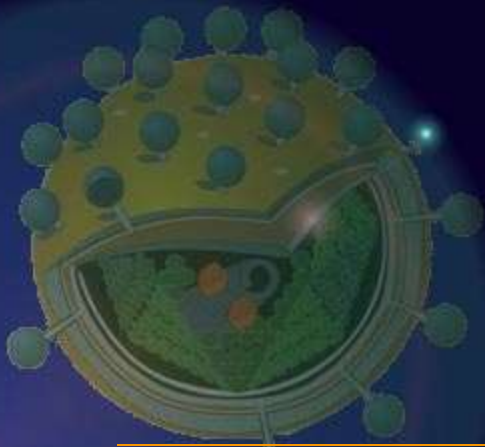
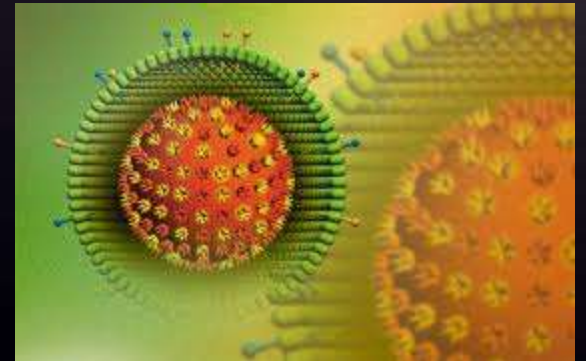
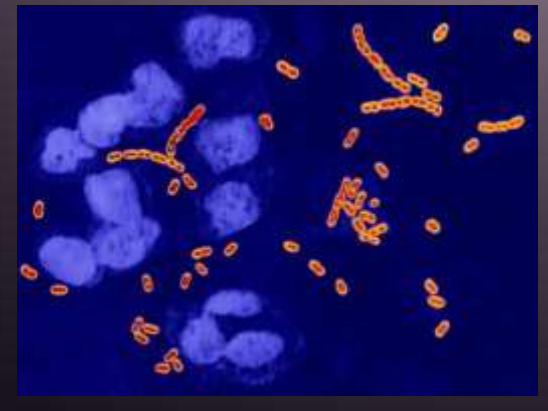
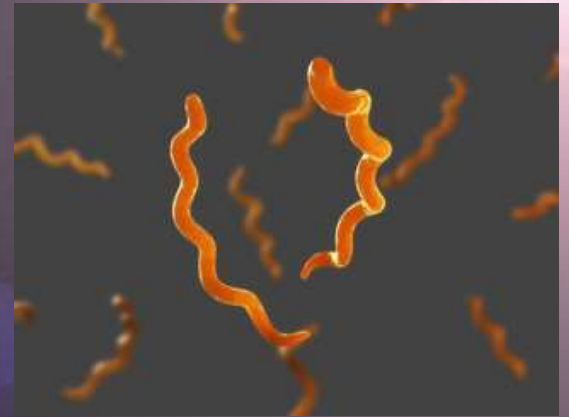


AFEKTIO GENITALIS

SRI ADILA NURAINIWATI



BINGUNG !!!
PANIK
STRESS
Bagaimana
Cara Mengobati
Penyakit
Sipilis
Raja Singa



SEGERA KONTAK KAMI HP/WA 0888 0660 1757



Bingung, Stress, Panik..!!!



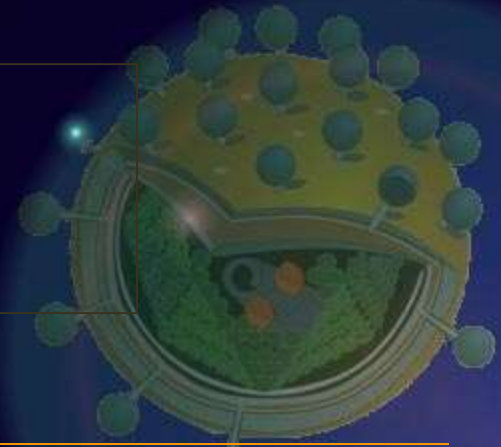
**Ingin Segera Cepat Sembuh
Dari Kencing Nanah ?**



AFEKTIO GENITALIS

ULKUS GENITAL

KONDILOMATA AKUMINATA



SISTEM GINJAL DAN SALURAN KEMIH

No	Daftar Penyakit	Tingkat Kemampuan
1	Infeksi saluran kemih	4A
2	Glomerulonefritis akut	3A
3	Glomerulonefritis kronik	3A
4	Gonore	4A
5	Karsinoma sel renal	2
6	Tumor Wilms	2
7	<i>Acute kidney injury</i>	2
8	Penyakit ginjal kronik	2
9	Sindrom nefrotik	2
10	Kolik renal	3A
11	Batu saluran kemih (vesika urinaria, ureter, uretra) tanpa kolik	3A
12	Ginjal polikistik simtomatik	2
13	Ginjal tapal kuda	1
14	Pielonefritis tanpa komplikasi	4A
15	Nekrosis tubular akut	2
Alat Kelamin Pria		
16	Hipospadia	2
17	Epispadia	2
18	Testis tidak turun/ kriptorkidismus	2
19	<i>Rectratile testis</i>	2
20	Varikokel	2
21	Hidrokel	2
22	Fimosis	4A
23	Parafimosis	4A
24	Spermatokel	2
25	Epididimitis	2
26	Prostatitis	3A
27	Torsio testis	3B
28	Ruptur uretra	3B
29	Ruptur kandung kencing	3B
30	Ruptur ginjal	3B
31	Karsinoma uroterial	2
32	Seminoma testis	1
33	Teratoma testis	1
34	Hiperplasia prostat jinak	2
35	Karsinoma prostat	2
36	Striktura uretra	2
37	Priapismus	3B
38	<i>Chancroid</i>	3A

SISTEM REPRODUKSI

No	Daftar Penyakit	Tingkat Kemampuan
Infeksi		
1	Sifilis	3A
2	Toksoplasmosis	2
3	Sindrom duh (<i>discharge</i>) genital (gonore dan nongonore)	4A
4	Infeksi virus Herpes tipe 2	2
5	Infeksi saluran kemih bagian bawah	4A
6	Vulvitis	4A
7	Kondiloma akuminatum	3A
8	Vaginitis	4A
9	Vaginosis bakterialis	4A
10	Servisit	3A
11	Salpingitis	4A
12	Abses tubo-ovarium	3B
13	Penyakit radang panggul	3A

SKDI 2012 – INFEKSI MENULAR SEKSUAL

Tingkat Kemampuan 2	Tingkat Kemampuan 3A	Tingkat Kemampuan 4A
Mendiagnosis dan merujuk	Mendiagnosis, melakukan penatalaksanaan awal, dan merujuk	Mendiagnosis, melakukan penatalaksanaan secara mandiri dan tuntas
<ol style="list-style-type: none">1. Epididimitis2. Infeksi virus herpes- 2	<ol style="list-style-type: none">1. Sifilis2. <i>Chancroid</i> (ulkus mole)3. Kondilomata akuminatum4. Proktitis5. Penyakit radang panggul	<ol style="list-style-type: none">1. Sindrom duh tubuh genital (gonore & non-gonore)<ol style="list-style-type: none">2. Gonore3. Vaginitis4. Vaginosis bakterial

Table 1. Differential Diagnosis of Genital Ulcers

Infectious (most common)*

Genital herpes simplex virus

Syphilis

Chancroid

Lymphogranuloma venereum

Granuloma inguinale (donovanosis)

Fungal infection (e.g., Candida)

Secondary bacterial infection

Noninfectious (less common)

Behçet syndrome

Fixed drug eruption

Psoriasis

Sexual trauma

Wegener granulomatosis

*—Listed in order of frequency.

