

## PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS (STI) AMONG HIV-INFECTED WOMEN AT THREE TERTIARY CARE HOSPITALS IN BANGKOK, THAILAND, 2004-2006

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**Background** Thai national STI guidelines for HIV-infected people recommend clinical assessment of STI signs and symptoms and syphilis serology screening. STI prevalence data are necessary to guide national recommendations on STI screening for HIV-infected women.

**Methods** From October 2004-September 2006, HIV-infected women at 3 OB/GYN clinics in Bangkok were interviewed about sexual risk behaviors and screened for STIs. Women received an internal exam and had serologic testing for syphilis. A cervical specimen for chlamydia and gonorrhea was obtained. Multivariate modeling was performed to determine risk for STIs.

**Results** 1,164 HIV-infected women were interviewed and examined. Median age was 32 years. Sexual intercourse in the last 3 months was reported by 750 (64.4%) women. Of these, 90.6% reported sex with steady partners. Condom use during last sex was reported by 66.5%. STIs were diagnosed in 11% of women; 4.8% chlamydia; 2.6% genital ulcers; 1.6% trichomonas; 1.3% gonorrhea; and 0.9% syphilis. Risk factors associated with having an STI were: currently pregnant (aOR=2.5, 95%CI:1.4-4.4); STI-related symptoms (aOR=2.0, 95%CI:1.4-3.1); STI-related examination findings (aOR=7.7, 95%CI:1.05-56.8); and CD4 <200 cells/mm<sup>3</sup> (aOR=1.7, 95%CI:1.1-2.7).

**Conclusions** Current STI assessment and screening guidelines are sufficient for most HIV-infected women. Women with high risk for STIs should be considered for additional STI laboratory evaluation.

## SEXUALLY TRANSMITTED INFECTIONS AMONG FEMALE SEX WORKERS IN MANADO, INDONESIA USING A MULTIPLEX PCR / REVERSE LINE BLOT ASSAY.

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**Aims** To determine the prevalence of STIs among female sex workers (FSWs) in Manado, Indonesia.

**Methods** We recruited a convenience sample of FSWs at their work place and at two clinics. Participants completed a questionnaire and provided a sample of urine which was tested for STIs using a multiplex PCR / Reverse Line Blot (mPCR/RLB).

**Results** We recruited 221 participants: 86% from their place of sex work (entertainment venues, streets, parks and brothels) and 14% from two clinics. Mean age was 26.4 years. During the previous 3 months, 30% reported never using condoms, while only 2.7% always used condoms. Prevalence (n=217) was: gonorrhoea 10.6%, chlamydia 26.7%, *Mycoplasma genitalium* 12.4%, trichomoniasis 22.6%. Independent risk factors for gonorrhoea were domiciled outside North Sulawesi (p=0.001) and age ≤25 (p=0.02); for chlamydia were no prior history of STIs (p=0.003) and age ≤25 (p=0.02); for *Mycoplasma genitalium* was number of clients on last day of sex work (p=0.004) for trichomoniasis was number of clients per week (p=0.04). For a combined "d2curable STI" defined as any of the above four infections, independent risk factors were number of clients on last working day (p=0.001), age ≤25 (p=0.02), and sex working < 2 years (p=0.03).

**Conclusions** The mPCR/RLB detected a range of STIs using a simple urine sample. This is the first report of infection with *M. genitalium* in Indonesia. The high prevalence of STIs in these FSWs signals their vulnerability to HIV infection. Enhanced and novel interventions are needed, including outreach screening for STIs, and periodic presumptive treatment. The results of this study could guide targeting of FSWs most likely to have STIs, especially those aged ≤25 years.

## RTIS PREVALENCE AND CONDOM USE OF FSW IN SEVERAL CITIES IN INDONESIA, IN 2003, 2005, AND 2006/07

**Luxsi**

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**Objectives** To determine the prevalence of some major RTI among FSW community; and to identify factors related to their practice of condom use.

**Method** RTIs prevalence survey was conducted in several cities in Indonesia in 2003, 2005, and 2006/2007. Data were analyzed to see the relationship between some variables with condom use (last sex, last day of work, last week of work) and offering condom at last week of work, as well as the relationship between condom use and RTIs.

**Result** Some independent variables are demographic, direct or indirect FSW, variables related to clients, NGO visit within the last 3 months, and age of first sex. In 2007 survey, not using condom at last week is associated with bacterial vaginosis, trichomoniasis, syphilis, and gonorrhoea; not using condom at last sex and not offering condom are correlated with condiloma and vaginal candidiasis; while HSV-2 is strongly correlated with not using condom at last week and last day. However, condom use in previous surveys shows more protecting to GO, initial syphilis, BV, trichomoniasis, and chlamydis.

Not using condom at all or inconsistently was strongly associated with any STI with OR: 1.39;  $p=0.023$  (2007) and OR: 1.2-1.5;  $p<0.05$  (2003, 2005). In multivariate analyses of 2006/2007 survey, FSW were >10 (2007) and 4 (2005) times more likely to offer condom with an unemployed clients or clients with temporary job, and were about 3 times more likely to use condom in the last week and in the last day of work when the number of clients were more than 3 per day.

**Conclusion** This study confirmed the importance of using condom to prevent any RTI. However, it needs further study to know why it is not as strong as previous. All variables that significantly related and have greatest Odds to condom use were related to the FSW's client. Therefore, intervention program that includes client is very urgent.

## HIGH STI PREVALENCE AMONG MALE-TO-FEMALE TRANSGENDERS IN INDONESIA: TIME FOR PERIODIC PRESUMPTIVE TREATMENT?

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**Aim** Periodic presumptive treatment (PPT) for gonorrhea and chlamydia among female sex workers in Indonesia has resulted in decreased prevalence. We explored the need for PPT among male-to-female transgenders (waria) and assessed the prevalence of STIs, HIV and unprotected sex.

**Methods** Cross-sectional behavioral data were collected from waria in five cities (Java, Indonesia) using a two-stage, time-location sampling; samples were collected from waria in three cities and tested for HIV and STIs. Factors associated with HIV were studied in bivariate and multivariate models.

**Results** A total of 1,150 waria participated in the behavioral survey with a median age of 30 years (range, 15-83 years). Almost all waria had ever sold sex (median duration 10 years). Three quarters had visited an STI clinic for routine check-up in the last three months. Prevalence of HIV was 24.4% (183/748) and rectal gonorrhea and/or chlamydia 47.0% (345/734). The STI prevalence was similar among those routinely visiting STI clinics compared to those who didn't, reflecting high re-infection rates or inadequate STI care. Detection of rectal STIs was associated with HIV infection in multivariate analysis (Adjusted Odds Ratio [AOR] = 1.6). Consistent condom use during receptive anal sex with clients was 35.9%.

**Conclusions** Prevalence of rectal STIs and HIV was high and consistent condom use low, facilitating HIV transmission. PPT seems indicated while strengthening routine STI services and promoting condom use. Two-hundred-fifty waria in Surabaya were offered PPT (December 2009) and its effectiveness in lowering rectal STI prevalence will be evaluated.

## PREVALENCE, IDENTIFICATION OF *CANDIDA* SPECIES, AND RISK FACTORS OF VULVOVAGINAL CANDIDOSIS AMONG FEMALE SEX WORKERS IN YOGYAKARTA

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**Background** *Candida albicans* was isolated from vagina in 85-90%. Recently, there is an increase of occurrence of vulvovaginal candidosis (VVC) caused by *C.non albicans* which is more resistant to azol. Previous study showed that *Candida* can be transmitted trough sexual intercourse. Female sex workers (FSW) are in high risk to get sexual transmitted infection and human immunodeficiency virus infection.

**Aim** To determine the prevalence of VVC, identify of *Candida* species and risk factors of VVC among FSW.

**Method** Descriptive cross sectional study of 95 FSW were conducted with simple random sampling. Interview about risk factors, physical examination, measurement of vaginal pH, Sabouraud dextrose agar (SDA), and CHROMagar™'aaculture were performed.

**Results** As 45,3% FSW were identified VVC positive. Mostly (86.1%) were caused by *C. albicans* and 13.9% by *C.non albicans*, which were included *C.dubliniensis*, *C.tropicalis*, dan *C.kefyr*. Risk factor of recurrent VVC history increased the risk 4.37 times to have VVC. No statistically significant found between contraception use, condom, vaginal douching, antibiotic, sexual intercourse frequency, orogenital sex, and type of underwear with VVC.

**Conclusion** Prevalence of VVC in Yogyakarta with SDA culture was 45.3%. In this study, *Candida albicans* was the main cause of VVC besides *C.non albicans*. One of the type known as *C.dubliniensis* was first reported in Indonesia.

## SYPHILIS AMONG FEMALE SEX WORKERS IN INDONESIA: NEED AND OPPORTUNITY FOR INTERVENTION

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**Aim** We intended to study the prevalence and factors associated with syphilis among female sex workers (FSWs) in Indonesia.

**Methods** A cross-sectional surveillance survey was conducted in 2007 in ten major cities in Indonesia using a two-stage time-location cluster sampling. Behavioral information and blood samples were collected; samples were tested for HIV (Bioline and Determine) and syphilis (Determine and RPR). Syphilis prevalence and potential factors associated with syphilis were assessed in bivariate and multivariate analysis. Trends in syphilis prevalence among brothel-based sex workers were constructed using surveillance data from 2003, 2005 and 2007.

**Results** A total of 1,888 direct and 2,436 indirect FSWs participated in this survey. Prevalence of active syphilis (RPR > 1:8) was high among direct and indirect FSWs (7.5% vs. 3.1%, respectively). Those who had received at least one dose of periodic presumptive treatment (PPT) for chlamydia and gonorrhoea (1 g azithromycin and 400 mg cefixime) in the past 3 months had lower prevalence of active syphilis than those who had not received PPT (3.9% vs. 6.0%; p=0.008). Older age (Adjusted Odds Ratio [AOR]=1.4), longer duration of sex work (AOR=1.7) and PPT (AOR=0.6) were associated with active syphilis in multi-variable analysis. Syphilis prevalence among brothel-based FSWs increased from 2005 to 2007 (7.8% vs. 14.5%; p<0.001).

**Conclusions** Syphilis prevalence is high among FSWs in Indonesia and increased from 2005 to 2007. Receipt of PPT was associated with lower syphilis prevalence. Current syphilis control programs need to be evaluated, and the possibility of alternative syphilis treatment with azithromycin explored.

ORAL PRESENTATION 2

JAKARTA A

STI AND HIV

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OP 2.3	THE CORRELATION BETWEEN DRUG ERUPTION INCIDENCES AND RATES OF CD4 <sup>+</sup> IN PATIENTS WITH HIV/AIDS	Rudianto Sutarman
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## DEVELOPING A NATIONAL STRATEGY FOR REDUCING SYPHILIS EPIDEMICS AMONG GAY MEN

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**Aims** The Australian HIV 'partnership model' brings together government, community, clinicians and researchers across multiple disciplines to work together to inform each other. The aim of this study was to use this model to establish Australia's National Syphilis Action Plan (NSAP) in response to a resurgent syphilis epidemic among gay men.

**Method** We combined mathematical modeling with quantitative and qualitative social research to explore the feasibility of different interventions (partner reduction, increased condom use, increased testing frequency, mass treatment, improved partner notification, and chemoprophylaxis) to reduce rates of syphilis. We conducted online surveys and focus groups to determine whether such interventions were likely to be acceptable to Australian gay men and we developed a mathematical transmission model that simulated the target population to explore the potential epidemiological impact of each intervention.

**Results** The modeling demonstrated that changes in sexual behavior are only likely to be effective if such changes are maintained indefinitely, and the social research data indicated such changes were not uniformly acceptable, particularly to gay men at higher risk and not as a long-term strategy. In contrast, increasing rates of testing for syphilis and partner notification were simulated to produce large reductions in syphilis infections and they were also broadly acceptable to all gay men. Based on this interdisciplinary research and engagement with partners, target goals were established.

**Conclusions** Our multi-disciplinary approach demonstrated which interventions may be effective and acceptable in reducing syphilis infections and implementation of these interventions has recently commenced.

## LIPODYSTROPHY ON A HIV PATIENT WHO HAVE NOT RECEIVED ANTIRETROVIRAL THERAPY

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**Background** Lipodystrophy is characterized by loss of adipose tissue from subcutaneous compartment. It can be found on HIV patients, but only a few number occurred before antiretroviral (ARV) therapy is given.

**Case Report** A 27-year-old woman complained of dark depressed patches following red nodules over her lower extremities. She had no history of fever, arthralgia, decrease of bodyweight, prolonged diarrhoea, nor chronic cough. Lipoatrophy with thickening of vascular wall found in biopsy sample. Laboratory examination showed Anti-HIV positive with low CD4 count.

**Discussion** Lipodystrophy in this patient occurred before she had received ARV and act as a sequele of panniculitis and vasculitis. We presumed that the cause of inflammation of the vascular and adipose tissue that lead to lipodistrophy is due to immunologic reaction related to HIV.

## THE CORRELATION BETWEEN DRUG ERUPTION INCIDENCES AND RATES OF CD4<sup>+</sup> IN PATIENTS WITH HIV/AIDS

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**Background** The use of three drugs or more in HAART for HIV/AIDS patients can lead to high possibility of drug eruption. Drug eruption incidence in HIV/AIDS is 100 times more frequent compare to general population. CD4<sup>+</sup> rate and others factors associated with increased risk of drug eruption in HIV/AIDS. However, there was no consistent result between previous studies from one another. Therefore, the correlation between CD4<sup>+</sup> rate and incidences of drug eruption in HIV/AIDS patients remains unclear.

