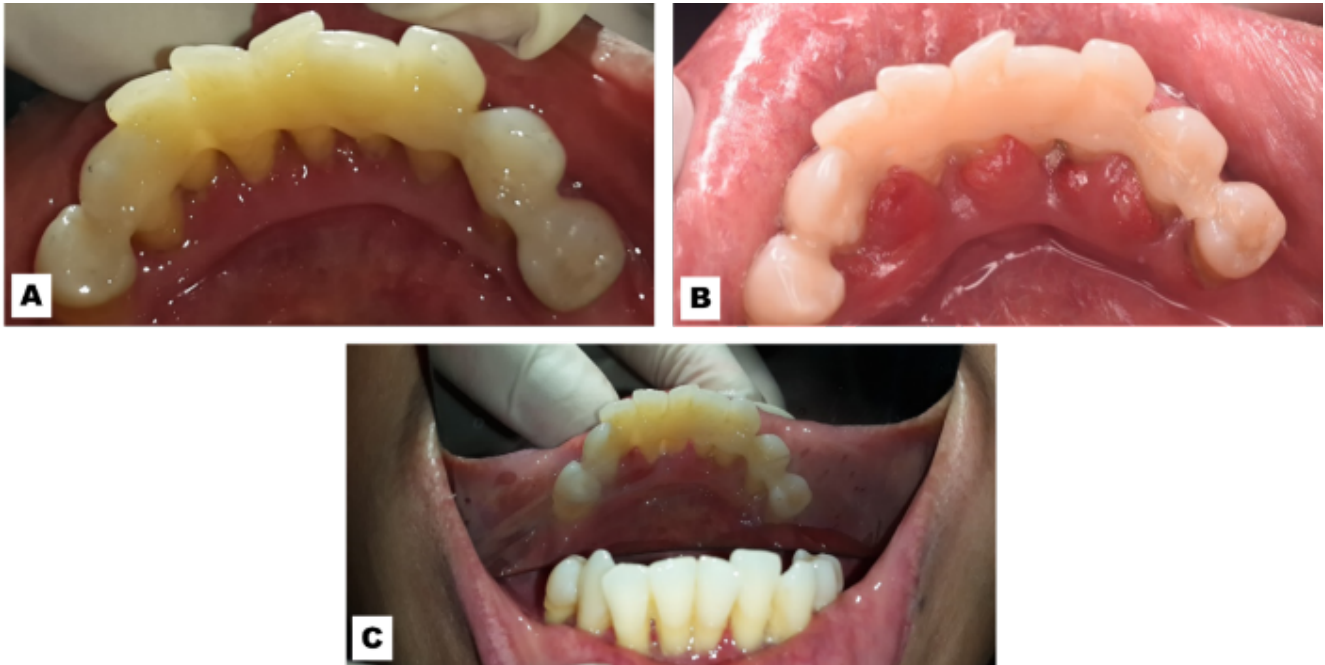


Figure 5. ~~Fiber~~ A fiber splint on ~~teeth~~ teeth 34-45 (A), ~~Periodontal-a periodontal~~ abscess on ~~teeth~~ teeth 34-45 (B), ~~Abseess-and an abscess~~ healing on ~~teeth~~ teeth 34-45 (C).

~~At~~ During the second visit, one week after periodontal splint treatment, the patient came to control her condition and continued the treatment. There were abscesses on teeth 34, 33, 32, 31, 41, 42, 43, 44, and 45. Plaque and debris were also found in the oral cavity (Figure 5B). 500 mg of Amoxicillin ~~500-mg~~ combined with ~~metronidazole~~ 500 mg of Metronidazole were prescribed for three days, and oral hygiene instructions were given to the patient for abscess treatment. ~~Meta~~ A metal frame was tried on the mandible and occlusion was adjusted (Figure 6B).



Figure 6. LowerThe lower arch metal frame design and immediate denture tooth on teeth 11 and 21 (A). Fitting the metal frame and searching the bite for denture (B).