Information from references 1 through 3.

SIFILIS



DEFINISI :

- Infeksi karena *Treponema pallidum*
- Penyakit kronis & bersifat sistemik
➔ seluruh organ tubuh
- Perjalanan klinisnya melewati beberapa stadium



ETIOLOGI



Treponema pallidum

Gram negatif

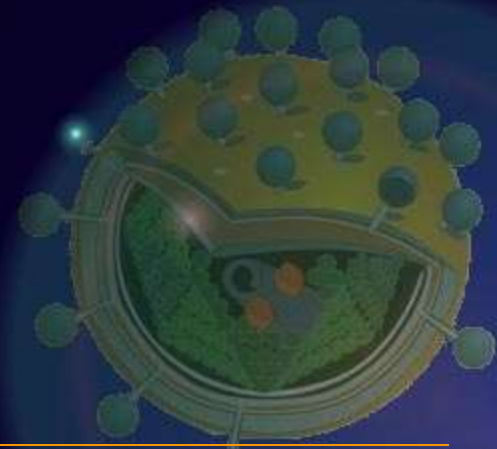
Bentuk spiral 6-20 μm

Bergerak lincah

Identifikasi mikroskop lapangan gelap

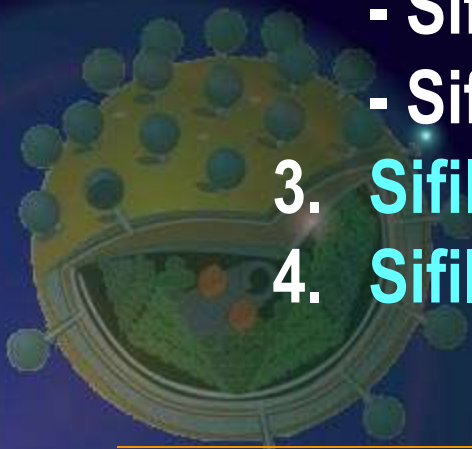


PEMERIKSAAN MIKROSKOP LAPANGAN GELAP

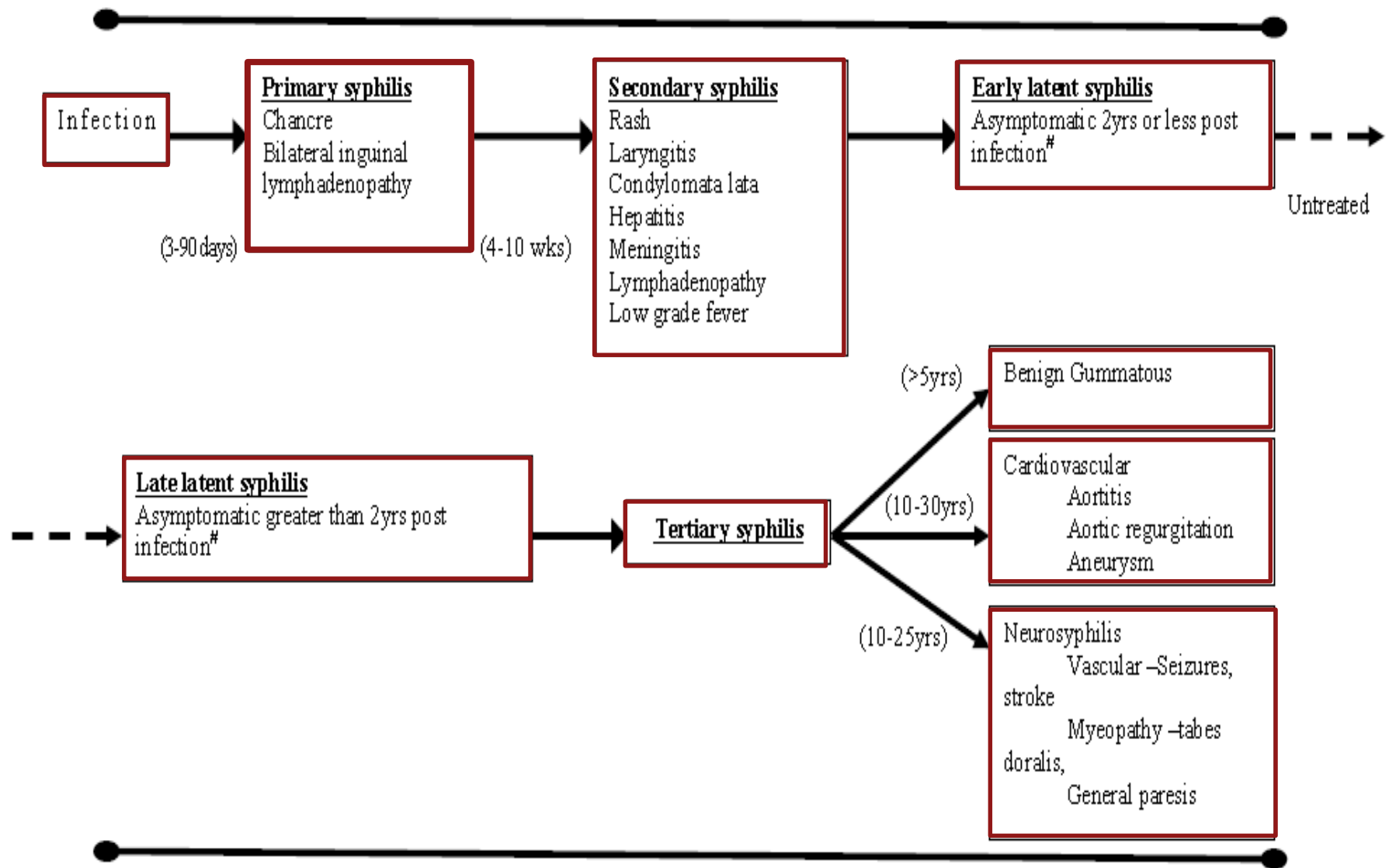


KLASIFIKASI

- **SIFILIS KONGENITAL**
- **SIFILIS DIDAPAT (*ACQUIRED SYPHILIS*)**
 1. **Sifilis dini**
 - Sifilis primer
 - Sifilis sekunder
 - Sifilis laten dini
 2. **Sifilis lanjut**
 - Sifilis laten lanjut
 - Sifilis tersier
 3. **Sifilis kardiovaskuler**
 4. **Sifilis saraf (neuro sifilis)**



KLASIFIKASI



Non-Infectious

1yr or greater in US and European guidelines [10, 11]

S1

Treponema pallidum



Kulit / selaput lendir

Endotel /perivaskuler

Hipertropi endotel

Obliterasi lumen kapiler
(enarteritis obliterans)

**ULKUS DURUM
(SIFILIS PRIMER / SIFILIS STADIUM I)**



Treponema pallidum



Aliran darah

Menyebar keseluruhan tubuh /
kelenjar getah bening

Kompleks primer

6-8 minggu

**SIFILIS SEKUNDER
(STADIUM II)**

S2

SIFILIS PRIMER (S1)



Masa inkubasi : 3-5 minggu

Lokasi genitalia → ulkus durum (afek primer)

- **Bulat, soliter, keras, tidak nyeri, bersih**

Limfadenopati

- **Tidak nyeri, tanda radang tidak ada**

ULKUS DURUM



SIFILIS SEKUNDER (S2)