**Aim of Study** To find out the correlation between drug eruption incidences and the CD4<sup>+</sup>'s rates in patients with HIV/AIDS.

**Material and Method** The study was conducted among 60 HIV/AIDS patients in therapy; CD4<sup>+</sup> rate was obtained from the beginning of ARV therapy. Data was analyzed using non-parametric *Chi-Square* test or fisher exact test.

**Results** Fifty five percent from 60 subjects were male, 58.3% in the age range 21-30 years, 53.3% risk factor determined was intravenous drug user, 78.3% ARV combine with NVP, 53.3% cotrimoxazole as concomitant therapy, 43.3% maculopapular type drug eruption, 36.7% erupts 1-2 weeks after therapy. Mean CD4<sup>+</sup> rate 104.72±5f12.67 cell/mm<sup>3</sup>, 76.7% initial CD4<sup>+</sup> rate <200 cell/ mm<sup>3</sup>. No significant correlation between CD4<sup>+</sup> with the incidences of drug eruption. Female, ARV combine with NVP, cotrimoxazole concomitant therapy correlates with higher risk for drug eruption.

**Conclusion** Drug eruption incidence in patients with HIV/AIDS does not correlate with CD4<sup>+</sup> before ARV therapy. Risk factors correlated with drug eruption in patients with HIV/AIDS are gender, ARV combine with NVP and cotrimoxazole concomitant therapy.

## ANTIBACTERIAL EFFECT OF TURMERIC RHIZOME EXTRACT (*CURCUMA DOMESTICA VAL.*) ON *NEISSERIA GONORRHOEAE* GROWTH *IN VITRO*

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**Background** The turmeric rhizome extract contains many antibacterial substances which consider can inhibit bacterial growth, such as curcumin, desmetocicurcumin, bis-desmetocicurcumin, volatile oil, phenols, and thanin.

**Aim** This research aimed to know whether there is an antibacterial effect of the turmeric rhizome extract to *Neisseria gonorrhoeae in vitro*.

**Material & Methods** This experimental analytic research uses a total sampling technique which consists of 12 urethral secretion samples from men with gonococcal disease at Microbiology Laboratory of Sebelas Maret University. Anova test was used to analyze collected data.

**Results** The comparison between the negative control (empty filter paper disc) (0.00 mm) to 90% (5.50 mm), 100% (9.08 mm), 200% (9.17 mm) concentrate of turmeric rhizome extract and the positive control (30 µ'5fg cefotaxime antibiotic) (24.25 mm) have a significant difference (p<0.05). There was also significant differences (p<0.05) between the positive control (24.25 mm) to the negative control (0.00 mm), 90% (5.50 mm), 100% (9.08 mm), and 200% (9.17 mm) concentrate of turmeric rhizome extract. Both 100% (9.08 mm) and 200% (9.17 mm) concentrate of turmeric rhizome extract did not have a significant differences (p>0.05).

**Conclusion** There was an antibacterial effect of turmeric rhizome extract on *Neisseria gonorrhoeae* growth *in vitro*, but it is weaker than 30 µ'5fg cefotaxime antibiotic as the positive control (p<0.05). There wasn't significant difference (p>0.05) antibacterial effect between 100% and 200% concentrate of turmeric rhizome extract on *Neisseria gonorrhoeae* growth *in vitro*.

## VALIDITY OF LATEX AGLUTINATION TEST AND WET PREPARATION FOR DIAGNOSING TRICHOMONIASIS ON PATIENT WITH VAGINAL DISCHARGE AT DR. SOETOMO HOSPITAL SURABAYA

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**Background** Trichomoniasis is still health and reproduction problems. Diagnosing only from the clinical manifestation is not reliable and culture as the gold standard is expensive and time consuming. Conventional examination that usually performs is wet mount preparation but it has low sensitivity (50-70%) and need skill to perform. Latex agglutination test (LAT) for detection trichomonas antigens has provided on alternative method for diagnosis trichomoniasis for its easy to performed and give a rapid result in clinical setting.

**Aim** To analyze the validity of LAT and wet preparation for diagnosing trichomoniasis on patient with vaginal discharge at Dr. Soetomo hospital Surabaya.

**Material and Method** Vaginal swab was taken from women with discharge who came to outpatient clinic of Dermatovenereology Dr. Soetomo hospital then examined by routine wet preparation, LAT and done the culture using InPouch™ TV. The results then analyzed statistically with Kappa and Mc Nemar tests.

**A result** From 60 patients, 7 were diagnosing as trikomoniasis by culture which 6 patients were positive by wet preparation. From 21 with LAT positive, 14 patients have culture negative. The sensitivity and specificity of LAT were 100% and 73,6% with both kappa and mc nemar tests were significant ( $p=0.00$ ). The wet preparation has 85,7% and 100% for sensitivity and specificity with kappa test was significant ( $p=0.00$ ) and mc nemar test was not significant ( $p=1.00$ ).

**Conclusion** LAT has low validity but the sensitivity was high so that LAT can be used for screening, and we can use wet preparation for diagnosing trichomoniasis at Dr. Soetomo hospital because it has high validity and specificity but we must concern that these methods are depended on the analyst.

## DETECTION OF *CHLAMYDIA TRACHOMATIS* IN URINE SPECIMEN AND ENDOCERVICAL SWAB OF NON SPECIFIC GENITAL INFECTION PATIENTS WITH AMPLICOR PCR KIT

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**Background** *Chlamydia trachomatis* is the most prevalent bacterial sexually transmitted infection worldwide. Chlamydia known as silent disease, that is 75% of this infection in women and 50% in men are asymptomatic and can only be detected through the screening test. Chlamydia testing of the urine specimens is noninvasive. Urine as a genital lavage contained material from the vagina. PCR on self obtained specimens (urine) make it feasible to detect this infection in a very effective manner.

**Aim** To detect *Chlamydia trachomatis* in urin specimen and endocervix swab in non specific genital infection patients.

**Result** *Chlamydia trachomatis* was positive on 14 endocervical swab and (63,6%) and 16 urine specimen (72,7%) from 22 samples with non specific genital infection.

**Conclusion** Detection of *C. trachomatis* on urine samples higher to those obtained on samples collected directly from the endocervix. It could be the source of infection for the cervix or urethra. The further research is required.

## ORAL PRESENTATION 3

## JAKARTA B

## STI PATIENTS

OP 3.1	PATIENT'S PERCEPTION OF SEXUAL HEALTH CLINIC IN SINGAPORE	CWG Ong (SINGAPORE)
OP 3.2	UNDERSTANDING VERSATILITY AND RECIPROCITY IN SEXUAL PRACTICES IN MALE TO MALE SEX.	MK Pitts (AUSTRALIA)
OP 3.3	BUSCHKE – LOWEINSTEIN TUMOR	YF Yahya
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OP 3.5	WORKING WITH HEART	Maya Trisiswati Ch
OP 3.6	SERIAL ELECTROCAUTERIZATION OF THE EXTENSIVE CONDYLOMA ACUMINATA USING LOCAL ANESTHESIA	Sri Lestari



## PATIENT'S PERCEPTION OF SEXUAL HEALTH CLINIC IN SINGAPORE

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**Aim** The Department of Sexually Transmitted Infection (STI) Control Clinic (DSC Clinic) is the only public STI Clinic in Singapore. This study aimed to find out patients' perception of the clinic as well as the factors that may influence their choice of DSC Clinic over other medical facilities. The concerns of certain risk groups were also assessed.

**Methods** Self-administered anonymous questionnaire was offered to Singaporean and Permanent Residents over 18 years of age seeking treatment at DSC. 1000 responses were collected over a period of 4 weeks in May 2009.

**Results** More than two-thirds of the patients had a positive experience at DSC and would recommend DSC to their family and friends. Positive attributes include competence of staff and the convenience of a "one-stop" treatment facility. Their visits to DSC also prompted them to engage in safer sexual practices in the future. Stigma was surprisingly not an issue amongst more than three-quarters of the patients. Confidentiality of medical records was a major concern with more than half not wanting to share their records with other health care providers, employers or insurance companies. The majority of patients would like to see the provision of clinics catering to special groups such as young people, women as well as men-who-have-sex-with-men (MSM).

**Summary** The majority of patient are satisfied with the health services provided at DSC. Confidentiality in consultations is of prime importance to patients.

## UNDERSTANDING VERSATILITY AND RECIPROCITY IN SEXUAL PRACTICES IN MALE TO MALE SEX.

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**Study aims** To understand male-to-male sexual practices (MTMS) and to examine the degree to which men exclusively engage in either insertive or receptive anal sex.

**Method** An online internet survey was promoted throughout Australia. Participants were asked about their lifetime and most recent sexual experience.

**Results** 1,117 men completed the survey. Mean age was 35 years; median number of lifetime male partners was 11-50; and 6-10 partners in the last 12 months. Age at first anal sex was 19 and at first oral sex was 17 years. The most recent sexual experience was with a casual partner (44.6%), met through the internet (46.8%) and known for less than 24 hours.

The range of practices included kissing (75.5%) and hand stimulating the penis (86.5%). At their most recent sexual encounters, 34.6% reported insertive anal sex and 40% reported receptive anal sex; a condom was used by 46.2% and lubricant by 95%. 88% reported life time experience of taking both insertive and receptive anal sex roles; with reciprocity of anal sex also being high at last sexual encounter.

**Discussion** The range and diversity of sexual practices associated with MTMS is wider than commonly reported. Targeted health promotion is required to ensure safety in sexual practices.

## BUSCHKE – LOWEINSTEIN TUMOR

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**Background** Giant condylomata (GC) or Buschke-Lowenstein tumor (BLT) were described by Buschke and Lowenstein in 1925 as carcinomalike condylomata acuminata of the penis, external genitalia and the perianal region. The simple type of verrucous carcinoma (VC) with characterized cauliflower-like tumor by locally invasive growth, resulting in a local complications. Histopathologic finding was more likely to squamous cell carcinoma *in situ*. BLT was rarely reported.

**Case** A 52 years old heterosexual man, had circumcicion, with diabetes melitus presented to departement dermato-venereologic with 2 years history of a rapidly enlarging, cauliflower-like mass on the penis, perineum and scrotum. There was preceeding history condyloma acuminatum on his glans penis. Examination revealed a exophytic, verrucous lesion on the glans penis with widespread verrucous change involving the mons veneris, scrotum and perineum, penis was no appeared, mons veneris, scrotum revealed masses verrukous tumour with 17 X 12 cm, On the perianal showed pedunculated small verrucous tumor with 1,2 X 1 X 0,5 cm in diameter, pain esppecially sitting on the chair. Lymphadenopathy was not apparent. Histologic examination appeared verrucous carcinoma penis (Giant condyloma acuminatum of Buschke – Lowenstein tumor), The diagnosis was established by clinical and histologic examination and immunohistochemically with proliferating cell nuclear antigen (PCNA).

**Discussion** A rare case of BLT presented a 52 years old heterosexual man, was circumscicion, develop exophytic lesion involving the whole glans penis and expanding to mons-veneric, scrotum and metastatic to perianal. Although BLT is slowly growing, locally destructive tumour of the anogenital region with a low capacity to metastasis, but, nevertheless, in this cases dysregulated immunity suspected progressif malignancy.

## FOREIGN BODY AS A CAUSE OF VAGINAL DISCHARGE IN A-FIVE YEAR OLD GIRL

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**Introduction** Vaginal discharge is a common gynecologic symptom in a prepubertal girl. Recurrence and unresponsive to antibiotic therapy in a patient with vaginal discharge need further evaluation to exclude the possibility of foreign body in vulvovagina as the causative factor. Intravaginal foreign body has been reported in 4% under 13-year-old girl with genitourinarial symptom

**Case Report** A 6-year-old girl, with plenty of vaginal discharge since one year. It has brownish yellow colour, acidic smell, and stain the underwear. There is still no improvement after 1 week antibiotic therapy. The examination show foreign body in vagina and from digital rectal examination there is firm mass palpated at the posterior vaginal wall. Foreign body extraction has been done under general anesthesia and hair pin was successfully extracted.

**Discussion** Foreign body is not a common cause vulvovaginitis in a child, but it should be considered if the discharge is persistent and recurrence, bad smell, or has serosanguineous colour. The symptom are bloody vaginal discharge, unspesific discharge, abdominal pain, bad smell discharge, itch or redness on genital area and dysuria. The definitive therapy is extraction the foreign body. The symptom usually disappeared after foreign body extraction

## WORKING WITH HEART

Maya Trisiswati Ch

IPPA Jakarta Chapter Clinic Jakarta, Indonesia

The 2002's sero survey from Ministry of Health (MOH) and Family Health International (FHI) found that every 1 of 5 trans genders are HIV positive, 2 of 10 transgenders infected by syphilis and 6 of 10 infected transgenders received in adequate treatment. There was also a reality that access to health services were very low, stigmatization and discrimination were high, and the HIV program at that time was not based on behavioral intervention yet.

IPPA Jakarta Chapter was very concern about non discriminative reproductive health services as its vision and mission, then decided to established a sexual health service for marginal group, with the priority for transgender group which at that time was very on demand.

First step, internal and technical preparation of clinic, and at the same time, proposal made for donor institute with reference from IPPF's Quality of Care and Guidance from MOH Republic Indonesia. Second step, clinic physical preparation and socialization to transgender population and the public who lived around the clinic area. We also approached heart to hearth with public figures in venue of geriatric aerobic program.

