



AMERICAN ACADEMY OF OROFACIAL PAIN

2019 Abstract Submission Guidelines

General Information

The AAOP invites members and non-members to submit abstracts to be considered for poster presentation at the AAOP 2019 Annual Scientific Meeting at the Sheraton San Diego Hotel & Marina. Meeting dates are May 2-5, 2019. Poster display dates are May 3-4, 2019. Abstracts should report completed investigations that contribute to education, research, and/or clinical practice. The presenting author of an accepted abstract must register for the meeting and is required to be present at the requested time by the organizing scientific committee.

Submission Deadline

All abstracts must be received by **January 31, 2019**. They should be submitted by email to AAOP central office; admin@aaop.org. and to Mariona Mulet Pradera; mulet001@umn.edu. AAOP will confirm receipt of the abstract within a week. If you do not hear from AAOP, please send a follow up email.

Criteria for Selection

- Abstracts must be original scientific material that has not been previously published or presented at any other national or international meeting.
- The scientific committee will give high preference to original clinical or basic research abstracts of Randomized Controlled Trials and Observational Studies (Cohort study, Case control study).
- Case reports may be accepted only if the scientific committee determines that the material presented is of high interest and high quality information.

Formatting

- The body of the abstract must not exceed 250 words, including references, but excluding title and authors. If the abstract exceeds 250 words, it will be returned to the author to shorten it.
- The body of the abstract must contain the following eight sections **IN THIS ORDER** and labeled as noted:

Title: (Title text should be in bolded font. Capitalize the first word and all proper nouns contained in the title and sub-title. Do NOT use all capitals. Clearly indicate the nature of the study in the title (i.e.: case-control, randomized controlled trial, etc.)

Author(s): (Authors should be listed by last name, followed by first name initials, after the abstract title. The name of the presenting author should be underlined)

Affiliations: (Indicate any affiliations to a University/College or Private Practitioners and city)

Aim of Investigation: (aims/purpose, hypotheses, and goals of the investigation)

Methods: (brief description of experimental procedures including statistics, study design and analysis)

Results: (findings of statistical analysis)

Conclusions: (one or two major conclusions that are supported by results)



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Acknowledgements and/or Funding Source: (include reference to grant support, including grant number, and disclosure of any financial relationship the author may have with the manufacturer/supplier of any commercial products or services)

Additional Formatting Requirements

- Abstracts must be written in English language.
- Font should be Times New Roman, font size should be 12, and font color should be black.
- No tables or illustrations may be included in abstracts.
- Only generic drug names should be used.
- Results and conclusions should be included at the time of submission. If these are missing, the abstract will be rejected.

Example of a Successful Abstract Submission

Geniculate Neuralgia Misdiagnosed as Ear Infection and Secondary Otalgia: A Case Report

Author(s): Hemeda, HH and Borquez, RB

Affiliations: Private Practitioners

Aim of investigation:

In this case report we describe a case of geniculate neuralgia that was initially misdiagnosed as ear infection and secondary Otalgia by an ear-nose-throat (ENT) specialist, and was later referred for evaluation of a temporomandibular disorder. A 51-year-old female, presented with her symptom of feeling of cotton stuck in her ear and progressed overtime to continuous ear pain with episodes of a sharp shooting electric pain in the right ear and right jaw soreness. She is also experiencing a metallic taste which has affected her eating resulting in weight loss. ENT specialist ruled out any obvious pathology.

Methods:

A detailed head and neck examination revealed masticatory muscle and right temporomandibular joint pain upon palpation. Tenderness was noted around the thyroid region along with episodic sharp electric shooting pain to the right ear. Myofascial pain treatment protocol was initially recommended. The patient was also referred back for re-evaluation by the ENT. A subsequent brain/TMJ MRI was performed with no pathology found. Finally the patient was referred to a neurologist for a form of neuralgia.

Results:

Final diagnosis was given by the neurologist as Geniculate Neuralgia. A trial of anticonvulsant (Carbamazepine) 200 mg twice daily was prescribed, which helped the patient with her ear pain and sense of fullness.

Conclusions:

Accurate diagnosis of orofacial pain conditions requires careful examination, detailed knowledge of pain mechanisms and multidisciplinary management. Precise identification of the source of pain is a key to correct diagnosis, successful treatment and prevention of serious outcomes.

Acknowledgements and/or Funding Source: None

Submission Materials



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All Abstracts must be submitted with the attached form [here](#), completed.

Notification

Presenting author will be informed by email regarding the acceptance or rejection of the abstract by **February 28, 2019**.

Meeting Information

43rd Scientific Meeting

May 2-5, 2019

Sheraton San Diego Hotel & Marina

San Diego, CA

Questions?

If you need any further information, please feel free to email the AAOP Central Office: admin@aaop.org or the AAOP Poster Committee Chair, Dr. Mariona Mulet: mulet001@umn.edu



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AAOP 43rd Scientific Meeting Abstract Submission Form
Email this Form WITH your Abstract Submission to admin@aaop.org

PRESENTING AUTHOR'S Contact Info: (please Print or type)

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|----------------------|-----------|---|-------------------|---------------|
| Dr./Prof./Mr./Ms. | Last Name | First Name | M.I. | Degree |
| Affiliation _____ | | | | |
| Position/Title _____ | | Are You a Resident? (Please circle one) | | Yes No |
| Address _____ | | | | |
| City _____ | | State/Province _____ | Postal Code _____ | Country _____ |
| Telephone _____ | | Email _____ | | |

Additional Author's Contact Info:

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| Affiliation _____ | | | | |
| Position/Title _____ | | Are You a Resident? (Please circle one) | | Yes No |
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| Position/Title _____ | | Are You a Resident? (Please circle one) | | Yes No |
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