6 – 8 minggu setelah afek primer

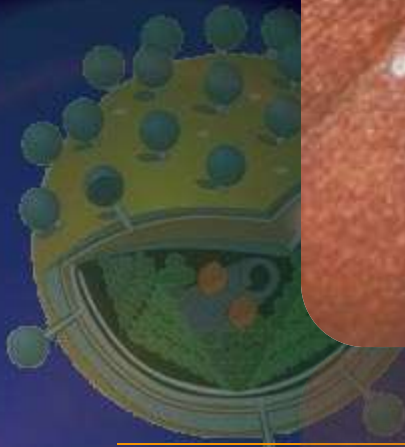
Akibat penyebaran sistemik → gejala prodormal

Sangat infeksius

Lesi

- Rash (75%)
- Limfadenopati (50%)
- Ulserasi mukosa (30%)
- Viscera/tulang/mata/CNS (10%)

SIFILIS SEKUNDER

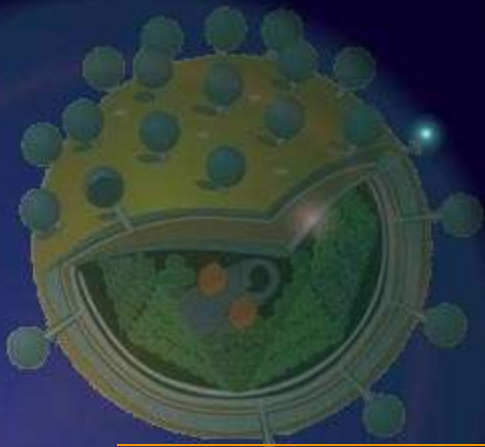


SIFILIS SEKUNDER



SIFILIS SEKUNDER

Pada rambut terjadi alopesia :
moth-eaten alopecia → khas
tepi botak yang tidak jelas seperti
digigit tikus, letaknya pada
oksipital.



Alopecia syphilitica-report of a patient with secondary syphilis presenting as moth-eaten alopecia and a review of its common mimickers

Ming Yang Bi AB¹, Philip R Cohen MD^{2,3,4}, Floyd W Robinson BS², James M Gray MD²

Dermatology Online Journal 15 (10): 6

1. Medical school, Baylor College of Medicine, Houston, Texas
2. University of Houston Health Center, University of Houston, Houston, Texas
3. Department of Dermatology, University of Texas-Houston Medical School, Houston, Texas
4. Department of Dermatology, The University of Texas M.D. Anderson Cancer Center, Houston, Texas. mitehead@aol.com

Abstract

Alopecia syphilitica is an uncommon manifestation of secondary syphilis, occurring in only 4 percent of these individuals. It is non-inflammatory and non-cicatricial hair loss that can present in a diffuse pattern, a moth-eaten pattern, or a combination of both. A 38-year-old, otherwise asymptomatic, homosexual man is described whose initial presentation of syphilis was patchy, moth-eaten, alopecia.

SIFILIS LATEN

Beberapa minggu – bulan setelah sifilis sekunder

Tidak ada manifestasi klinis

Pemeriksaan laboratorium → STS positif

PEMERIKSAAN LABORATORIUM

- Mikroskop lapangan gelap
- *Serologis Test for Syphilis (STS)*
 1. Non treponema :
VDRL, Wasserman, RPR
 2. Tes Treponema :
TPHA, TPI, FTA, FTA Abs.





STS

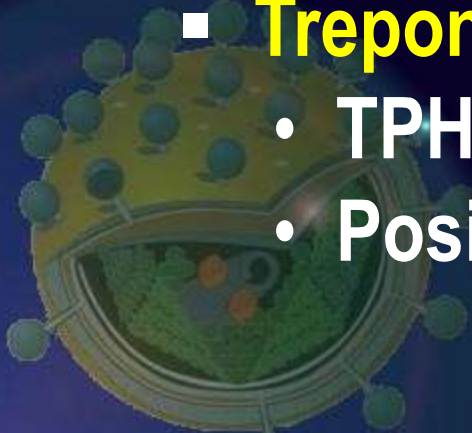
TEST STANDART DI INDONESIA

- **Non treponermal**

- Titer VDRL = 1: 4
- Penurunan titer → perbaikan
- Kenaikan titer → kegagalan terapi

- **Treponermal**

- TPHA
- Positif seumur hidup



GAMBARAN KLINIS SIFILIS

Sifilis primer

- Ulkus /*chancre* area genitalia eksterna & ekstragenital
- Tidak nyeri
- Pembesaran KGB unilateral / bilateral

Sifilis sekunder

- Ruam kulit (makula, papula)
- Kondiloma lata
- Lesi kulit simetris
- Pembesaran KGB generalisata

Sifilis laten

- Stadium tanpa gejala klinis
- Pemeriksaan STS reaktif
- Early laten
- Late laten

PENGOBATAN

- **Obat pilihan : Penisilin**
- **Alergi penisilin :**
 - **Tetrasiklin 2 gr / hari selama 30 hari**
 - **Doksisiklin 200 mg / hr selama 30 hari**
 - **Eritromisin 2 gr / hari selama 30 hari**



SIFILIS PRIMER / SUKENDER

NAMA OBAT	DOSIS
Penisilin G Prokain	600.000 U/hari, 10 hari
Penisilin G benzatin	2.4. juta U/minggu, 2 kali

SIFILIS LATEN

NAMA OBAT	DOSIS
Penisilin G prokain	600.000 U/hari, 20 hari
Pensilin G Benzatin	2.4. juta U/minggu, 3 kali

PEMERIKSAAN ULANG (*Follow up*)

TAHUN PERTAMA

P 1bl. 1bl. 1 bl. 3bl. 3bl. 3bl.

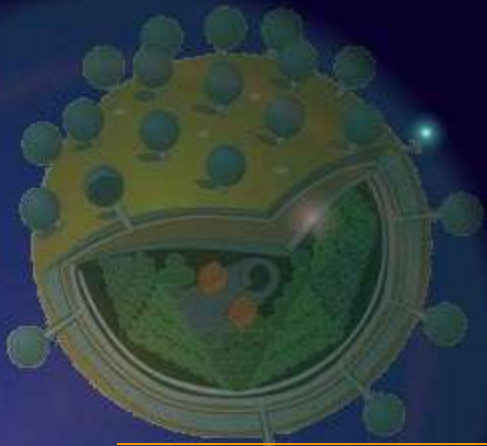
TAHUN KEDUA

6bl

6bl

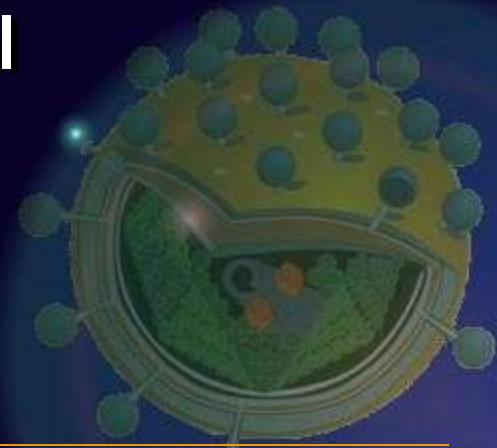


ULKUS MOLLE (Chancroid)