AtDuring the third visit, the abscess was healing in teeth 34, 33, 32, 31, 41, 42, 43, 44, and 45 (Figure 5C). SurgicalThe surgical procedure for socket preservation on tooth 11 and 21 was performed. To replace the edentulous, an immediate denture on the maxilla and a metal frame on the mandible were inserted. Socket preservation 11, was performed on teeth 11 and 21, followed by an immediate denture carried out under a local anesthetic drug, and the insertion of a removable metal frame was inserted. Surgical. The surgical steps were explained briefly in Figure 7. Under aseptic and anesthetic procedures, teeth 11 and 21 were extracted. Socket debridement werewas performed, and a bone graft mixed with PRF werewas applied. The socket was sutured by braided-non absorbable silk 4.0. ImmediateAn immediate denture was inserted on the maxilla to replace teeth 11 and 12, and a metal frame was inserted on the mandible to replace edentulous. Occlusal evaluation was performed to avoid trauma from occlusal. The patient was instructed to unreplacedkeep the immediate denture in for 24 hours. 500 mg of Paracetamol 500 mg and kalium diclofenac and 25 mg of Kalium Diclofenac three times a day were prescribed inged for three days. Two weeks after the surgery, the wound showed signs of healing was gain-(Figure 7L).

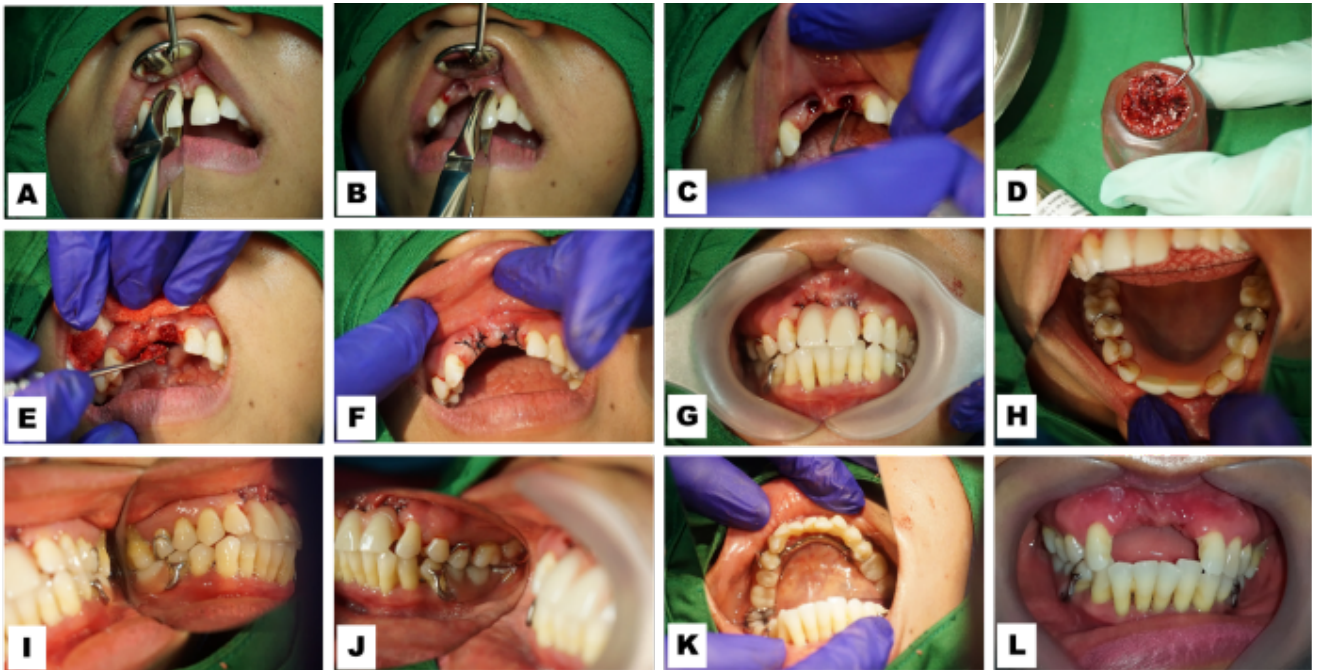


Figure 7. Asepsis technique using ~~povidone-povidone~~-iodine to prevent infection and mepivacaine 2% with epinephrine 1:100.000 (Scandonest 2% ~~S~~special) was administered for the surgery. (A) The extraction of tooth 11; ~~-(B) The extraction of tooth 21;~~ (C) socket debridement of teeth 11 and 21; (D) PRF was mixed with bone graft (Batan Research Tissue Bank); (E) bone graft application in socket 11 and 21; (F) The socket was sutured with braided non-absorbable silk 4.0 (Mersilk); (G) Buccal side of immediate denture 11 and 21; (H) Occlusal side of immediate denture 11 and 21; (I) and (J) Sagittal view of the removable metal frame partial denture on the mandible; (K) Occlusal view of the removable metal frame partial denture on the mandible; (L) The wound healing after two weeks socket preservation surgery.

## DISCUSSION

This case presents the aesthetic~~al~~ consideration in patient management with severe periodontitis. Prolong inflammatory process leads to tissue destruction in the periodontal tissue.<sup>24,25</sup> Loss of anterior teeth, particularly in adolescents ~~increased, increases the~~ demand for tissue maintenance and aesthetics.<sup>26</sup> ~~TheSubstituting~~ hopeless teeth ~~substitution using denturewith dentures~~ in one visit could giveprovide a solution for the patient. Some previous studies reported that the alternative treatment of a single-single-visit replacement of the central maxillary ~~were~~was the insertion of an immediate denture<sup>27</sup> and fiber-reinforced composite resin.<sup>26</sup>