Every general patient came were informed continually about the fulfilling rights of reproductive rights to community, including marginal community. Socialization activities usually were done in formal and informal gathering by visited transgender hotspots. Third step, starting the service with motto: friendly, economic, fast and accurate. Service are done with opening hours as needed.

Next step are networking and avocation to get moral and material support. Nowadays, The clinic is well-known for every transgender in Jakarta and around area. With working a whole heart, today clinic generally provides service to 500 visitation, services are develop not only to transgender but also to MSM, FSW, HRM, IDU, and prisoners.

Because the variety of cases, sexual orientation and numbers accepting services, the clinic become a place to study the STI services, from provincial to national grade. It is also a place for apprenticeship of dermatology and venerology specialist candidate from Cipto Mangunkusumo Central General Hospital (RSCM) – Faculty of Medicine University of Indonesia.

But the journey proved that no matter how perfect the steps that have been done, it will not be succeeded without the principal of “Working with Heart”

## SERIAL ELECTROCAUTERIZATION OF THE EXTENSIVE CONDYLOMATA ACUMINATA USING LOCAL ANESTHESIA

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**Background** Condyloma acuminata (CA) is pediculated, papular or macular lesion on the mucous genital and/or anal, cause by Human papillomavirus (HPV). Multiple modalities of CA treatments have been used that vary in effectiveness. We reported a woman with extensive-CA in genital that successful treated with serial electrocauterization, simple technique and good result.

**Case Report** A 50 year old married-woman, presented extensive genital warts within 1,5 years. She never had sexual intercourse except with her husband, and her husband didn't have the same disease. On physical examination, there were genital warts in labia majora/minora, vulva, periclitral, clitoral, introitus vagina and perineum. Histopathology result contained epithel squamous with koilocyte and dysplastic cells. PCR result of high risk types of HPV-DNA were not detected. She was successful treated with five times electrocauterization using local anesthesia pehacain®<sup>a8</sup> (lidocain 20mg, adrenalin 0,0125mg). After electrocauterization, we gave bactoderm®<sup>a8</sup> topical and clindamycin 3x300mg/day. Finally, acetowhite procedure was negative.

**Discussion** A case of extensive-CA was successful treated with serial electrocauterization using local anesthesia. There were not detected of high risk types of HPV-DNA. The source infection was unclear. We suggested to follow-up routinely for detecting the early sign of CA.

## POSTER PRESENTATION

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<b>PP-02</b>	Profile of diseases in women attending sti clinic in Sardjito Hospital, Yogyakarta: a hospital based retrospective study	<b>Nurwestu Rusetiyanti</b>
<b>PP-03</b>	Profile of sexually transmitted diseases in Andam Dewi Social Rehabilitation Sukarami, Solok	<b>Q.Anum</b>
<b>PP-04</b>	Genital wart in STD clinic of Dermatovenereology department dr. Hasan Sadikin Hospital Bandung: 2006 – 2008	<b>F. Yolanda</b>
<b>PP-05</b>	Secondary syphilis in second trimester pregnancy and newborn with congenital syphilis	<b>Susanthy U Saragih</b>
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<b>PP-12</b>	Detection of <i>Neisseria gonorrhoea</i> and <i>Chlamydia trachomatis</i> from urethral men swab with PCR in outpatient at Wahidin Sudiro Husodo General Hospital, Makassar, Indonesia	<b>Andi Sastri Zainuddin</b>
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PP-14	Strategies for implementing surveillance of gonococcal resistance in Europe	S.A. Chisholm <sup>1</sup>
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PP-29	Atypical genital herpes, condyloma acuminata caused by type 11 HPV, oral and vaginal candidosis in HIV/AIDS infected person with histoid type leprosy	Rizni Suyardi - Oepangat
PP-30	Giant condyloma acuminata in pregnant woman with HIV	Margaret NO Sibarani
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## PATTERN OF SEXUALLY TRANSMITTED INFECTION IN DR.H. ABDUL MOELOEK HOSPITAL LAMPUNG (2008-2009)

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**Background** Sexually transmitted infections (STI) is one of the health problems in all over the world, even in a modern country or in the developing country. Sexual intercourse in extramarital will also cause the increasing of incidence sexually transmitted infections. The etiology of the sexually transmitted infections organisms are bacteria, viral, fungi, and ectoparasite. There was no reported about the incidence of sexually transmitted infections in Dr.Abdul Moeloek Hospital Lampung..

**Aim of Study** To know the pattern of Sexually transmitted infections in Dr.H. Abdul Moeloek Hospital.

**Method** A retrospective study by evaluating of the patient medical record at outpatient in Dermatovenereology Department of Dr. H. Abdul Moeloek Hospital during January 2, 2008 until December 31, 2009.

**Result** The number of sexually transmitted infections (STI) was find in Department of Dermatovenereology Dr.H.Abdul Moeloek Hospital Lampung during period of January 02, 2008 until December 31, 2009 were 278 (2,35%). The incidence of STI in men is higher than women (1,6:1 ). The youngest patient was 14 years old and the oldest was 62 years old, and the most predominant age were the group of 25 - 44 years (42%), The distribution of the STI was : Non Specific urethritis (28,8%), Gonorrhea (22,6%), Condiloma Acuminata (22,3%), Vulvovaginal candidiasis (19,8%), Bartholinitis (3,6%) and Herpes Simplex (2,9%).

**Conclusion** During January 2, 2008 until December 31, 2009 we find 278 patients (2,35%), men higher than women (1,6;1), with the highest pattern of STI is Non specific urethritis (28,8%).

## PROFILE OF DISEASES IN WOMEN ATTENDING STIs CLINIC IN SARDJITO HOSPITAL, YOGYAKARTA: A HOSPITAL BASED RETROSPECTIVE STUDY

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**Background** Women are prone to get risk of STIs, when they initiate sexual activity. Management of STIs in women in many developing countries has, however, been complicated by the lack of simple and affordable diagnostic tests. Yogyakarta as a tourist destination in South of Java and Sardjito hospital as a teaching and referral hospital is one of the Indonesian Ministry of Health target areas of STIs control programme.

**Aim of Study** To determine profile of diseases in women attending STIs clinic in Sardjito Hospital, Yogyakarta.

**Results** There were 782 female patients involved in this study. The profile of diseases in this population as follows: condyloma acuminata (CA) 354 patients (45.3%), candidiasis 286 patients (36.6%), others (examples: bacterial vaginosis, allergic diseases) 114 patients (14.6%), cervicitis gonorrheae 59 patients (7.5%), cervicitis non gonorrheae 45 patients (5.8%), genital herpes 28 patients (3.6%), trichomoniasis 7 patients (0.9%) and sifilis 6 patients (0.8%). There are 21 pregnant women (2.7%) who has STIs. STIs occurred mostly in the age group of 25-50 years old 426 patients (54.5%). Most of the patients were married 465 patients (59.5%). Senior high school is the majority education of the patients, 436 (55.8%). The majority of patients come from Yogyakarta city, there are 439 patients (56.1%) and followed by Sleman, Bantul, outside Yogyakarta province, Gunung Kidul and Kulon Progo are 15.7%, 13.3%, 11.5%, 1.7% and 1.7% respectively.

**Conclusion** Condyloma accuminata is the most occurred disease in women attending STIs clinic in Sardjito Hospital, Yogyakarta.

## PROFILE OF SEXUALLY TRANSMITTED DISEASES IN ANDAM DEWI SOCIAL REHABILITATION SUKARAMI, SOLOK

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**Background** Female commercial sex workers are of the high risk groups and transmitters of sexually transmitted disease (STD). There is decreased susceptibility of *Neisseria gonorrhoeae* to some antimicrobial.

**Objectives** To determine STD profile in Andam Dewi social rehabilitation Sukarami, Solok in Augustus 2008 and investigated for some antibiotic – sensitivity *Neisseria gonorrhoeae* infection.

**Methods** A descriptive to all study examined by Gram staining, NaCl physiologis, VDRL/TPHA, bacterial culture using Thayer Martin media and sensitivity test.

**Result** Samples'l age between 16 – 54 years. Total patients IMS were 26 female (59%) as follows : vulvovaginal candidiasis 30,7%, servicitis gonorrhoeaea 23,1%, vaginosis bacterial 11,3%, non spesifik genital infection 15,4%, condiloma acuminata 3,8% and early latent syphilis 15,4%.

The result of *in vitro* sensitivity of *Neisseria gonorrhoeae* were ciprofloxacin 100%, cefoperazon 100%, cefotaxime 66,6%.

## GENITAL WART IN STD CLINIC OF DERMATOVENEREOLGY DEPARTMENT Dr. HASAN SADIKIN HOSPITAL BANDUNG: 2006 – 2008

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**Background** Genital wart (GW) is a proliferative lesion of the genital epithelia caused by *Human papillomavirus* (HPV) infection. The incidence of GW are vary, and tend to increase in patients with immune disturbance. The major problem in the most cases of GW is the recurrences, as well as the increasing cases of GW coinfectd with HIV.

**Objective** To determine characteristic of new GW patient in STI clinic, Dr. Hasan Sadikin Hospital Bandung, from January 2006 until December 2008.

**Material and Method** Data was taken retrospectively from medical record of new GW patients.

**Result** There were 137 patients in this study, with male and female ratio was 1:1.5. Mostly, the age of patients were 25-44 years old (59.13%), married (48.18%), senior high school graduated (49.64%), and private occupation (40.15%). Duration and onset of lesion was 1-2 months. Most of their sexual partner were girl/boyfriends (37.88%). Location of genital warts in circumcised men were especially at penile shaft (53.62%), in uncircumcised men were at frenulum (26.67%), and in women were at major labium (25.93%). In general, morphologic of lesion was papule. There were 11 cases with HIV/AIDS coinfection. Types of HPV was mostly of the low risk type (4.38%). Most patients were treated with electrocauterization. Recurrences seen in 2-3 months after therapy (33.58%), and patients healed on the 3<sup>rd</sup> follow-up (43.07%).

**Conclusion** Genital warts were the most frequently found cases in STI clinic, Dr. Hasan Sadikin Bandung Hopital since 2006. Most of patients were women, age 25-44 years old. Location of genital warts in circumcised men were especially at the penile shaft and in uncircumcised men were at the frenulum, meanwhile in women, were at major labium.



## SECONDARY SYPHILIS IN SECOND TRIMESTER PREGNANCY AND NEWBORN WITH CONGENITAL SYPHILIS

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**Background** Syphilis can be vertically transmitted from a mother to her fetus during pregnancy. Women with syphilis are more likely to have an adverse outcome pregnancy including spontaneous abortion, intrauterine growth restriction, low birth weight, perinatal death, preterm delivery and congenital infection.

**Case** A 27 year-old woman in her 25<sup>th</sup> week of pregnancy complained of a number of skin colored, itchy, moist, smooth surface lumps around her genital area, brown discolorations on her palms and soles and mucous patches on the upper palatum. Syphilis serologic test revealed VDRL 1:64, TPHA 1:1280 with non-reactive HIV test. Ultrasound test showed no signs of any congenital abnormalities. The patient was given 4.8 millions IU penicillin G benzatin. One month after therapy, her condition improved significantly. At 37 weeks, she gave birth to a 2700 grams baby boy. The baby is diagnosed with congenital syphilis based on neurologic spasms history, desquamation on the body, VDRL 1:2, TPHA 1:2580, hemolytic anemia, and methapysal destruction of humerus sinistra. He was given penicillin procain 135.000 IU/day intramuscular for ten days.

**Discussion** Nowadays congenital syphilis is rarely seen. The transmission occur during 18<sup>th</sup>-20<sup>th</sup> week of gestation. Therefore, prompt and appropriate treatment has to be given to pregnant women with syphilis to prevent its transmission.

## COMPARISON OF POSITIVITY PROPORTION OF DIASPO<sup>®</sup> SYPHILIS RAPID TEST TO TREPONEMA PALLIDUM HAEMAGGLUTINATION ASSAY (TPHA) PLASMATEC<sup>®</sup> TEST IN FEMALE SEX WORKERS

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**Background** The availability of new diagnostic test such as rapid test or point-of-care test, which is easier and faster to perform, validate and inexpensive than conventional test, can improve the medical care of public health problems as syphilis. Most rapid syphilis tests currently available are treponemal tests, one of them is DiaSpot<sup>®</sup> Syphilis. Rapid test or point-of-care test may allow treatment at the initial visit to prevent further transmissions and complications to occur.

**Aim of Study** To compare positivity proportion of DiaSpot<sup>®</sup> Syphilis rapid test to TPHA Plasmatec test in female sex workers.

**Material and methods** Two hundred thirty two subjects was included to the study at Kassi Kassi Public Health Center in Makassar, South Sulawesi; interview, physical examination were performed and blood sample was taken to test the sera with DiaSpot<sup>®</sup> Syphilis rapid test. Treponema pallidum haemagglutination assay Plasmatec test was performed on all sera at laboratory of sexually transmitted infection division, department of dermatovenereology dr. Cipto Mangunkusumo Hospital, Jakarta.

**Results** DiaSpot<sup>®</sup> Syphilis rapid test showed positive result in 27 (11,6%) subjects, while TPHA Plasmatec test showed positive result in 29 (12,5%) subjects. Sensitivity, specificity, positive predictive value and negative predictive value of DiaSpot<sup>®</sup> Syphilis rapid test compare to TPHA Plasmatec test were 93,1% (CI95% 85,1; 93,1), 100% (CI95% 98,8; 100), 100% (CI95% 91,4 ; 100), 99% (CI95% 97,9 ; 99), respectively.