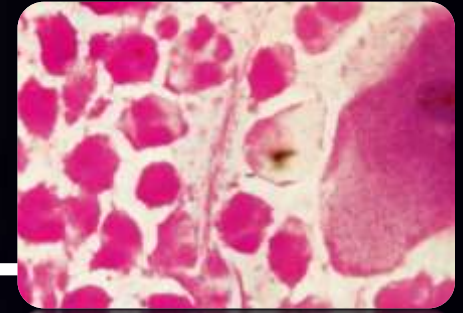


DEFINISI

- Infeksi genitalia akut
- Setempat
- Dapat autoinokulasi
- *Haemophilus ducrey*
- Khas → ulkus
- Supurasi kelenjar getah bening regional



ETIOLOGI

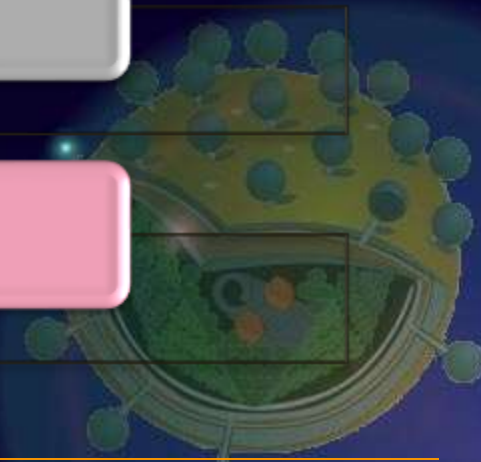


Haemophilus ducreyi

Bakteri gram negatif

Anaerobik fakultatif

Gram → deretan ikan (*scholl of fish*)



Kontak seksual



2-7 hari



Papul



Pustula



ULKUS



**SUPURATIF LYMPADENOPATI /
BUBO**



GAMBARAN KLINIS



- Inkubasi rata-rata 7 hari (2-10hari)
- Ulkus :
 - **Multipel**
 - **Bentuk bulat / oval**
 - **Tidak ada indurasi**
 - **Menggaung**
 - **Dasarnya kotor, tertutup pus / jaringan nekrotik**

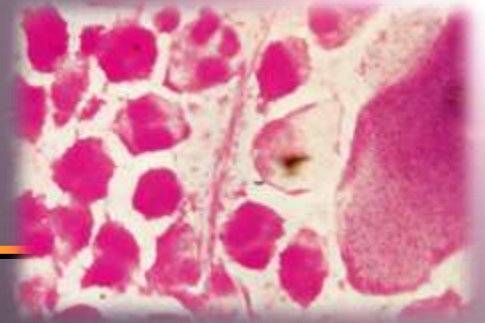


ULKUS MOLLE

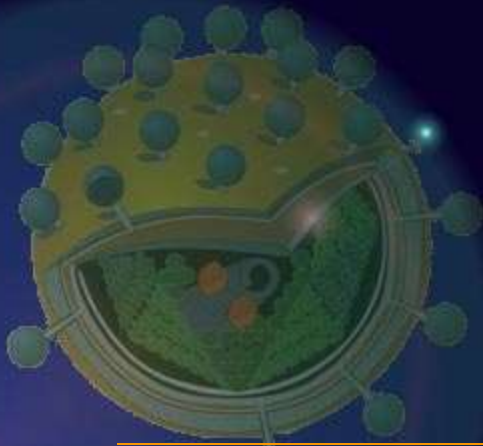
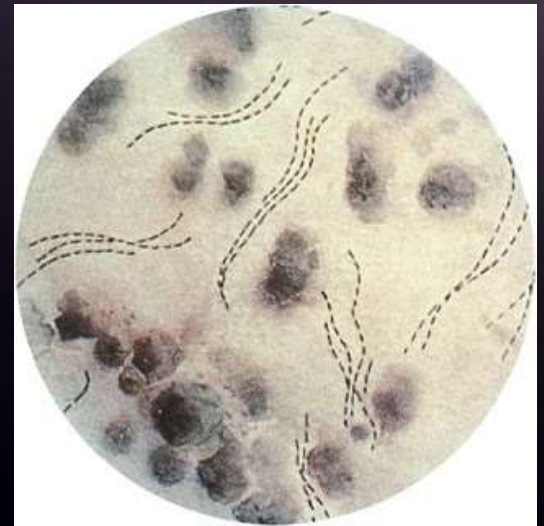




PEMERIKSAAN PENUNJANG



- Gram : < 50% → *school of fish*
- Kultur : 80-90% → diagnosis pasti
- ELISA :
- PCR : > 95%

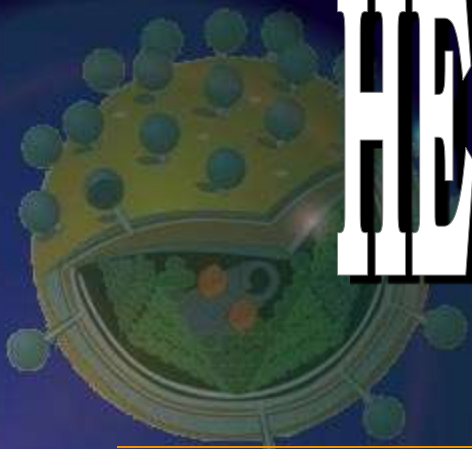


Penatalaksanaan

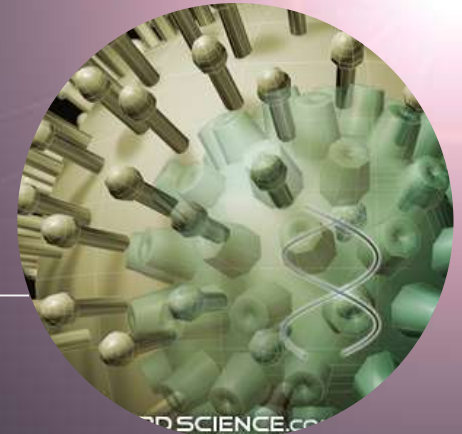
- Azitromisin 1 g p.o. single dose
- Ciprofloksasin 2x500 mg p.o. ----- 3 hari
- Ceftriaxone 250 mg IM a single dose
- Eritromisin 4x500 mg p.o. ----- 7 hari



HERPES SIMPLEXUS GENITALIS



DEFINISI

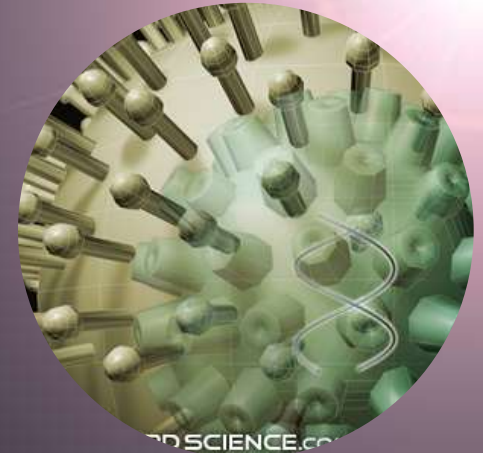


- Infeksi pada genital
- Herpes simplex virus (HSV)
- **KHAS** : vesikel berkelompok diatas dasar eritematosa
- Rekurens

Herpes simplex virus infection is the most common cause of genital ulcers in the United States, followed by syphilis and chancroid.