Since ~~the~~-periodontitis ~~cause~~thecauses tissue destruction and tooth mobility, the treatment started with teeth splinting of 34, 33, 32, 31, 41, 42, 43, 44, and 45 to maintain the

stability of the abutment.<sup>28</sup> Previous studies suggested that a variety of periodontal splinting, including a removable partial denture ~~were, was~~ designed to stabilize the mobility tooth. They recommend ~~some~~ particular designs of partial dentures to enforce the abutment.<sup>28-30</sup>

~~Metal frame~~ A removable metal frame partial denture is the ideal prosthesis for a patient with a periodontal problem. ~~They give~~ It provides better stability because of the rigidity. This prosthesis could prevent mesial and distal displacement of teeth, and lateral pressure, and may prevent dental extrusion. Furthermore, a removable partial denture made from a metal frame returns the efficiency of overall mastication. They might divide the masticatory load and give stabilization force with a splint mechanism so that the natural teeth can function well.<sup>17</sup>

Socket preservation in ~~tooth~~ 11 and 21 was performed with demineralized freeze-dried bone xenograft (DFDBX) (Batan Research Tissue Bank) and ~~platelet-platelet~~-rich fibrin (PRF). Xenograft in socket preservation techniques delayed ~~the~~ socket healing. However, it will help ~~conserving to conserve the~~ anatomy of the bone. Xenografts are considered the most used bone fillers in ~~the~~ socket preservation procedures due to their osteo-conductive matrix framework that enhances the growth of new bone around it.<sup>31</sup>

PRF consists of an autologous leukocyte-platelet-rich fibrin matrix, composed of a tetra molecular structure, with cytokines, platelets, and stem cells within it. PRF acts as a biodegradable scaffold that favors the development of micro vascularization and ~~able to can~~ guide epithelial cell migration to its surface. PRF has great potential for bone and soft tissue regeneration without inflammatory reactions and may be used alone or in combination with bone grafts. The advantages of these techniques are promoting homeostasis, ~~enhance and enhancing the~~ bone growth and maturation.<sup>32</sup>