**Conclusion** There was no statistical difference between positivity proportion of DiaSpot<sup>®</sup> Syphilis rapid test 11,6% to TPHA Plasmatec test 12,5% (p = 0,77 ).

## DECREASING OF SYPHILIS PREVALENCE AFTER A COMPREHENSIVE STD INTERVENTION IN FEMALE SEX WORKERS IN SOUTHERN CHINA

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**Aims of study** To explore and assess the impact of syphilis prevalence by a comprehensive intervention among different settings of female sex workers (FSWs) in southern China.

**Methods** A prospective investigation was designed with a baseline survey in the beginning of 2007 and evaluation survey in the end of 2008 after intervention. The comprehensive intervention, including health education and counseling, condom distribution, and syphilis screening and treatment, was implemented among FSWs from middle-class, middle-low-class and low-class settings in Huizhou, Qionghai and Sanya cities in southern China. Socio-demographic characteristics, prevalence of syphilis and HIV infection were evaluated.

**Results** Totally 816 FSWs ( 322 from middle-class, 138 from middle-low class , and 356 from low-class settings ) were enrolled at baseline survey and 940 FSWs ( 481 from middle-class, 121 from middle-low class, 336 from low-class settings) at evaluation period. Overall syphilitic seropositive (TPPA positive) rate was 25.9%, and active syphilis (both TPPA and RPR positive) rate was 14.9% at baseline. Syphilitic seropositive rates were 11.1%, 21.7%, 40.7% and active syphilis rates were 6%, 15.7%, 27.1%, for FSWs from middle-class, middle-low class and low-class settings, respectively. Three cases of HIV infection were found at baseline, which were co-infected with other STI. Overall syphilitic seropositive rate didn't change much after intervention. Overall active syphilis rate declined from 14.9% to 9.4%, especially in FSWs from low-class-settings with a change from 27.1% to 13.1% ( $P < 0.01$ ).

**Conclusions** The results of this study suggest that an effective syphilis control programme is urgently needed. Comprehensive intervention, focused on syphilis screening and treatment, could effectively decrease active syphilis rate.

## SECONDARY SYPHILIS WITH NON PRIMARY EPISODE 1 GENITAL HERPES

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**Background** Syphilis is a systemic infection caused by *Treponema pallidum*, it may spread over oral sex intercourse in 13.7% of the cases. Secondary syphilis gives vary mucocutan lesion images. Co-infection between syphilis and other sexual transmitted diseases, such as genital herpes, may exist.

**Case** Male, 28 years old, with oral sex intercourse background 3 months ago, genital sex intercourse 3 years ago. Suffered macula lesion and erythematous plaque on both hands and on the back of the hands and feet, with multiple erosion of the external genitalia. Serologic examination results show VDRL 1/32 and TPHA 1/10240, positive anti HSV1 IgG and HSV2, with non-reactive anti HIV. Histopathologic examination shows granulomatic inflammation that tends to appear on secondary syphilis. Secondary syphilis with non primary episode 1 genital herpes was diagnosed. For treatment, the patient was given doxycycline 100 mg orally twice daily for 30 days. After doxycycline therapy, lesions were improved. VDRL and TPHA examination after one month therapy were 1/16 and 1/5210, after 3 months therapy 1/4 and 1/1280.

**Discussion** Secondary syphilis that was suffered by the patient was suspected transmitted by oro-genital sexual intercourse. Oro-genital sexual intercourse is one of the ideal ways for syphilis transmission. Co-infection between syphilis and genital herpes may happen. Non primary episode 1 genital herpes has a mild and brief duration of clinical symptom. Doxycycline is an effective treatment for early syphilis.

## SECONDARY SYPHILIS

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**Background** Secondary syphilis usually presents with a cutaneous eruption within 2-10 weeks after the primary chancre and is most florid 3-4 months after infection with variable systemic illness develops. In 10% of patients, highly infectious papules at the mucocutaneous junctions and in moist intertriginous skin, become hypertrophic and dull pink or grey as condylomata lata. Syphilis is caused by *Treponema pallidum* (ssp. *Pallidum*), a microaerophilic Spirochete.

**Case Report** A case of secondary syphilis in 21-years-old Javanese boy was reported. He complain about multiple reddish papules, wet, smooth, 1-3cm diameter with oval form on region perianal since 10 weeks but not pain. Papula circular, 2cm in diameter on region back neck. Macular and papular on palm and sole 1cm in diameter, accompanied with slightly fever and malaise. Patient is homosexual and do anal sex before. Dark field was found Spirochetes. VDRL 1:128 and TPHA 1:2560. Initial treatment consisted of penicillin procaine 600.000 U i.m. single dose for 10 days. Laboratory examination was monitored after 1 and 3 months after therapy. Marked healing of the papules and decrease VDRL titer of serology 1:64 in 1 month after therapy and 1:32 in 3 month after therapy.

**Discussion** The diagnosis of secondary syphilis was established by clinical history, physical examination, dark field microscopy and serologic test. The orally administered penicillin have been shown effective in secondary syphilis. The follow up of patients with physical examination and VDRL titer of serologic examination.

## SECONDARY SYPHILIS

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**Background** Syphilis is sexually transmitted disease caused by *Treponema pallidum*. Syphilis caused a wide range of systemic manifestation and passes through four stage : primary, secondary, latent and tertiary. It transmitted through blood, sexual contact and from mother to child during pregnancy.

**Case** A 30 years old man came to STD clinic with red patches on his sole since 3 month ago. He had history genital ulcer not itchy nor pain. and healed spontaneously with enlargement of lymphnode. History of sexual intercourse with his girl friend who also infected with syphilis without medication before. Serological examination show VDRL titer 1:16 and TPHA titer 1:1280. Patient was treated with single dose Benzatin penicillin 2,4 milion units intramusculary.

**Discussion.** The diagnose of secondary syphilis based on clinical examination and serological test of VDRL increased four fold in titer then confirmed with TPHA test. Clinical appearance is red patches with papulosquamosa, round shape, well defined with fine scale, symmetric on his sole. He had history of chancre and enlargement of lymphnode. Patient show good respond after 4 weeks therapy with Benzatin penicillin and serological titer of VDRL 1:2 and TPHA 1:640. Skin lesion was recovered.

## DIRECT GNOTYPING AND NUCLEOTIDE SEQUENCE ANALYSIS OF VS1-VS2 OF OMP A GENE OF *CHLAMYDIA TRACHOMATIS* FROM UROGENITAL SPECIMENS IN GUANGZHOU, CHINA

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**Chlamydia trachomatis** infection is a major public health problem worldwide. We studied the prevalence and distribution of *Chlamydia trachomatis* genotypes from clinical specimens in Guangzhou obtained in 2005 and 2008. One hundred and ninety-four urogenital *Chlamydia trachomatis* samples were collected from STD clinic patients. The VS1-VS2 of *OmpA* gene was amplified by nested PCR and sequenced by an ABI-prism 3730 sequencer. clinical *Chlamydia trachomatis* strains were genotyped and analyzed for the mutation compared with the reference VS1-VS2. The VS1-VS2 fragments with 453 bp were amplified from 194 clinical samples. Aligned with the sequences of the reference strains, 189 strains with discernible sequences were typed into 9 genotypes, while 5 with ambiguous sequences were considered as mixed-serovars samples. The most prevalent genotypes were E (50, 26.5%), F (46, 24.3%), J (35, 18.5%) and D (24, 12.7%). There was no significant difference in distribution of all genotypes detected except for genotype K ( $p < 0.01$ ) between 2005 and 2008. A total of 16 (8.5%, 16/189) genetic variants to the *OmpA* VS1-VS2 of the reference strains were identified. Mutations occurred frequently among serovars D (2/24, 8.3%), E (6/50, 12.0%), F (2/46, 4.3%), G (1/8, 1.3%), H (1/12, 8.3%) and K (4/11, 36.3), and most of them were sense mutations which might result in amino acid substitution. Sequencing the *OmpA* VS1-VS2 enables analysis of genotype and sequence variations within each genotype. Genotype E, F, J and D dominated in urogenital infection and time variation of genotype distribution existed in Guangzhou.

## DETECTION OF *NEISSERIA GONORRHOEAE* AND *CHLAMYDIA TRACHOMATIS* FROM URETHRAL MEN SWAB WITH PCR IN OUTPATIENT AT WAHIDIN SUDIRO HUSODO GENERAL HOSPITAL, MAKASSAR-INDONESIA

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**Background** There is evidence showed co infection between *Neisseria gonorrhoeae* and *Chlamydia trachomatis* either on urethritis gonorrhoea and non gonorrhea. Based on this evidence, we investigated significance of this co infection.

**Aim of Study** To determine co infection between *Neisseria gonorrhoeae* and *Chlamydia trachomatis* using culture and *Polymerase Chain Reaction* (PCR) on urethritis gonorrhoea and non gonorrhea patients.

**Material and Method** This study was conducted among 43 outpatient men at Wahidin Sudirohusodo General Hospital, Makassar-Indonesia who fulfilled of urethritis gonorrhoea and non gonorrhoea diagnosis. Discharges were collected and examined using culture and continued to PCR. The result were compared and analyzed with statistic program using SPSS. All of data presented in table and diagram design.

**Results** Eighty four point six percent of 43 patients revealed positive *Neisseria gonorrhoea* based on culture and PCR. Fifty percent revealed positive *Neisseria gonorrhoea* based on PCR but negative from culture. Ten point three percent revealed positive *Chlamydia trachomatis* based on culture and PCR. Fifty percent revealed positive *Chlamydia trachomatis* based on PCR but negative from culture. Unfortunately, only 5.1% combine bacteria between *Neisseria gonorrhoea* and *Chlamydia trachomatis* both in culture and PCR.

**Conclusion** No significant validity co infection between *Neisseria gonorrhoea* and *Chlamydia trachomatis* was found either in culture and PCR among urethritis gonorrhoea and non gonorrhoea patients.



## GONOCOCCAL URETHRITIS WITH PERIURETHRAL ABSCESS COMPLICATION

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**Background** Urethritis is the urethra's response to the inflammatory by a variety of reasons. Common cause of urethritis is *Neisseria gonorrhoeae*. Local complications that can occur due to gonococcal urethritis is the periurethral abscess. Secondary abscess formation resulting from chronic urethritis caused by *N. gonorrhoeae* is a rare urological complication.

**Case report** Male, 35 years old, divorced, complaining about nodule in the shaft of the penis since 4 days ago, discharge from the penis accompanied by pain micturition. Having sexual contact with commercial sex worker 5 days ago without condom. Having a history of discharge from penis 5 years ago. Physical examination: skin shaft of the penis there's erythematous nodule which is hard and pain on palpation; mucopurulent urethral discharge. Inguinal lymph nodes: enlarged and pain on palpation. Laboratoric examination: Gram stain appearance of urethral discharge are Gram-negative diplococcus extracellular and intracellular, leukocytes > 10/HPF. Treatment: cefixime oral 400 mg single dose and doxycycline oral 200 mg twice daily for 7 days, found improvement.

**Discussion** Diagnosis is made from anamnesis, physical and laboratoric examination. Male with a history of inflammation tends to develop into an periurethral abscess. *N. gonorrhoeae* infects columnar epithelial cells in the urogenital tract. The infection that progresses in the sub-epithelial layer of the gland can cause infection and periurethral abscess formation. Periurethral abscess management is basically to remove the pus in addition to give appropriate anti-microbials. Centers for Disease Control and Prevention (CDC) 2006 have recommended the provision of additional therapy of anti-chlamydial to gonorrhoea patients, because dual infection is common.

## STRATEGIES FOR IMPLEMENTING SURVEILLANCE OF GONOCOCCAL RESISTANCE IN EUROPE

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The vision for gonococcal resistance surveillance in all six WHO World regions has been slow to be realised, with the exception of the Southeast Asia/Western Pacific region. The aim of implementing European Sentinel Surveillance has been achieved, and its further development is now priority.

From 2006-2008, 3528 gonococcal isolates from up to 16 European countries referring 110 consecutive isolates annually were tested centrally for susceptibility to six antimicrobials. In 2009, the European STI surveillance network was consulted to establish means of enhancing resistance surveillance in the European Union.

Ciprofloxacin resistance increased from 42% in 2006 to 51% in 2008 whereas high-level resistance to tetracycline and penicillin remained relatively constant at 16% and 12% respectively. Azithromycin resistance fluctuated between 2-7%, while no resistance to ceftriaxone or spectinomycin was observed. Review of surveillance data and treatment guidelines led to a change in the testing panel to include, from 2009, cefixime and gentamicin. Current goals are to decentralise testing and provide more timely data on European gonococcal resistance.

High levels of resistance to ciprofloxacin, still used to treat gonorrhoea in some European countries, highlight that continued timely surveillance of gonococcal resistance to therapeutically relevant antimicrobials in Europe is essential to preserve therapeutic options.

## NEISSERIA GONORRHOEAE SENSITIVITY TO CIPROFLOXACIN AT DERMATO-VENEREOLOGY DEPARTMENT OF DR. M. DJAMIL HOSPITAL PADANG, INDONESIA (JANUARY 1<sup>st</sup> 2009 - DECEMBER 31<sup>st</sup> 2009)

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**Background** Based on report of some study centre in Indonesia, it has been found the resistance of *Neisseria gonorrhoeae* to ciprofloxacin in cervicitis/urethritis gonorrhoeae. However, there has never been same study from our Department so that we carry out this study.