HERPES VIRUS



1. **Virus Herpes Simplex type 1** - HSV-1
2. **Virus Herpes Simplex type 2** - HSV-2
3. **Virus Varicella-Zoster** - VZV
4. **Epstein-Barr Virus** - EBV
5. **Cytomegalovirus** - CMV
6. **Virus Human Herpes 6** - HHV 6
7. **Virus Human Herpes 7** - HHV 7



MASALAH

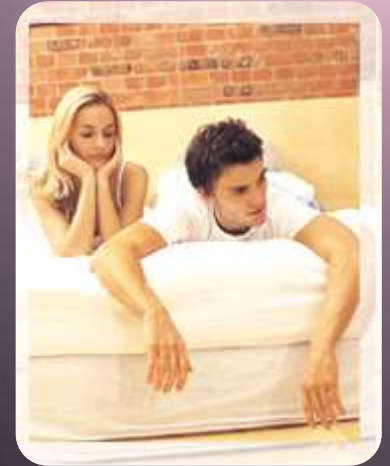
Subklinis

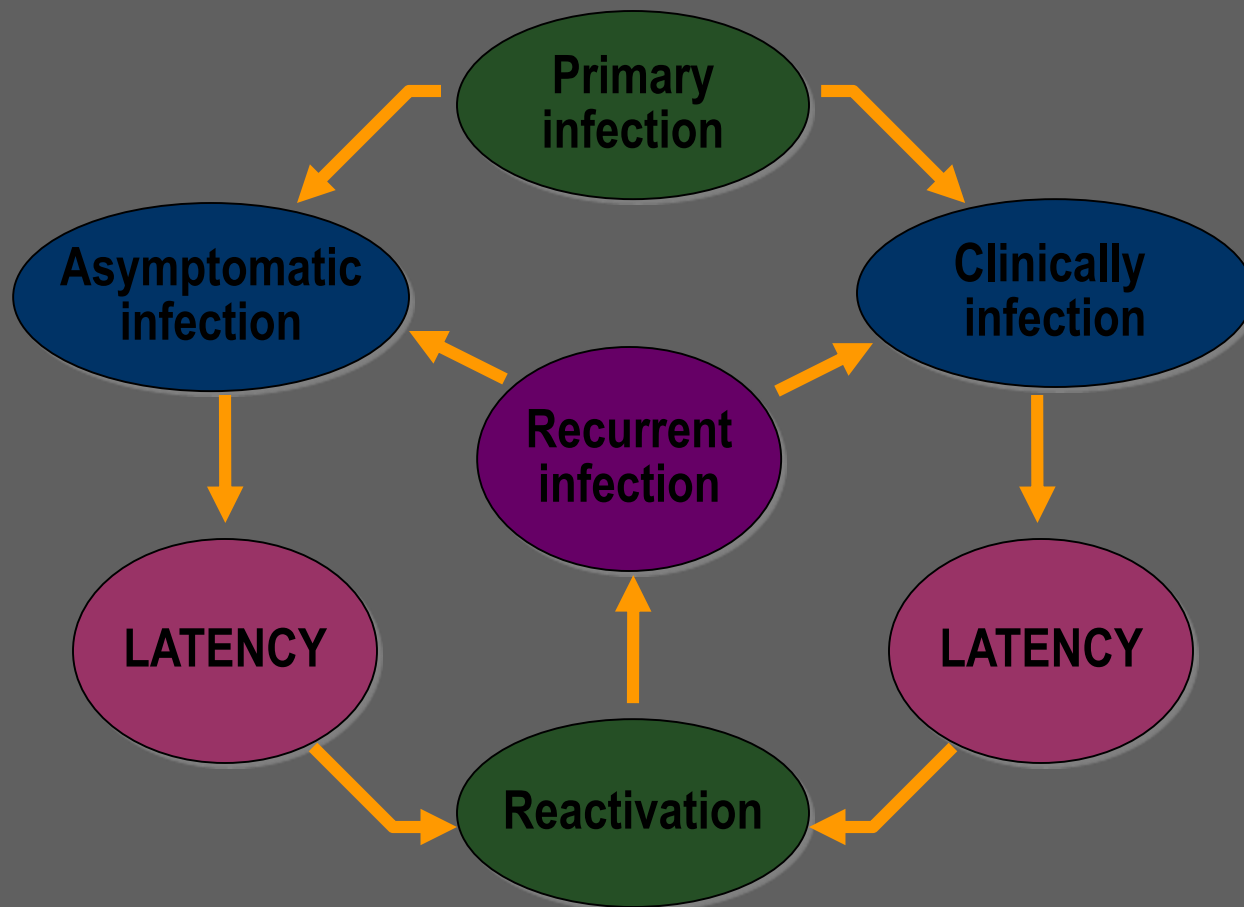
Kumat-kumatan

Risiko HIV 6-10 kali

Gangguan psikoseksual

Depresi

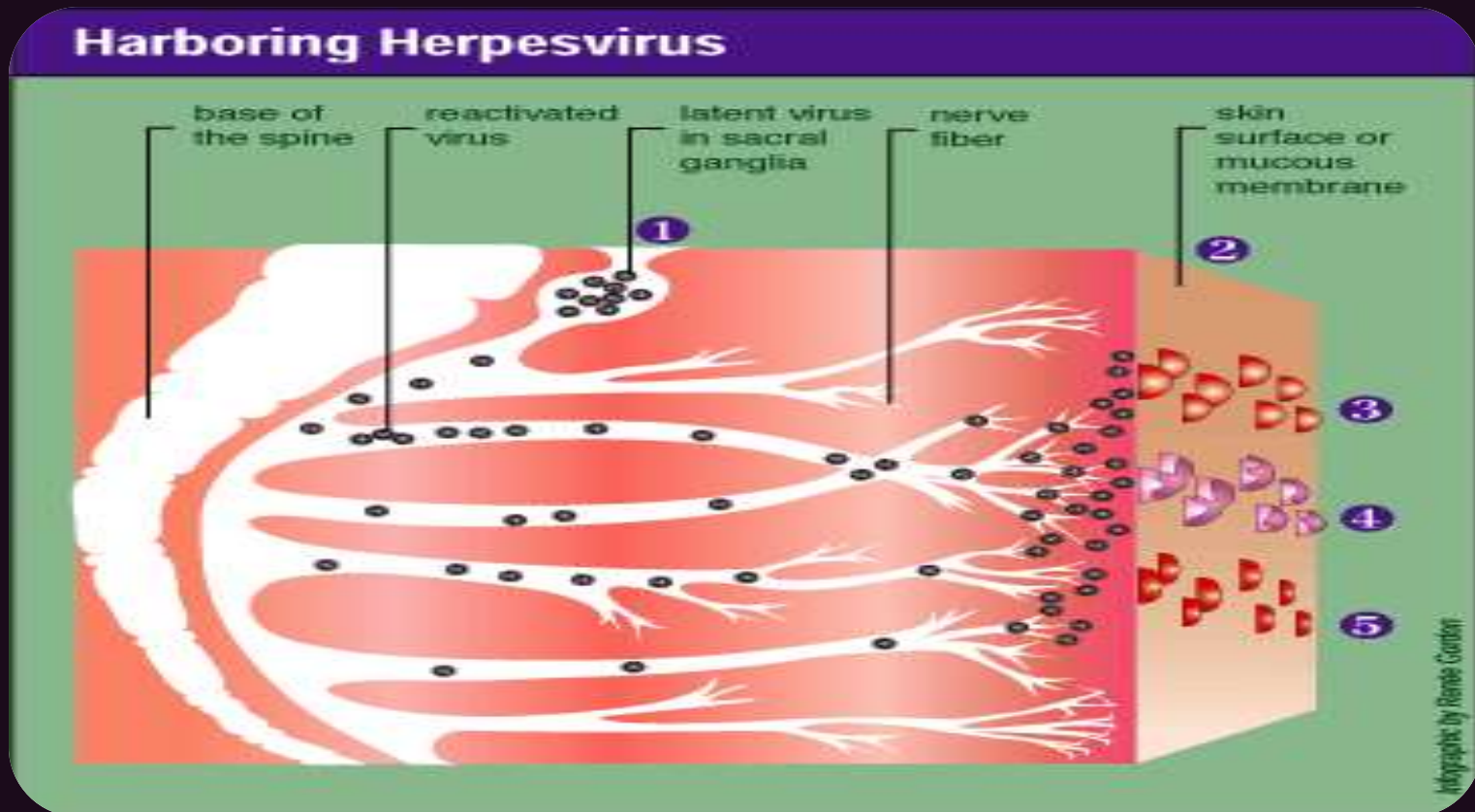




PATOGENESIS



- Latensi dpt menimbulkan reaktivasi
- Reaktivasi HSV-1 : ganglion trigeminus
- Reaktivasi HSV-2 : ganglion sakralis



FAKTOR PREDISPOSISI



Demam, kelelahan

Trauma mekanik, bahan kimia

Hormon, menstruasi

Hubungan seksual

Stres emosional

Imunopromais

GAMBARAN KLINIS

- Masa inkubasi 3- 7 hari
- Lesi primer :
 - Gejala prodormal : demam ringan, rasa terbakar pada daerah lesi
 - Vesikel bergerombol, erosi
 - Nyeri
 - Pembesaran kelenjar
- Lesi rekuren : lebih ringan

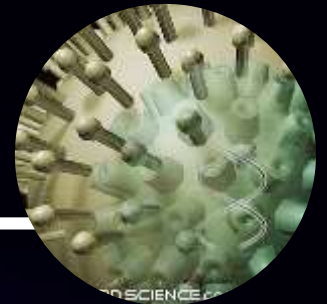




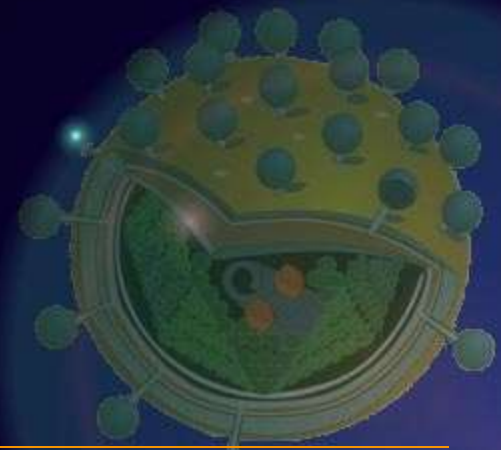
GAMBARAN KLINIS



PEMERIKSAAN PENUNJANG



- Tzank smear
- Pemeriksaan mikroskop elektron
- Pemeriksaan serologi



Penatalaksanaan

Recommended Regimens*

Acyclovir 400 mg orally three times a day for 7–10 days

OR

Acyclovir 200 mg orally five times a day for 7–10 days

OR

Famciclovir 250 mg orally three times a day for 7–10 days

OR

Valacyclovir 1 g orally twice a day for 7–10 days