The patient was referred to an internist due to suspe~~ictions~~ of a systemic problem that may cause severe bone and clinical attachment loses in many teeth. Dexamethasone was replaced by cetirizine dihydrochloride. Dexamethasone may ~~cause~~ impair wound healing and diminish bone mineralization. ~~Experimental~~ An experimental study in an animal periodontal model revealed that dexamethasone causes more attachment loss and made a bone more easily fractured ~~as~~ compared to controls. ~~Anti. The anti~~-inflammatory effect ~~from of~~ dexamethasone can minimize clinical signs of inflammation at first by reducing the host response. ~~Impaired~~ An impaired host response could be responsible for more tissue breakdown.<sup>14</sup> Through the inhibition of osteoblast differentiation via the ERK pathway and Runx2 signaling, dexamethasone may cause osteoporosis, and may decrease bone mineral density.<sup>12,13,15</sup>

Different ~~result was~~ results were shown by Metzger et al's study.<sup>33</sup> ~~Periapical A~~ periapical lesion was induced in rats by occlusal exposure of their first molar. However, systemic dexamethasone downregulates ~~the~~ bone resorption in periapical inflammatory lesions.<sup>33</sup>

Cetirizine dihydrochloride is an antihistamine used to relieve allergy symptoms such as watery eyes, runny noses, itching eyes/nose, sneezing, hives, and itching. It works by blocking the histamine that the body makes during an allergic reaction. ~~Adverse effect profile~~ The adverse effects of cetirizine generally being of mild to moderate intensity ~~to be~~ comparable with other ~~antihistamine like~~ antihistamines such as astemizole, ebastine, fexofenadine, loratadine, mizolastine, or terfenadine.<sup>34</sup>

Cetirizine is an antagonist of the TLR2 and TLR4 receptors. The suppressive effect on TLR2 and TLR4 will decrease the production of IL-8 as a pro-inflammatory cytokine and CCL20 as a macrophage inflammatory protein. This experiment confirmed the addition of cetirizine one hour before stimulation in human gingival fibroblast by using TLR2 and TLR4 ligand and histamine to downregulate the production of IL-8 and CCL20. ~~Beside~~ In addition to TLR2 and TLR4, cetirizine also blocks the histamine link with a histamine-1 receptor (H1R) in human gingival fibroblasts.<sup>35</sup>

We assumed that dexamethasone and cetirizine ~~show~~ display different effects in periodontal tissue. The mechanism of action of these steroidal anti-inflammatory drugs ~~still remain~~ remains unclear. Dexamethasone caused d bone destruction in the animal periodontal model. ~~In~~ On other hands, cetirizine may regulate the inflammatory process in human gingival cells. Further study will be needed to discuss the effect of steroidal anti-inflammatory drugs ~~in on~~ in periodontal tissue. However, we suggest cetirizine dihydrochloride ~~gives~~ is an ideal treatment for allergiees in patients with periodontal disease.

~~20 mg of~~ Doxi ~~20 mg~~ cycline twice a day for three months is a subantimicrobial-dose doxycycline. Doxycycline was the most potent tetracycline in the inhibition of collagenolytic activities. Elavarasu et al.<sup>36</sup> in 2012 reported that this property of doxycycline provided the pharmacological rationale for the use of a low or subantimicrobial dose of doxycycline, which was shown to be efficient in inhibiting mammalian collagenase activity without developing antibiotic resistance.

~~The aims of periodontal treatment are~~ Periodontal treatment aims to prevent further disease progression, minimize tooth loss, restore periodontal tissue destruction, and maintaining ~~the a~~ a healthy periodontium. Previous studies ~~explained~~ explain that no ~~one particular~~ one particular periodontal treatment ~~shows~~ is more important than others.<sup>37,38</sup> The combination

~~between~~of non-surgery<sup>38</sup> and surgery periodontal therapy<sup>37</sup> might relieve several unfavorable effects of ~~theses~~ severe periodontitis. ~~The a~~adequate periodontal therapy may decrease the risk ~~enof~~ -systemic conditions, such as cardiovascular disease by continuous bacteremia.<sup>39</sup> Furthermore, periodontal disease may cause ~~the~~ inflammatory- cytokines production induced ~~by gram-gram~~-negative strictly anaerobic bacteria.<sup>40</sup> However, ~~the~~ periodontal therapy might regulate these inflammatory cytokines.<sup>41,42</sup>

In conclusion, the treatment of severe chronic periodontitis must consider ~~the~~ immune response, ~~and~~ local conditions, including ~~estheti~~~~the~~ aesthetic aspects. In this case, the use of ~~d~~Dexamethasone might worsen the periodontal breakdown. However, ~~the~~ adequate surgery and ~~non~~-surgery ~~non~~-therapy, such as ~~the~~ host modulation therapy and ~~replacereplacement of~~ dexamethasone with cetirizine, are expected to improve these conditions.