**Objectives** To determine the *Neisseria gonorrhoeae* sensitivity to ciprofloxacin in urethritis / cervicitis gonorrhoeae patients at Dermato-Venereology Department of Dr. M. Djamil Hospital Padang January 1<sup>st</sup> 2009 – December 31<sup>st</sup> 2009.

**Methods** A descriptive study has been done. The specimen was collected from genital discharge in cervicitis / urethritis gonorrhoeae adult patient and then we do the Gram staining, bacterial culture with Thayer Martin media and followed by sensitivity test.

**Results** The incidence of urethritis / cervicitis gonorrhoeae patients were 32,14% from of all patients sexual transmitted diseases division in 2009. There were 31 new cases of gonorrhoeae infection in 2009, with male to female ratio is 2.1:1. Most cases occurred on 21-25 years old. All of the new cases found negative gram diplococcus in gram staining and 69.23% were found bacteria growth in Thayer Martin media. In vitro sensitivity of *Neisseria gonorrhoeae* to ciprofloxacin is 94,12%.

**Conclusion** Sensitivity of *Neisseria gonorrhoeae* in urethritis/cervicitis gonorrhoeae to ciprofloxacin in Dermatovenereology clinic of Dr. M. Djamil hospital Padang is 94,12%.

## THE PATTERN OF BACTERIAL RESISTANCE OF NEISSERIA GONORRHOEAE TO VARIOUS ANTIMICROBIAL AGENTS BY USING DISK-DIFFUSION TECHNIQUE IN COMMERCIAL SEX WORKERS AT TANGERANG REGENCY, BANTEN AND THE AFFECTING FACTORS

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**Background** Continuous evaluation on altered bacterial resistance pattern of *N. gonorrhoeae* to various antimicrobial agents should be performing. Previous data about the pattern of bacterial resistance of *N. gonorrhoeae* to various antimicrobial agents at Tangerang Regency, Banten Province was obtained on 2000. Thus, we need to go over another study.

**Objective** To recognize the positive result and the pattern of bacterial resistance of *N. gonorrhoeae* to various AM agents (ciprofloxacin, ofloxacin, levofloxacin, ceftriaxone, cefixime, and kanamycin) and factors that affect the development of *N. gonorrhoeae* bacterial resistance in CSW at Tangerang Regency, Banten Province.

**Method** This study was a cross-sectional survey study. The study subjects were CSW at Tangerang Regency, Banten Province. Diagnosis was made based on bacterial culture by using JEMBEC media and *N. gonorrhoeae* sensitivity test to various antimicrobial agents by using disk-diffusion technique.

**Results** We found 82 (32.8%) of *N. gonorrhoeae* isolates in 250 subjects and 64 (78.1%) of 82 isolates were Penicillinase Producing *Neisseria Gonorrhoeae* (PPNG). The results of sensitivity test of *N. gonorrhoeae* to AM agents were as follow: levofloxacin 100%, ofloxacin 98.8%, ciprofloxacin 96.4%, ceftriaxone 92.6%, kanamycin 91.6%, and cefixime 80.5%. There was no significant correlation between number of customers, extent of experience and the bacterial resistance of *N. gonorrhoeae* to several AM agents.

**Conclusion** Proportion of positive result of gonorrhoea infection in CSW at Tangerang Regency, Banten Province is 32.8%. *N. gonorrhoeae* has high sensitivity to fluoroquinolones (levofloxacin 100%, ofloxacin 98.8%, and ciprofloxacin 96.4%). There is no significant correlation between some risk factors and the bacterial resistance of *N. gonorrhoeae* to some AM agents.

## UNUSUAL COMPLAINT OF CONDYLOMATA ACUMINATA CAUSED BY HPV TYPE 6 IN A PREGNANT WOMAN

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**Background** Condyloma acuminata is a common lesion caused by human papilloma virus (HPV). Human papilloma virus is associated with many human cancers, indicating a capability of local immunosuppressant.<sup>1</sup> However, condyloma acuminata has been reported mostly caused by genotypes 6 and 11 which been considered as a low risk of intraepithelial lesions and carcinoma.<sup>2</sup> Bacterial vaginosis (BV) is the most common vaginal condition described as an imbalance of normal vaginal flora, by reduction of lactobacilli due to overgrowth of anaerobic bacteri.<sup>3</sup> Pregnancy is a state of tremendous physiologic change that could plausibly influence the effects of exposure on BV risks. On the other hand BV condition may worsen and increase the growing rate of condyloma acuminata.<sup>3,4</sup>

**Case report** A 21 year-old woman in her 16 weeks of pregnancy seeking for treatment regarding of unable to had a sexual intercourse due to her tremendous genital warts which covering almost entirely introitus vagina, associated with vaginal discharge. Diagnosis was confirmed by several examinations. Somehow, PCR result revealed HPV type 6. Trichloroacetic acid solution (TCA) 50% and electrodesiccation was performed which diminished the lesions in five weeks, whereas, clindamycin 300 mg twice daily for two weeks course had been used for BV.

**Discussion** Human papilloma virus genotyping test revealed type 6 had confirmed the diagnosis of condyloma acuminata, which been reported mostly caused by this type and considered as a low risk intraepithelial lesions and carcinoma.<sup>2</sup> Although eradication of established disease is considered a difficult program, however, HPV vaccines show some preventing of infection particularly with high risk HPV.<sup>1</sup>

## CHANCROID IN COMMERCIAL SEX WORKER

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**Background** Chancroid is most common in developing countries, especially in Africa and Asia, where the causative agent is *Haemophilus ducreyi*. Recent epidemics in the industrialized countries have usually associated with commercial sexual workers, which lower class prostitutes appear to be reservoir in all reported outbreak in this disease.

**Case** A 22 years old sexual commercial worker woman came with multiple painful ulcers on her genitalia since 1 week ago. Firstly it was a soft papule than became pustule, eroded and ulcerated. These ulcers were easily to bleed if she manipulated it and this ulcer became multiple. From physical examination there were 3 ulcers, sharply margined with soft induration, tender, covered with yellowish crust, producing pus and granulation on the base of ulcers. From direct smear with giemsa staining there was *Haemophilus ducreyi* make a pattern "school of fish". This patient was treated with ciprofloxacin 2x500 mg orally for 3 days.

**Discussion** Chancroid in sexual commercial workers if not treated with appropriate drug can become reservoir, and transmitted to her consumers. Recommended treatments regimens for chancroid are azithromycin 1 g orally a single dose, or ceftriaxone 250 mg intramuscularly a single dose, or ciprofloxacin 2x500 mg orally for 3 days or erythromycin 4x500 mg orally for 7 days. This patient was treated with ciprofloxacin 2x500 mg orally for 3 days, and the result was good.

## GIANT CONDYLOMA ACUMINATA AND BACTERIAL VAGINOSIS IN A WOMAN

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**Background** *Giant Condyloma Acuminata* (GCA) is a rare variant of condyloma acuminata characterized by its large size and prone to infiltrating into underlying tissues although its microscopically benign. *Bacterial Vaginosis* (BV) occurs when there is an imbalance of the bacterial flora normally present in the vagina.

**Case** A 19 years old, Javanese woman, came with complaint of suffering cauliflower-like tumor, size 14x3-7x6 cm, on her genitalia to perianal area accompanied by fishy odor vaginal discharge. This lesion presented since she was 9 years old and still enlarging until now. Acetowhite test revealed whitish transformation. Laboratory examination showed thin and homogenous vaginal discharge, 7 on vaginal fluid pH, a positive whiff test and clue cell. The histopathology examination referred to condyloma acuminata. This patient was treated by doing wide excision and electro surgery for GCA and oral metronidazole 2x500 mg during 7 days for BV.

**Discussion** GCA is a benign proliferations of the skin and mucosa that are caused by infection with certain papillomaviruses. BV occurs as a shifting of hydrogen peroxide-producing lactobacilli to others organisms. Wide excision and oral metronidazole was chosen as the treatment modalities for this patient with good result.

## TREND OF HIV, SEXUALLY TRANSMITTED INFECTIONS PREVALENCE AND CONDOM USE AMONG SEX WORKERS IN DENPASAR BALI

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**Background** HIV epidemic in Bali begins with an explosion among injecting drug users in the 2000s, then there was an increased prevalence among female sex workers and their clients. Since the last two years, efforts have been made to prevent sexual transmission through more comprehensively programs, such as involving all stakeholders, including pimps and presumptive treatment for gonorrhea and chlamydia among sex workers.

**Aim Of Study** To present the trends of HIV, STI prevalence and condom use among female sex workers in Denpasar, Bali, especially after more comprehensively programs have been implemented

**Material and Method** The data were obtained from a survey conducted by Kerti Praja Foundation, Denpasar. HIV prevalence data were obtained from HIV surveillance conducted by the Health Department of Bali Province .

**Result** The data showed that the prevalence of STIs, especially gonorrhea and Chlamydia infections before prevention program was very high, the clients of female sex workers who always use condoms reported low and the prevalence of HIV among sex workers is continuously increasing. The prevalence of gonorrhea and chlamydia infections in the year of 1997 reported 60.5% and 41.3% respectively. The clients who always used condom past week, reported only about 38%. The prevalence of HIV among female sex workers in 2000 was 1.6%, and in the year 2009 was 23.2%. This situation is found when prevention relying only on outreach activities without working with other stakeholders especially the pimps. After the presumptive treatment and programs involving pimps there was a decrease in STIs prevalence, 28% (for gonorrhea) and 25.6 (for chlamydia). The condom use consistently also increase to 43%.

**Conclusion** The decrease in STIs prevalence and increased of condom use become significantly after the pimps were involved.



## HPV, HSV2, HIV AND *CHLAMYDIA TRACHOMATIS* – SEXUALLY TRANSMITTED INFECTIONS AS A POTENTIAL FACTOR ACCOMPANYING IMMUNODEFICIENCY.

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**Aim** Assess the potential correlation between frequency of the HPV, HSV2, HIV, *Chlamydia trachomatis* infections transmitted by genital tract and humoral and cellular immunodeficiency.

**Materials and Methods** Clinical and laboratory tests conducted on the group of potentially healthy 267 people (139 women and 128 men) in the age between 25 and 30. Lymphocyte subpopulations and NK cells from peripheral blood were assessed for immune system evaluation by cytometry method. G, A, M immunoglobulin concentrations were determined by turbidimetric method. To detect HSV2, HIV and *Chlamydia trachomatis* infections, presence of IgM and IgG antibodies in blood serum was tested by ELISA method. For assessment of HPV infections, DNA extracted from urinary-tract squamous epithelial cells were tested by PCR.

**Results** In the group consisting of 128 men: in case of 4 men HPV infections were confirmed, 1 man was infected HSV2, one was HIV positive and one man was infected *Chlamydia trachomatis*. In 29 cases concentration of IgM was decreased, in 2 cases lowering IgG was observed and in one case IgA was reduced. IgG, IgA together with IgM concentrations were lowered in 1 case. During cytometric analyses in 45 cases there was a deviation from the norm in 1, 2 or 3 checked parameters. In the group of 139 women there were following observations: infection with HPV in case of 12 women, HSV2 in 9 cases, test on HIV and *Chlamydia trachomatis* were negative. In 4 cases there was observed lower concentration of IgA, in 7 cases lower IgM and in 3 cases lower IgG. In cytometric analyses 70 women had deviation from the norm in 1 or 2 parameters.

**Conclusions:** In the conducted research, there was no correlation observed between HPV, HSV2, HIV, *Chlamydia trachomatis* infections and relevant deviation from the norm of the investigated immunological parameters.

## HIV AND SYPHILIS: FINDINGS FROM THE AUSTRALIAN HIV FUTURES 6 SURVEY

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This paper presents findings from the HIV Futures 6 Survey conducted in 2009. This self complete survey achieved a nationwide sample of 1106 people living with HIV. Of these 66 people (6%) indicated that they had been diagnosed with Syphilis in the year prior to survey.

All co-infected respondents were male and 95% identified as gay. The majority were from NSW (33 respondents) and Victoria (21 respondents) and 78% were from inner suburban areas of capital cities. The presentation will focus on the health status and relationship profile of those co-infected with HIV and Syphilis.

Co-infected respondents were more likely to have been diagnosed HIV positive more recently (1999 compared to 1995 for the others), were less likely to be currently taking ARV (58% compared to 80% for others) and more likely to have never taken ARV (27% compared to 14%). Co-infected respondents were no more or less likely to be in a regular relationship, but were more likely to have casual sexual partners. For those with regular partners, co-infected respondents were more likely to report that their partner was also HIV positive. Casual sexual partners were also more likely to have been HIV positive. Condom use with regular and casual partners was lower for this group. Co-infected respondents were also more likely to have used a range of recreational drugs in the year prior to survey, including alcohol (91% compared to 74%), GHB (27%/5%), marijuana (53%/39%), ecstasy (46%/21%), Viagra (57%/23%), crystal meth (43%/13%), and amyl (75%/30%).

## GENITAL HERPES ULCER IN HIV

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**Background** Genital herpes is the most prevalence sexually transmitted disease worldwide and is the most common cause of ulcerative genital disease. It is also an important risk factor for acquisition and transmission of human immunodeficiency virus (HIV). Genital herpes can also be manifested unspecifically in HIV patient.