*Treatment might be extended if healing is incomplete after 10 days of therapy.



Figure 3. Chancroid ulcers are usually nonindurated with serpiginous borders and friable base, often covered with purulent exudate.

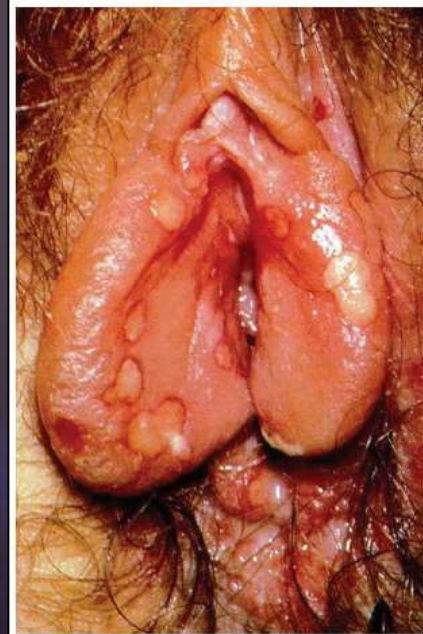


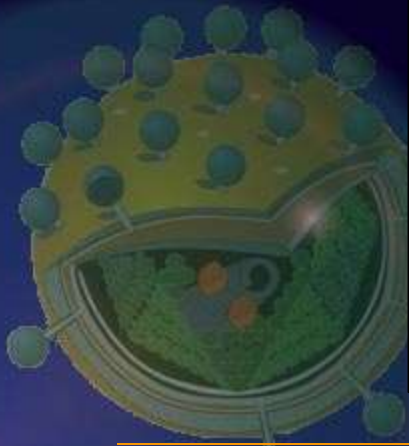
Figure 1. Genital herpes simplex virus. Painful, shallow ulcers may manifest from ruptured vesicular lesions.



Figure 2. Primary syphilis begins as a single, well-demarcated ulcer (chancre) with a clean base and indurated border.



Figure 4. Genital ulcer with hypertrophic borders, caused by donovanosis.



Genital Herpes Simplex	Chancroid	Ulcer Durum
Incubation: 2-20 days (± 6 days)	Incubation: 4-7 days	Incubation: 10-90 days (± 21 days)
Grouped vesicles → ulcers ; kissing ulcers (+); >> asymptomatic	Single/multiple ulcers	Solitary ulcer-like papule
Pain	Quite tender or painful	Painless (indolent)
Crusted/moist	Friable based w/ granulation tissue	Less serous exudate

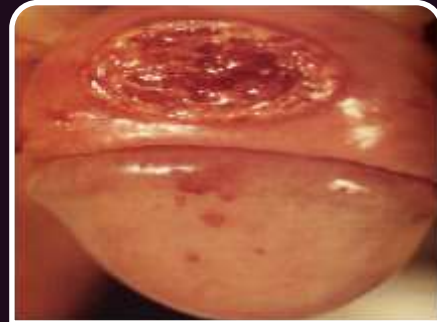




**Herpes
simpleks**



Ulkus durum



Ulkus molle



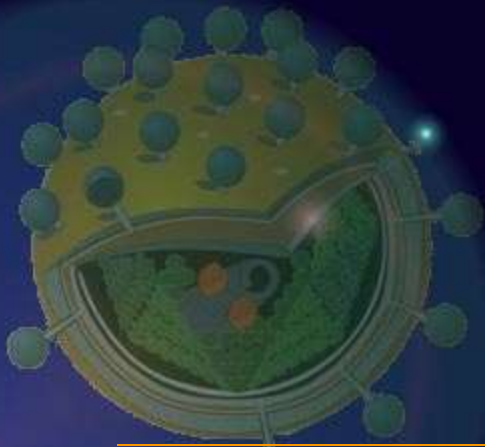
Skabies



Fixed drug eruption

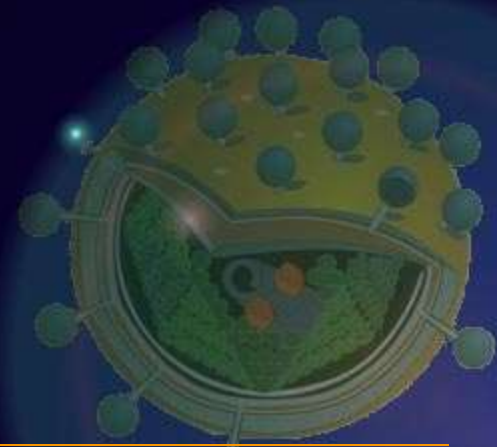
KONDILOMATA AKUMINATA

(*Genital warts, kutil kelamin, jengger ayam*)



DEFINISI

Infeksi menular seksual disebabkan
Human papiloma virus (HPV) tipe tertentu
berupa fibroepitelioma pada kulit & mukosa





MASALAH ??