UNIVERSITAS AIRLANGGA  
RUMAH SAKIT GIGI DAN MULUT PENDIDIKAN

Kampus A. Jl. Mayjen Prof. Dr. Moestopo 47 Surabaya 60132 Telp. 031 - 5053195 Faks. 031 - 5053196  
Laman\_rsgm.unair.ac.id, e-mail adm@rsgm.unair.ac.id

**INFORMED CONSENT**

Saya, yang bertanda tangan di bawah ini :

Nama : [REDACTED]  
Tempat/Tanggal lahir : [REDACTED]  
NIK : [REDACTED]  
Alamat : [REDACTED]

dengan ini memberikan PERSETUJUAN kepada :

Nama : IRMA JOSEFINA SAVITRI  
NIM/NIP : 19791162005012001  
Departemen : Perodonsta

untuk mempublikasikan sebagai artikel pada Journal Ilmiah sesuai dengan aturan etika penulisan ilmiah dan kedokteran kasus kesehatan rongga mulut diri saya/ suami/ istri/ bapak/ ibu/\* ..... \*\*

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Tempat/Tanggal lahir : [REDACTED]  
Alamat : [REDACTED]  
Pekerjaan : [REDACTED]

Saya telah mendapat penjelasan dan memahami bahwa tujuan publikasi artikel adalah untuk kemajuan ilmu kedokteran dan kedokteran gigi semata.

.....  
  
 (.....)

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- Diisi hubungan kekerabatannya





irma josefina savitri <irma-j-s@fkg.unair.ac.id>

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## [DJMKG] New notification from Dental Journal

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**Alexander Patera Nugraha** <dental\_journal@fkg.unair.ac.id>

Mon, Feb 13, 2023 at 10:19 AM

Reply-To: Alexander Patera Nugraha <dental\_journal@fkg.unair.ac.id>

To: Irma Josefina Savitri <irma-j-s@fkg.unair.ac.id>

You have a new notification from Dental Journal:

There is new activity in the discussion titled "Galley proof" regarding the submission "Aesthetic consideration in patient management of severe periodontitis aggravated by oral dexamethasone".

Link: <https://e-journal.unair.ac.id/MKG/authorDashboard/submission/40987>

Editor in Chief

Alexander Patera Nugraha

Dental Journal (Majalah Kedokteran Gigi)

<https://e-journal.unair.ac.id/MKG>



irma josefina savitri <irma-j-s@fkg.unair.ac.id>

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## [DJMKG] Published article

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Dental Journal (Majalah Kedokteran Gigi) <dental\_journal@fkg.unair.ac.id>

Wed, Feb 22, 2023 at 11:44 AM

To: irma josefina savitri <irma-j-s@fkg.unair.ac.id>

Dear Irma Josefina Savitri et al,

We notified that your article with the title:

Aesthetic consideration in patient management of severe periodontitis aggravated by oral dexamethasone have been published by Dental Journal (Majalah Kedokteran Gigi) on volume 56, issue 2 – 2023:

<https://e-journal.unair.ac.id/MKG/article/view/40987>

**We attach the author statement form, please fill in by all authors and send it back to us by email and post.**

Thank you for your attention.

Best regards,

Editor in Chief

Alexander Patera Nugraha

**Dental Journal (Majalah Kedokteran Gigi)**

<http://e-journal.unair.ac.id/MKG>

Faculty of Dental Medicine, Universitas Airlangga

[Jl. Mayjen Prof. Dr. Moestopo 47 Surabaya 60132 INDONESIA](#)

Phone/Fax: +62 31 5039478



**Author statement (FKGUA).docx**

131K