**Case report** A 27 years old man had suffered with HIV since a year ago. He suffered from a wide spread and deep ulcer on his genital since a month ago. Firstly he complaint of pain small vesicles that were broken then became an ulcer. After applied unknown topical medication the ulcer became wider, contained pus, and smelly odor. Fine needle aspiration biopsy (FNAB) was performed to eliminate malignancy. There was a positive result of IgG anti HSV 1 and 2, and also found *pseudomonas aeruginosa* from the pus culture. This patient was treated with acyclovir 3 times 400 mg for 15 days, ciprofloxacin 2 times 500 mg for 10 days and also wet dressing with normal saline. There was a good improvement after therapy.

**Discussion** In this case, the diagnosis of genital herpes was based on history taking, clinical features, and laboratory examinations. The improvement after given acyclovir and ciprofloxacin was also confirming the diagnosis. HIV patients need higher dose of acyclovir related to high recurrent and severity of HSV infection. It is important to be informed that clinical features of genital herpes in HIV patients were not specific and in this patient the lesion was mimicking a malignancy.

## GENITAL HERPES IN HIV PATIENT

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**Background** Genital Herpes (GH) is a chronic sexually transmitted viral infection, characterized by symptomatic and asymptomatic viral shedding. In most cases, both primary infection and recurrences are asymptomatic. When symptomatic, primary GH may present with grouped vesicles at the site of inoculation associated with significant pain and regional lymphadenopathy.

**Case Report** Mrs. N 32 years old had pain and wound on her genital area since two days before hospitalized. Two days before the pain felt, she got fever and also weakness. After that some pimples than rapidly change over into blisters. The blisters were easily broken and resulted a wound. She never suffered the same disease before and never had any medication. She also complaint about diarrhea and significant decreasing of body weight (15 kg) since three months before hospitalization. The last sexual intercourse was one week before hospitalization with her husband. We give acyclovir 400 mg three times per day, mefenamic acid 500 mg three times per day and wet dressing with normal saline 0,9%.

**Discussion** In this case the diagnosis GH and HIV based on clinical feature and laboratory examination. GH in HIV patient more severe and longer periode than immunocompeten patient. The rucerrences GH in HIV patient also more frequent than immunocompeten patient. It is important to give more higher dose and longer of acyclovir in HIV patient.

## MULTIPLE SEXUALLY TRANSMITTED INFECTIONS IN A HIV PATIENT

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**Background:** Sexually transmitted infections (STI) has reported increasing the susceptibility, risk factor and transmission of human immunodeficiency virus (HIV), with the result that STI as cofactor of HIV infection and vice versa.

**Case:** A 26 years old woman was diagnosed by condyloma acuminata with podophyllin tincture 25% as the treatment. She had a partner who has multiple sexual partners. She had history of molluscum contagiosum, candidiasis vulvovaginalis and herpes genitalis 6 months ago. After 2 months of treatment, she also suffer of trichomoniasis, vaginosis bacterial, cervicitis non gonococcal and stage III HIV infection. Diagnosed was based on anamnesis, clinical findings and laboratory results. The patient was treated with Metronidazole tablet 2 gram single dose, Doxycycline 100 mg twice daily for 7 days with good response. The treatment with Podophyllin Tincture 25% for the lesions of Condyloma acuminata did not show good response.

**Discussion:** Sexual contact is one of the several manners of HIV transmission. A HIV patient can suffer of multiple STI. In this case, the patient had multiple STIs, simultaneously. It was difficult to determine whether HIV or STI were the initial infection. The prognosis was poor because the risk of recurrence and persistency of STI and HIV infection's that threatened patient life.

## COMBINATION OF TCA AND ELECTROCAUTERY TREATMENT IN RECURRENT CONDYLOMA ACUMINATA IN AIDS PATIENT

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**Background** Condyloma acuminata in HIV-infected patients might have a lower respon to some treatment modalities. Recurrent genital warts could be considered retreatment with any previous modality or may lead to the combining treatments to improving efficacy.

**Case Report** a 38 years old woman presented with warts on genital and perianal and herpes zoster (HZ) on right hip region. The warts covered almost all of labia and perianal region within 6 months without complication. One year before, there were small warts on perianal and had been cleared after Tricholoacetic acid (TCA) treatment. There were history of multiple sexual partners. Histopathology examination confirmed the diagnosis of warts. She is an AIDS patient, got ARV routinely. The combination of TCA 50% and electrocautery were applied, no sign of recurrency after 6 months. Acyclovir 800 mg fifth times/day gave HZ resolved without scarring.

**Discussion** Mixed opportunistic infection are common in HIV-infected patient such as herpes zoster and condyloma acuminata, and high risk of recurrency of such warts. In many options of treatment modalities for large warts, the combination of TCA 50% and electrocautery in this case had given a faster resolution and an excellent outcome.

## THE ASSOCIATION BETWEEN HPV GENOTYPING OF CONDYLOMA ACUMINATUM / BOWENOID PAPULOSIS AND SQUAMOUS CELL CARCINOMA IN HIV/AIDS PATIENTS.

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**Background** Condyloma acuminatum (CA) and bowenoid papulosis (BP) are lesions in anogenital caused by HPV. Presumably, incidence of CA and BP increase in HIV/AIDS patients.

**Cases** There were six male HIV/AIDS patients with the clinical diagnosis of CA or BP. The mean age was 30 years. The range of CD4 count was 90 - 396. Diagnosis was based on clinical picture and histopathological (HP) examination. Only one patient with a clinical diagnosis of BP was not approved with HP diagnosis since it was a chronic inflammation. Genotyping of HPV was examined with linear array DNA type. All patients studied were harbored HPV. The low risk HPV was type 6,11,39,42,61,62,67 and CP6108, while the high risk was type 16,59 and 48. Two of them didn't have high risk HPV. Among those six patients only one came to follow up with ulceration nodes in his penile after five-month excision biopsy. His age was 24 years old and CD4 count was lowest. His HPV genotypes were 42 (low risk) and 16 (high risk). When he came back, the clinical diagnosis was squamous cell carcinoma and proven by HP.

**Discussion** HPV genotyping could be found with linear array. In this study, all patients of CA and BP in HIV/AIDS have low risk HPV genotypes, but only 4 have high risk. One patient with low and high risk HPV genotypes become SCC within five months. Although a lesion with high risk genotype could develop into cancer, the process is long time enough. It still need research to prove whether HIV/AIDS can fasten the developing of cancer in CA/BP patient.

## CONDYLOMATA ACUMINATA WITH CONDYLOMATOUS CARCINOMA IN HIV INFECTED PATIENT

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**Background** Condylomata acuminata is a sexually transmitted infection caused by *Human Papillomavirus* (HPV) especially type 6 and 11. In rare condition, especially individuals with decrease of immune system due to HIV, lesions can develop into invasive tumors, destructive but rarely metastases. Lesions have the same clinical appearance of malignancy with verrucous surface that can be distinguished by histopathology examination.

**Case** Male, 26 year old came to Sanglah Hospital Denpasar with complaints arising meat plant in anogenital region that increases in number and size during time accompanied difficulty bloody of defecation and out lumps from anus during straining. Histopathology examination shows Condylomata acuminata without invasion in genitalia region and condylomatous carcinoma with microinvasion in anorectal region. Serologic test of HIV reactive with stadium IV of HIV infection clinically. Electrocauter of genitalia lesions was done, ARV treatment has been given and planning for anorectal tumour resection followed end colostomy.

**Discussion** Condylomata acuminata is a benign proliferation of skin caused by HPV infection in anogenital region and can induce epithelial cell focal expansive slowly. Several contribute risk factors in this disorder are anal intercourse and HIV immunosuppression. Decreased of immunity affect the progression and effectiveness of therapy. Lesions in patients with immunodeficiency seems to be more aggressive to have a high recurrence and malignant changes.



## MULTIPLE SEXUALLY TRANSMITTED INFECTIONS (STIs) AND ORAL CANDIDOSIS IN HIV/AIDS INFECTED PERSON WITH HISTOID TYPE LEPROSY

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**Background** Herpes simplex virus (HSV), human papilloma virus (HPV), and candidal infection is common in persons coinfecting with human immunodeficiency virus (HIV). But, there were very few case reports of HIV coinfecting with all those diseases in one period of time.

**Case report** A 32-years-old married female presented with chief complaints of sores and warts on her genital, oral thrush, and genital discharge. She was diagnosed previously as histoid type leprosy based on clinical presentation, bacterioscopy, histopathology, serology, and PCR examination. Culture result was *Eschericia coli*, potassium hydroxide examination from oral swab and Gram examination from vaginal swab revealed blastospores and pseudohyphae. Serology test showed positive for Ig G HSV-2, and reactive HIV, CD4<sup>+</sup> count was 12 cells/ $\mu$ L. Her husband's serology test examination also revealed reactive HIV. The genotyping from condyloma lesions revealed type 11 HPV. A few months after her last visit, she was hospitalized because of severe neuritis. The neuritis improved but the general condition worsened. She died because of irreversible septic shock a few weeks later.

**Discussion** Multiple STIs (atypical genital herpes, condyloma acuminata caused by type 11 HPV, and vaginal candidosis), with oral candidosis and HIV/AIDS with histoid type leprosy in one patient is very rare. When this histoid type leprosy patient came with those STIs and oral candidosis, it was considered the existence of HIV infection. It was proved by serology test. Hence, it is suggested to look for any evidence of HIV in person who had multiple STIs and oral candidosis.

## GIANT CONDYLOMA ACUMINATA IN PREGNANT WOMAN WITH HIV

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**Background** Herpes simplex virus (HSV), human papilloma virus (HPV), and candidal infection is common in persons coinfecting with human immunodeficiency virus (HIV). But, there were very few case reports of HIV coinfecting with all those diseases in one period of time.

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**Discussion** Multiple STIs (atypical genital herpes, condyloma acuminata caused by type 11 HPV, and vaginal candidosis), with oral candidosis and HIV/AIDS with histoid type leprosy in one patient is very rare. When this histoid type leprosy patient came with those STIs and oral candidosis, it was considered the existence of HIV infection. It was proved by serology test. Hence, it is suggested to look for any evidence of HIV in person who had multiple STIs and oral candidosis.

## PREGNANCY IN A MARRIED COUPLE WITH SYPHILIS AND HIV INFECTION

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**Background** Syphilis imparts a greater risk for acquiring HIV infection. Prevalence of syphilis is higher in HIV-infected persons. Syphilis and HIV infection in pregnancy could be transmitted to the fetus transplacentally, during delivery, and through breast-feeding process. About 40% of infants born to mothers with early latent syphilis were infected, and an additional 20% were premature, 10% stillborn, and 4% died perinatally.

**Case Report** A 31 year-old pregnant woman with 3-month gestation period was diagnosed as latent syphilis and HIV infection since 7 months. She had neither symptom nor sign of syphilis, but serological test revealed VDRL 1/4 and TPHA 1/160. Screening test for HIV showed reactivity and CD4 count was 288/ $\mu$ L. The latent syphilis was treated with 4,8 million units benzyl benzathine penicillin, and the HIV infection has been treated with antiretroviral Neviral and Duviral. Six months after therapy, VDRL declined to 1/2 and TPHA to 1/80. Fetomaternal ultrasonography at 24 weeks of gestation showed no congenital abnormality. Her husband was diagnosed as secondary syphilis with eye involvement, genital warts, genital herpes, and HIV infection. He was treated with 9,6 million units benzyl benzathine penicillin and had good improvement in his sight.

**Discussion** Syphilis treatment with benzyl benzathine penicillin showed good response in this patient. Antiretroviral treatment should be continued during pregnancy. Serial ultrasounography after 28 weeks of gestation was planned to monitor growth delay possibility. Caesarian delivery is recommended to prevent HIV transmission during delivery. Clinical, radiological, serological, and viral load examination toward the baby should be performed to detect congenital syphilis and HIV infection.

## GIANT CONDYLOMA ACUMINATA ON PREGNANT WOMAN WITH BACTERIAL VAGINOSIS, VULVOVAGINAL CANDIDIASIS AND 2<sup>nd</sup> STAGE OF HIV INFECTION

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**Background** Giant condyloma acuminata is one type of condyloma acuminata that often associated with neoplasma. Clinical symptoms are large size of condyloma, locally invasive but not metastatic.

**Case** A 15 years old female, 22<sup>nd</sup> weeks pregnancy, complained mass growth on her genital since 5 months ago. She also complained vaginal discharge with unpleasant odor and itchy. From physical examination, tumor found on vulva area, cauli flower, large size. Laboratory examination found clue cells, *candida albicans* and whiff test (+). Diagnosis of HIV stage II based on serologic test and CD4 237 cell/ml. Management of this patient is electrosurgery with general anesthesia.

**Discussion** HPV commonly sexually transmited and easily transmitted when anogenital lesions exist. There is similar behaviour among population at risk to gain sexually transmitted infections or HIV. In recent study, there has been an increase of HIV infection 2-5 times among peoples with sexually transmitted infections

## GIANT CONDYLOMA ACUMINATA ON PREGNANT WOMAN WITH 4<sup>th</sup> STAGE OF HIV INFECTION

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**Background** Condyloma acuminata is sexually transmitted disease caused by human papillomavirus (HPV) which have a cauliflower-like appearance. Patients with pregnancy or immune-compromised due to HIV infection are more likely develop very large condyloma, become locally invasive, destructive but not metastatic, defined as giant condyloma.