70% subklinis

Rekurens

Belum ada obat mampu mengeradikasi HPV

Menyebabkan kanker serviks



TABLE 196-1**Clinical Associations of Human Papillomavirus (HPV) Types**

HPV TYPE	MOST COMMON CLINICAL LESION	LESS FREQUENT LESION	POTENTIAL ONCOGENICITY
1	Deep plantar/palmar warts	Common warts	
2, 4, 27, 29	Common warts	Plantar, palmar, and mosaic warts	
3, 10, 28, 49	Flat warts	Flat warts in EV	HPV-10 rare in cervical and vulvar carcinomas
7	Butcher's warts		
13, 32	Oral focal epithelial hyperplasia		
5, 8, 9, 12, 14, 15, 17, 19–26, 36, 47, 50	EV, warts in immunosuppression	Normal skin (?)	HPV-5, -8, -9 isolated from SCCs
6, 11	Anogenital warts, cervical condylomata	Bowenoid papulosis, common warts; respiratory papillomatosis, common warts	Buschke-Löwenstein tumor; rare in penile, vulvar cervical, and other urogenital tumors; "low risk"
16, 18, 31, 33–35, 39, 40, 51–60	Cervical condylomata; anogenital warts; bowenoid papulosis	Common warts	Genital and cervical dysplasias and carcinomas; rare in cutaneous SCC; "high risk"

EV = epidermodysplasia verruciformis; SSC = squamous cell carcinoma.

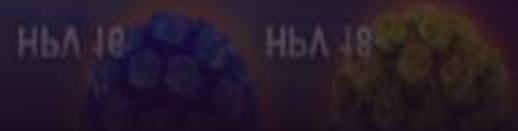
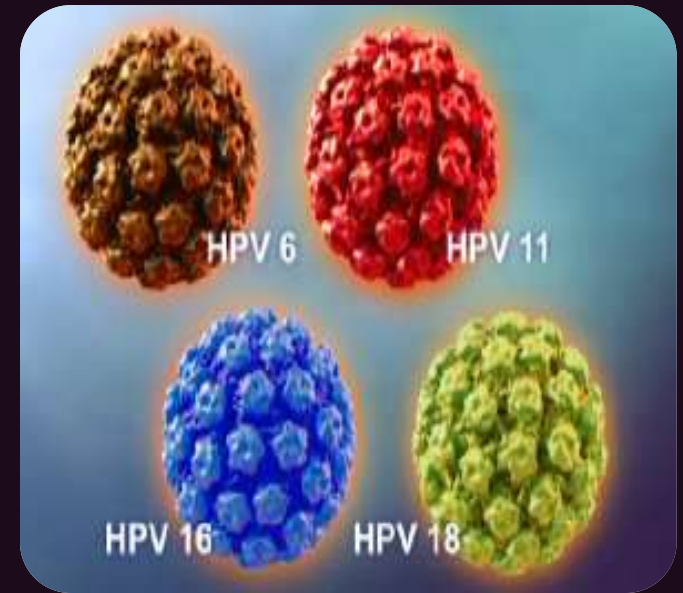
HPV

Low risk

- Tipe 6
- Tipe 11

High risk

- Tipe 16
- Tipe 18



EPIDEMIOLOGI

- 3 dekade terakhir hampir semua negara di dunia meningkat
- 30% - 50% dewasa aktif seksual terinfeksi oleh HPV
- USA :
 - Salah satu IMS yang paling sering
 - 20 juta terinfeksi HPV
 - 6,2 juta / tahun
 - Paling sering usia 20-24 tahun
- RSUP. Dr. Kariadi Semarang :
4.75%(1994) menjadi 13,14% (1998)
- RS Hasan Sadikin Bandung : IMS tertinggi ⇔ KA

Insidensi

4.5% prevalence of HPV among females 14 to 19 years old

44.8% prevalence of HPV among females 20 to 24 years old

27.4% prevalence of HPV among females 25 to 29 years old

27.5% prevalence of HPV among females 30 to 39 years old

25.2% prevalence of HPV among females 40 to 49 years old

19.6% prevalence of HPV among females 50 to 59 years old

Kontak seksual



Mikro abrasi



**virion masuk
ke lap. sel basal epitel**



**membelah cepat
ekspresi gen HPV**



**bergerak ke lap. epidermis
lebih atas**



replikasi virus



**pelepasan virus
dg sel epitel deskuamasi**

Faktor risiko:

- **Usia muda (<25 th)**
- **Multipartner seks**
- **Hub.seksual dini (<16 th)**



GAMBARAN KLINIS

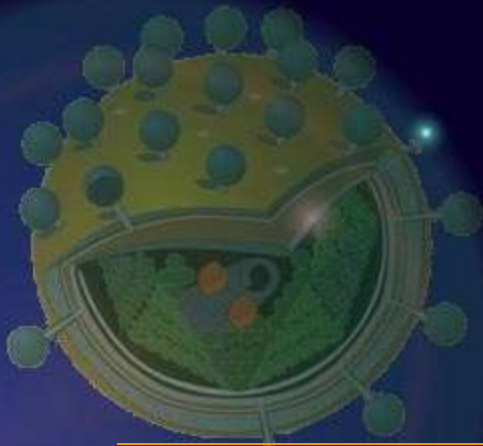
Klinis	Akuminata, papul halus, papul keratotik, <i>Giant condyloma</i> , papulosis Bowenoid
Subklinis	Hanya tampak dg alat bantu (asam asetat 3-5%, lensa pembesar, kolposkop) Histopatologis : infeksi HPV +
Laten	Klinis & histopatologis – Biologi molekuler : DNA HPV +

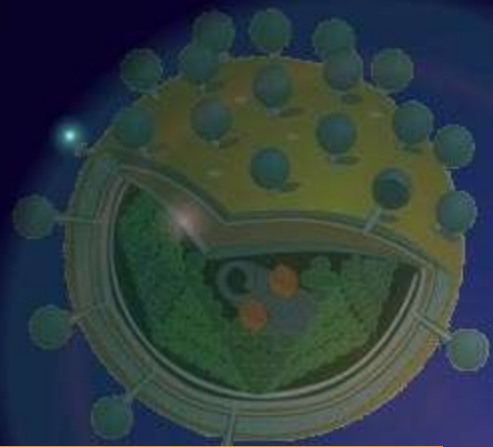
GAMBARAN KLINIS

Inkubasi rata-rata 2-3 bulan (1-8 bulan)

Lokasi :

- Pria : glans penis, sulkus koronarius, frenulum, batang penis
- Wanita : vulva, introitus vagina