**Case report** A 33 years old woman had suffered condyloma acuminata since 10 months ago. She also complained pain and sometimes bleeding on the lesions. Patient has pregnancy at weeks 24 and also diagnosed with 4<sup>th</sup> stages of HIV infection, treated with anti retroviral drugs since 6 months before. Venereology status with tumour cauliflower-like appearance and result of histopathology examination support the diagnosis. Treatment for patient was combination of electrosurgery and excision with regional anastesy and there was improvement after surgery.

**Discussion** In this case, diagnosis giant condyloma acuminata was based on clinical symptoms and histopathology examination. Small lesion of short duration (less than 1 year) respond better to therapy than large lesion of long duration. Most condyloma acuminata are treated because they are aesthetically unpleasant. Mother with condyloma acuminata also has possibility transmit the disease to the child during labour. In this patient, therapy with electrosurgery was chosen before labour because of large and wide lesions.

## GONOCOCCAL URETHRITIS WITH CHLAMYDIAL URETHRITIS AND CERVICITIS IN A WOMAN WITH ACQUIRED IMMUNE DEFICIENCY SYNDROME

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**Background** Gonorrhea is a sexually transmitted infection caused by *Neisseria gonorrhoeae*. The primary site of urogenital gonococcal infection in women is the cervical canal. Coinfection with *Chlamydia trachomatis* may happen in about 10% women with cervicitis.

**Case report** A 20-year-old woman with Acquired Immune Deficiency Syndrome presented with urethral and vaginal discharge accompanied by pain on urination. Physical examination showed mucopus from the urethra and cervix. There was an increase in polymorphonuclear leukocytes count without any Gram-negative diplococci found on microscopic examination. The patient was then treated as nongonococcal urethritis and cervicitis with a single 1 g dose of oral azythromycin. One week later, culture from urethral discharge revealed colony of *N. gonorrhoeae*, while polymerase chain reaction examination from urethral and cervical discharge was positive for *C. trachomatis*. There was improvement on clinical and microscopic examination.

**Discussion** Urethral gonococcal infection in women is uncommon in the absence of cervical infection. The clinical manifestations of gonococcal urethritis in women are dysuria, pyuria and urethral discharge. Urethral infection alone may occur in 8,6% women. However, the urethra is the usual site of infection after hysterectomy. A single 1 g dose of oral azythromycin can be used for the therapy of mixed gonococcal and chlamydial infection.

## GENITAL HERPES WITH ATYPICAL CLINICAL FEATURE IN A MAN WITH AIDS

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**Background** Genital herpes is the most common genital ulcer, caused by herpes simplex virus (HSV)-1 and 2. This infection affected 14-69% sexually active adults, and has become a potential factor for HIV transmission. More than 60% of HIV patients suffered from genital herpes, in which the clinical features usually are more severe, atypical, and with prolonged healing.

**Case report** A case of genital herpes with atypical clinical feature in a 27-year-old man with AIDS was reported. On the first hospitalization, the patient presented with multiple irregular shallow nonindurated and painless ulcers on pubic area, penile shaft, and scrotum. This patient was diagnosed with nonspecific genital ulcer, as the serological test for herpes, syphilis, citomegalovirus, all were negative. Therefore the patient was treated conventionally with topical wet dressing and systemic antibiotic.

On sixth month follow-up, new lesions appeared around the genital ulcers, presented with vesicles, erosions, and excoriations. The second serological examination revealed positive results for anti-HSV-2 IgM and anti-HSV2 IgG. Therefore the diagnosis genital herpes was established. The topical therapy given were 0,1% salicylic acid wet dressing and Oxoferin® solution. Proper systemic antibiotic was given based on susceptibility test result, and also 400 mg acyclovir 5 times daily after the working diagnosis of genital herpes was established. Improvement was shown after the 14<sup>th</sup> day of acyclovir treatment.

**Discussion** Previously, this patient was diagnosed as nonspecific genital ulcer because of the atypical clinical features with nonreactive serology results for HSV, syphilis, nor citomegalovirus. Results for anti-HSV-2 IgM and anti-HSV2 IgG became reactive in sixth months of follow up, then the diagnosis turned into genital herpes. Antiviral treatment offers clinical benefits to most symptomatic patients. HIV and AIDS patients need higher dose of acyclovir, which is 5x400mg daily for 2 weeks or until the lesions improved.

## LATE LATENT SYPHILIS WITH PSORIASIS VULGARIS IN HIV INFECTION

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**Background** Psoriasiform lesions in secondary syphilis clinically mimics psoriasis vulgaris. Diagnosis whether a psoriasiform lesion is a clinical manifestation of secondary syphilis or other disease entity will impact the therapy modality.

**Case report** A 29 years old man, had regular visit for antiretroviral therapy since diagnosed HIV infection stage IV, had a serologic result VDRL 1: 16 dan TPHA 1: 640, complained about red patches on his body since 2 week, and some covered by whitish scale. Physical examination revealed *Kaarsvlek phenomenon* dan *Auspitz sign*. Histopatologic examination showed psoriasis vulgaris. Treated with desoxymethasone cream 0,025% topically twice a day + antiretroviral+ 7.2 million units of benzathine penicillin G (administered as 3 doses of 2.4 million units by intramuscular injection weekly for 3 successive weeks).

**Discussion** Psoriasiform lesion in a patient who showed a serologic testing result for syphilis VDRL 1:16 had to be interpreted carefully. HIV coinfection potentially altered the clinical features and or serologic parameter to diagnose and to treat STI (sexually transmitted infection). Clinical and histopatological finding support this lesions as psoriasis vulgaris and determine this as psoriasis vulgaris and not a part of secondary syphilis. Serologic testing result and without any evidence of seroconverted, had symptoms of primary or secondary syphilis, or have had a sexual partner with primary, secondary, or early latent syphilis within the past year so the diagnosis is late latent syphilis and psoriasis vulgaris



## BOWENOID PAPULOSIS IN AN HIV-INFECTED PATIENT WHICH PREVIOUSLY SUSPECTED AS GENITAL WARTS

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**Background** Bowenoid papulosis (BP) is a penile intraepithelial neoplasia (PIN), which clinically resemble genital warts but histopathologically characterized with the presence of *in situ* squamous cell carcinoma (SCC) changes. The incidence appears to be increased in individuals with HIV infection.

**Case** A case of bowenoid papulosis in a sexually active, 35-year-old, HIV-infected, male was reported. The patient presented with hiperpigmented macules and papules on penile shaft and right scrotum, 0.1x0.1 until 2 x1,5 x 0,1 cm in size, with smooth surface, previously diagnosed and treated as genital warts. The diagnosis of BP was established by finding in situ SCC changes on histopathological examination and the finding of high risk types of HPV on polymerase chain reaction examination.

**Discussion** The diagnosis of BP clinically hardly to be established. It always has to be considered in individuals with HIV infection and sexually active, with a mean age of 31 years. It usually presents as solitary or multiple, small, pigmented papules with a flat-to-verrucous surface which clinically no difference with genital warts.

## CONDYLOMA LATA WITH HIV: RESPOND WELL TO DOXYCYCLINE

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**Background** Condyloma lata is one of clinical manifestation of secondary syphilis. WHO (2006) predicts 12 million cases each year. HIV accelerates natural history of infection, altered clinical manifestation or laboratory finding, increase complication, and decrease therapeutic response. Syphilis on HIV gives increase in HIV viral load, and decrease of CD4. This is one rare case reported from Sexually Transmitted Infectious Disease division, Cipto Mangunkusumo hospital, Jakarta.

**Case report** A twenty three years old man had skin coloured patches in inguinal and perianal, red patches in buccal mucous membrane, and bronze patches in palmar and plantar area. He is MSM, usually had anogenital contact, with one partner. VDRL and TPHA serology test are 1/128 and 1/10560. He was allergic to penicillin, and we gave him doxycycline 200 mg for 1 month. HIV result was reactive with CD4 65.

**Discussion** Secondary syphilis was very contagious and a rare case nowadays. This patient had a complete clinical manifestation of secondary syphilis. This patient also had reactive HIV test and CD4 65. Does HIV has a contribution for complete clinical manifestation is still controversial. Doxycycline was bacteriostatic, but not bactericidal, it will take longer duration time of therapy. We plan to do VDRL test one month after therapy was complete. HIV should be considered in high risk STD patient.

## HIV-AIDS PATIENT WITH LOWER CD4 LEVEL AND MULTIPLE INFECTIONS WITHOUT ARV INDICATION

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**Background** Acquired immunodeficiency syndrome (AIDS) is syndrome caused by decrease immune system due to HIV (Human Immunodeficiency Virus) infection. There are many risk factors for HIV-AIDS; among them are free sex and needle contamination through tattooing. Clinical manifestations of AIDS not only attack systemic organ but also mucocutaneous area.

**Case report** A 26-year-old male with CD4 level 3/mm<sup>3</sup> had HIV-AIDS with recurrent ulcer which became progressive due to Herpes Simplex Virus (HIV), scabies, oral candidiasis and tuberculosis but did not fulfill the conditions of antiretroviral (ARV) treatment. He had history of using different needle for his tattoo. Free sexual intercourse positive with more than one person and rarely used condom. He denied any history of using drugs. He lived in a house with people with itchy symptoms especially during night time. Physical examination showed lymphadenopathy all over his body. Laboratory examinations revealed anemia Hb 9,5 gr/dl, chest x-ray showed milier tuberculosis and hyphae was found in FAB sputum. VDRL examination was non reactive and anti-HSV1 IgG positive with anti-HSV2 IgG negative.

**Discussion** Genital ulcer related to HIV transmission factor. Anti-HSV2 IgG result was negative probably due to orogenital sexual behavior. In this case, there was no ARV indication even though CD4 level was 3 because the main priority was tuberculosis treatment and afterward ARV treatment. Late treatment because tuberculosis is a chronic disease, patient compliance and complicated drugs toxicity. This patient finally died 35 days in the hospital due to his tuberculosis.

## MACULOPAPULAR DRUG ERUPTION IN A MAN WITH HUMAN IMMUNODEFICIENCY VIRUS SEROPOSITIVE

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**Background** More than 90 percent of HIV- infected individuals will experience opportunistic infections, opportunistic neoplasms, dermatoses, adverse cutaneous drug reactions, and pruritus involving the skin and/ or mucosa, which occurs more commonly as immune function deteriorates.

**Case Report** A 31-years old man with HIV seropositive (CD4= 318) was hospitalized in the Internal Ward because there was erythematous rash on the trunk, arms, legs with itchy and fever. Eleven days before, the patient get the antiretroviral drugs from VCT(Voluntary Conseling and Testing) clinic those are lamivudine, zidovudine and nevirapine. Physical examination found erythematous macules, erythematous papules, confluen on the trunk, arms, legs. Histopatological examination supported drug eruption. Nevirapine was thought to be the offending drug. This case is one of the four maculopapular drug eruption cases with HIV/ AIDS reported at Dr. Kariadi General Hospital in 2008-2009. The suspicious drug of the other cases was nevirapine. Two of the cases was accompanied by oropharyngeal candidosis.

**Discussion** The diagnosis of drug eruption was based on history, physical and laboratory examination. Management included stop nevirapin and replaced it with efavirenz, intravenous dexamethason, chlorpheniramin maleat, and salycil powder, seven days later the lesions were improved.

## AIDS PATIENT WITH STEVENS-JOHNSON SYNDROME

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**Background** AIDS patient are at increased risk for development of adverse drug reaction. Stevens–Johnson Syndrome is mucocutaneous reactions characterised by erythematic skin then followed by extensive necrosis and detachment from the epidermis. It usually idiopathic but also can induced by drug or viral infection.

**Case** A 38 years old man with AIDS was hospitalized due to red patches almost all over his body and eroded on his lips and genitalia. He had started ARV therapy since 2 weeks before the symptom appeared. He got nevirapine and duviral (consist of lamivudine and zidovudine). Patient was treated with systemic corticosteroid and wet dressing with 0.9% normal saline. ARV treatment was stopped temporary. Patient show good respond after one week treatment. Nevirapine was changed with Efavirenz.

**Discussion** AIDS patient often suffered from Stevens–Johnson Syndrome. The risk increase with drug administration such as Nevirapine. Corticosteroid treatment for Stevens–Johnson Syndrome is controversial especially in AIDS patients. Short course systemic corticosteroid was given to reduce the inflammation process. Nevirapine is one of ARV drug usually associated with drug eruptions that could be substituted with other Non Nucleoside Reverse Transcriptase Inhibitor.

## RECURRENT VARICELLA IN HIV PATIENT

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**Background** Varicella is an acute skin disorder caused by Varicella Zoster Virus, easily contagious and occurs most often in childhood. In child, systemic symptoms are usually mild, and serious complications are extremely rare. While in adult and person with immunodeficiency are more likely to give life threatening complications, so morbidity and mortality of varicella increase especially in immunocompromized patients.

**Case** A 23-year old man hospitalized with HIV and lung TB, 1 week before that, vesicles contain clear fluid based on erythematous skin were occurred on face and trunk, then spread to arm and leg. Beside that, there were pustules and crust on his body. This patient already had same lesion 9 years ago, and just giving salicyl talc for the lesion. Result of ELISA examination ( antibody for HIV ) was reactive, tzank smear preparation was found multinucleated giant cell. We gived acyclovir, antibiotic (according to Internal Medicine Department), salicyl talc 2%, lung TB treatment and ARV therapy.