PENATALAKSANAAN

Eradikasi virus belum ada

Terapi yang paling baik belum ada

Lesi hilang 32-88%

Terapi berulang



REKOMONDASI TERAPI

Centers for Disease Control and Prevention (CDC) 2006

Oleh PENDERITA SENDIRI

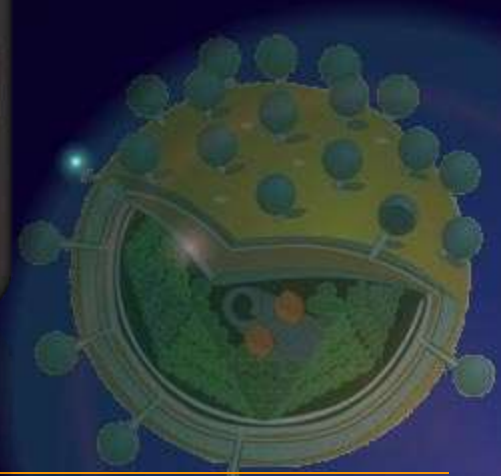
1. Podofiloks
2. Imiquimod

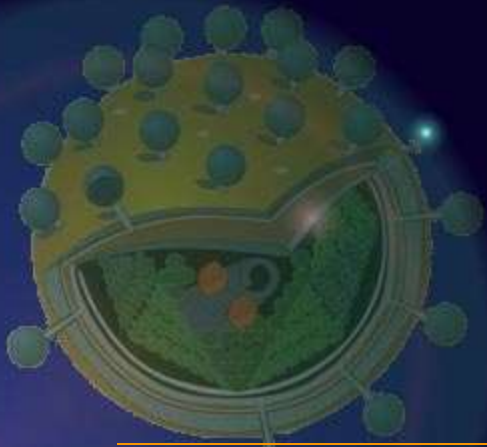


Oleh PETUGAS KESEHATAN

1. Bedah beku
2. Resin podofilin
3. Asam trikloroasetat atau asam bikloroasetat
4. Tindakan bedah lain (eksisi skalpel atau gunting, kuretase, bedah listrik, bedah laser)

PENATALAKSANAAN



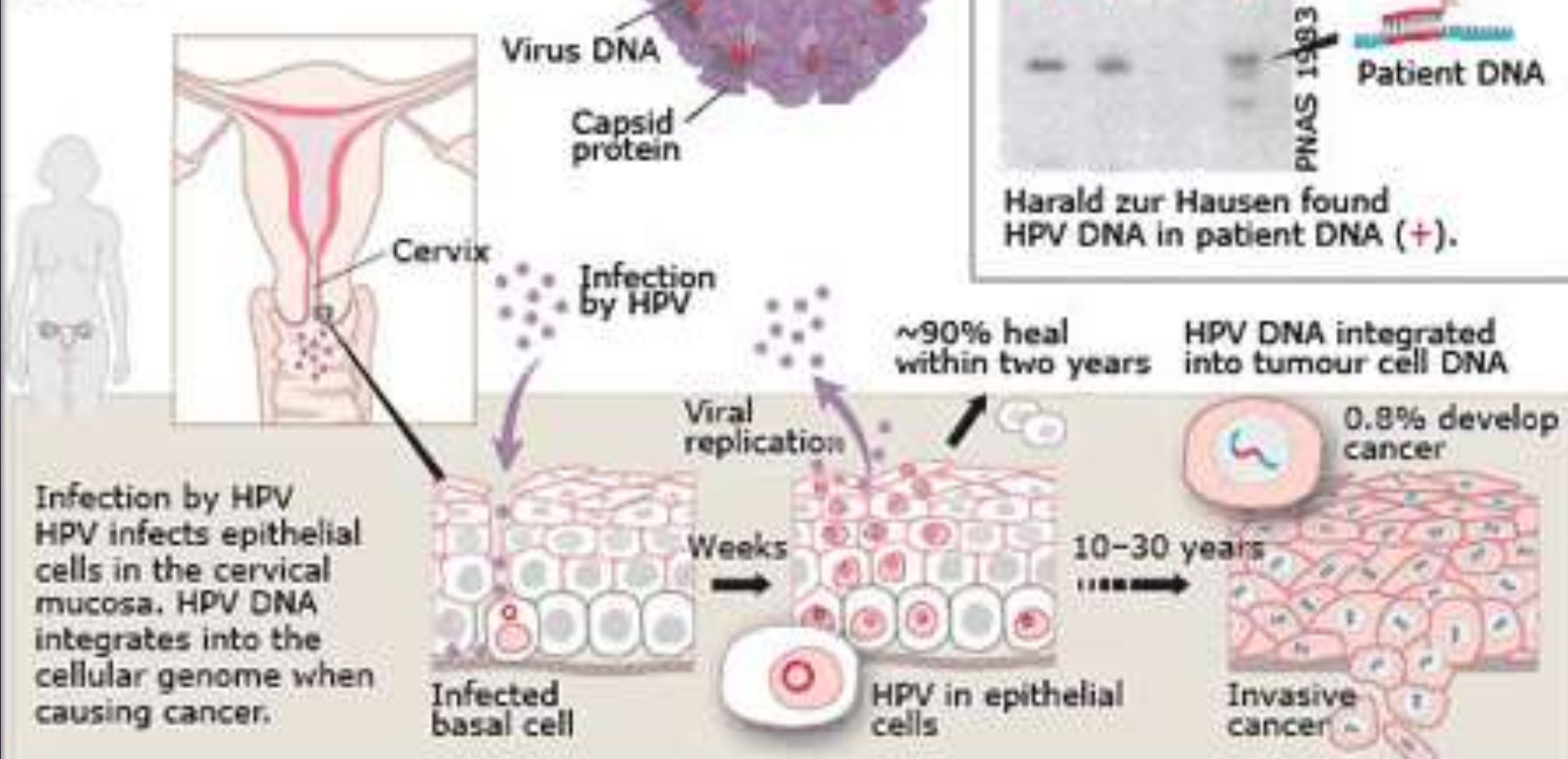


HPV - CA CERVIX

HPV – human papilloma virus

HPV has a circular, double stranded DNA, protected by capsid proteins.

More than 100 HPV-types are known. HPV16 and 18 cause 70% of all cervix cancers.



HPV: LIKELY TO BE THE **NUMBER 2** HUMAN CARCINOGEN (AFTER TOBACCO)

5% OF HUMAN CANCER

10% OF CANCER IN WOMEN

15% OF CANCER IN WOMEN IN DEVELOPING COUNTRIES



VAKSIN HPV MAMPU MENCEGAH KANKER SERVIKS

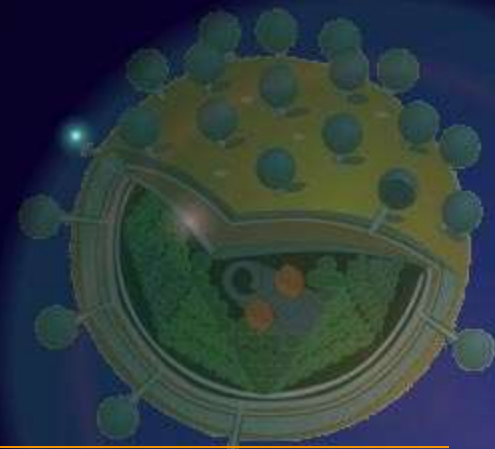
Apakah setiap perempuan perlu imunisasi HPV



Pencegahan

VAKSIN HPV

- Dianjurkan perempuan usia 9-26 tahun
- Intramuskular 3 x (@ dosis 0,5 ml)
- Bulan 1 , 2, 6





||||| terima kasih |||||

S.A. NURAINIWATI – AFECTIO GENITALIS