**Discussion** Clinical presentation is usually no different to that in HIV negative patients. In HIV patients, recurrent attacks are common as failure to make protective immunity during primary varicella. Therapeutic failure is common in those with CD4 cell count below 50, and for easier compliance, consider using famcyclovir 3x250 mg daily or valacyclovir 3x1000mg daily versus acyclovir 5x800 mg daily. For this patient, we still use acyclovir for inhibiting viral multiplication

## CONDYLOMA ACUMINATA IN CHILD

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**Background** Condyloma acuminata (venereal warts) are sexually transmitted involving the human papilloma virus. The disease is highly contagious, can appear singly or in groups, small or large. The incubation period may be from 1-6 months. Although anogenital warts are considered to be sexually transmitted in adults, this may not be common case for children.

**Case report** A 2 years old girl. She was came to the outpatient clinic of Dermatovenereology at December 2009 with papilomatous changes on her perianal area. The changes had started to appear in the 2 month of her life and purple in color, smooth, flat and vesicle like. The child had been born by vaginal normal pregnancy. From the hetero-anamnesis we found that his father has had genital warts since 3 years ago and never been treated before, but history about sexual abuse was denied by his father. Her mother had subclinical infection that found by applying acetic acid on her vaginal mocus and portio surface, and appeared as flat "aceto-white" lesions.

The histopathology examination gave conclusion that confirmed our diagnosis as condyloma acuminata. Serological tests for syphilis in the girl, her mother and father gave negative result.

**Discussion** From this case, the diagnosis of Condyloma Acuminata was based on clinical features, laboratory and histopathology examination. In children it can be transmitted from perinatal transmission of HPV, occuring in uteri and during passage of the neonate through an HPV-infected birth canal, from finger warts and non-sexual transmission from member or carrier (close contact with infected individuals). Electrofulguration (tissue destruction with electrical current) is preferred when multiple warts are spread over a large area as in this case.

## NON-SEXUAL TRANSMISSION OF GONORRHEA IN A CHILD WITH HIV INFECTION

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**Background** Gonorrhea in children beyond the newborn period should be considered as a possible evidence of sexual abuse. While most of *N. gonorrhoeae* transmission are likely to be sexually transmitted, we also should be consider a non-sexual transmission.

**Case** a 5 year old girl complaining of mucopurulent vaginal discharge accompanied by itching since 3 weeks. There was no history of sexual intercourse or abuse or foreign objects put into the genital. She was diagnosed as HIV positive since 1 year old and currently in antiretroviral therapy. Her parents were also HIV positive, her father passed away 4 years ago. Her mother also suffered of vaginal discharge since 4 weeks ago. The mother had genito-genital intercourse without condom 5 days before discharge aroused. Patient lived with her mother, uncle, aunt and cousin. She used to sleep with her mother and her mother was the person who frequently clean the patient's pubic area after urination or defecation. Venereological state showed, intact hymen, slightly erythematous vagina, and a lot of mucopurulent vaginal discharge. Bilateral inguinal lymph nodes were enlarged. Gram staining revealed intra and extra-cellular negative Gram diplococci with more than 30 pmn, while mothers cervical discharge showed only 4-5 pmn. Culture on Thayer-Martin agar from discharge of her vagina and her mother's cervix was positive. The patient was treated with single dose ceftriaxone intramuscular injection 125 mg, and her mother with single dose levofloxacin 500 mg. The treatment gave good result.

**Discussion** Non-sexual transmission of gonorrhea might delivered by fomite transmission such as towels, bedding, other cloths or contaminated hands, which is the possible mode of transmission in our case



## HERPES ZOSTER SACRALIS SINISTRA IN CHILD WITH HIV AND LUNG TUBERCULOSIS

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**Background** Herpes zoster occurs due to reactivation of the latent varicella zoster virus and is usually a disease of the elderly. Childhood herpes zoster is believed to be rare, though recent studies suggest increasing incidence in children.

**Case** A child 5.5 years old with main complaint group of blisters on her left buttock, inner thigh and vaginal area since 3 days before admission. Firstly, she got fever, malaise and weakness five days before admission. She also suffers from Lung TB and her anti-HIV test was reactive with CD4 428 cells/uL.

**Discussion** HIV-infected patients are fairly unique in their tendency to suffer multiple recurrences of herpes zoster as their HIV infection progresses; herpes zoster may recur in the same or different dermatomes or in several contiguous or non-contiguous dermatomes.

## NEISSERIA GONORRHOEAE INFECTION CAUSED BY CHILD SEXUAL ABUSE : THREE CASES

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**Background** Nowadays, the frequency of *Neisseria gonorrhoeae* infection in childhood caused by sexual abuse increases. The incidence is approximately 1-30%. It is estimated that 1 of 4 young girls and 1 of 10 boys are child sexual abuse.

**Cases** Three cases of *Neisseria gonorrhoeae* infection caused by child sexual abuse were reported. The cases affected sequentially a 6-year-old young girl, a 4-year-old young girl, and a 12-year-old boy. All of the offending persons were known. Investigation showed that the source of transmission was sexual abuse by an adult. The diagnostic procedure based on anamnesis, physical examination and laboratory findings. All cases received systemic antibiotics.

**Discussion** The psychological sequelae of sexual abuse and the turmoil in the family produced by suspicions and allegations are largely unknown, but probably are lifelong.

## GONOCOCCAL VULVOVAGINITIS IN A 2-YEAR-OLD GIRL SUSPECTED SEXUALLY ABUSED

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**Background** Gonococcal vulvovaginitis in children could be transmitted through sexual or nonsexual contact. Sexually transmitted infection in children is an indicator of sexual abuse.

**Case report** A case of gonococcal vulvovaginitis in a 2-year-old girl was reported. Clinical manifestation was recognized in the 7<sup>th</sup> day after close contact with her father, which was assumed as sexual abuse, as purulent vaginal discharge with painful erythematous labia majora. The microscopic examination showed intracellular and extracellular Gram negative diplococci with abundant PMN cells, and the culture revealed the growth of *Neisseria gonorrhoeae*. The patient was treated with single dose of 100 mg cefixime orally and single dose of 250 mg azithromycine orally. The clinical and microscopic improvement showed on the 14<sup>th</sup> day after treatment. Urethral smear from her father supported the diagnosis of gonococcal urethritis. The patient's father was treated with single dose of 400 mg cefixime and 1 gram of azithromycine orally.

**Discussion** In this case, the diagnosis of gonococcal infections both in the patient and her father were based on history, clinical features, and laboratory examination. Gonococcal infection in children could become an indicator for history of sexual abuse. This case was reported to the police and involving judiciary processed.

## RECURRENT VAGINAL DISCHARGE IN A FIVE YEAR OLD GIRL CORRELATED WITH HIV INFECTION

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**Background** Vaginal discharge is not uncommon in children, often caused by lack of hygiene, but foreign body and sexual abuse must also be considered. Recurrent vaginal discharge in children can be related to immunosuppressive condition.

**Case report** A five year old girl came with recurrent yellowish, mucoid, slightly blooded vaginal discharge since a year ago. There was dysuria, fever and she looked moderately ill. She had been treated with metronidazole, cefixim and azithromycin, but the discharge often recurred. She had a recurrent fever, no history of chronic diarrhea, prolonged cough nor dyspnea.

Hymen was intact, no foreign body. There was lymph nodes enlargement on the bilateral inguinal, axillae, and cervical. Her mother and her two siblings died of pulmonary tuberculosis, but their immunological states were unknown. She was born pervaginam, breastfed until 2 years old.

Leucocytes >30 in the 1000x field from vaginal specimen's Gram-staining. Recurrent white patches in her mouth confirmed as oral candidosis with *potassium-hydroxide* examination. Urine culture grew *Klebsiella pneumoniae*. HIV screening turned out to be reactive, and CD4 count 16cell/ $\mu$ l. Her father was suggested for HIV screening, and it was also reactive. She was treated with cotrimoxazole, anti-retroviral, and nystatin drop. After one week therapy, discharge no longer exist, and general condition improved.

**Discussion** Recurrent vaginal discharge in this patient thought due to bacterial infection, which also caused the urinary tract infection, because it was subdued after antibiotic therapy. Lack of hygiene and immunosuppressive states also played a role in its recurrences.

## VULVOVAGINAL CANDIDIASIS COINFECTIONS GONORRHEA IN MENOPAUSE

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**Background** Vulvovaginal candidiasis (VVC) is an infection primarily caused by *Candida albicans*. One of risk factors is diabetes mellitus. Gonorrhea is an infection caused by *Neisseria gonorrhoeae*, mainly transmitted through sexual contact. Cervicitis is one of clinical manifestation of gonorrhea in women. Menopause is the physiological cessation of menstrual cycles associated with advanced age women. VVC coinfections gonorrhea rarely reported.

**Case** Female, 58 years old with symptoms of vaginal discharge since 2 weeks ago with great itching. History of uncontrolled diabetes since 2 years ago. The patient was 21 years of menopause. Hyperemic, oedem, and erosion on vulva, accompanied by scales and crust. Inspekulo: hyperemic, oedem, and erosion on vagina and cervix, mukopurulen secretion with slightly number. *Candida albicans* was founded on Sabouraud agar dextrose and *Neisseria gonorrhoeae* on modified Thayer-Martin cultures. Treatment: cefixim 400 mg orally in a single dose, nystatin 100,000 U vaginal tablet, open wet dressing with physiological NaCl, and application of miconazole 2% cream. Patient was consulted to the Internal Department for controlling diabetic. There was no symptoms after one week of treatment.

**Discussion** The main defense mechanism in the female reproductive tract by the influence of estrogen, thick and rich in glycogen of vaginal epithelium, and lactobacillus. At menopause, the amount of yeast in the vaginal flora reduced, vaginal pH increased, and glycogen decreased, which explain the decline of incidence of VVC in this group. Diabetic is one of risk factors of VVC. Glucose can stimulate the growth of yeast, causes changes to become more virulent, and increases attachment of *Candida albicans* to vaginal epithelial cells. At menopause, reduced estrogen causes thinning of the vaginal epithelium that is sensitive to damage the vagina during sexual activity. Lactobacillus act to protect against sexually transmitted infections, and reduction of lactobacillus can facilitate gonorrhea infection. It is difficult to determine the source of infection for gonorrhea in this patient because sexual partner refused to be examined. There is not yet clear relationship between VVC infection and gonorrhea.

## TRICHOMONAS VAGINALIS INFECTION IN POST MENOPAUSAL WOMAN

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**Background** Trichomoniasis is a sexually transmitted disease caused by the parasitic protozoan *Trichomonas vaginalis*. *Trichomonas vaginalis* infection is prevalent among sexually active adults during reproductive time, but it is rarely found before menarche or post menopausal women.

**Case report** A 67-year-old woman experienced vaginal discharge accompanied by itch and odour since 1.5 months ago. She had menopause since 28 years. Inspecto examination revealed mucopurulent vaginal discharge with yellowish coloured, frothy and strawberry the cervix. *Trichomonas vaginalis* was identified from saline examination. Positive Whiff tes, leukosituria and *Enterobacter sp.* found from vaginal discharge culture associated with poor hygiene. Patients treated earlier with 2 gram metronidazole but showed late improvement due to long term use of methyl prednisolone for her bronchial asthma since 43 years ago. Treatment continued with azitromycin single dose and metronidazole twice daily for 7 according sensitivity test result.

**Discussion** Although the exact pathogenesis whether hormones have affected the parasite or vagina mucosa still unknown, but certain factors contributing pathogenesis of trichomoniasis. One of them is cell-detaching factor. Cell-detaching factor is inhibited by estrogen and inactive in pH less than 5. It was assumed that decrease endogenous estrogen production may enhance the risk to suffer trichomoniasis in post menopausal woman.

## SEXUAL HEALTH AND SEXUAL PRACTICE AMONG INDONESIAN MSM

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**Aim** This paper presents preliminary data from *Proyek Laki-laki*, an online survey of Indonesian men who have sex with men (MSM). The study aims to provide data and analyses that will support targeted HIV prevention and sexual health promotion initiatives for MSM in Indonesia.

**Method** The project is an internet based survey promoted on Indonesian gay and MSM websites. The survey covers relationships, sexual practice, sexual health and social networks.

**Result** The survey was completed by 486 men aged between 18 and 58 years old. 47% identified as gay or homosexual and 43% as bisexual. 36% were in a regular relationship with a man and 25% were in a regular relationship with a woman. 57% had fewer than 5 lifetime male sexual partners. 346 men reported a male sexual partner in the previous year. 81% of these reported anal sex with at least one male partner. Condoms were consistently used by 22% of men. 15% had ever had an HIV test and 12% had ever had an STI test.

**Conclusion** Significant challenges remain in sexual health promotion for MSM in Indonesia. It is likely that there are significant rates of undiagnosed STI infection in this population given the low testing rates and high levels of unprotected sex.

## POSITIVITY PROPORTION OF *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONORRHOEAE* WITH *LEUKOCYTE ESTERASE* *TEST* AND *PCR* TECHNIQUE IN MEN WHO HAVE SEX WITH MEN (Study in PKBI Clinic, East Jakarta)

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**Background** Urethritis is a sexually transmitted diseases which initiate by Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) and mostly asymptomatic. This condition is source of infectivity in men who have sex with men (MSM). For MSM asymptomatic with an invasive method is not easy. Therefore a non-invasive procedure is needed to be implemented. This research is conducted in Perkumpulan Keluarga Berencana Indonesia clinic (PKBI), east Jakarta.

**Aim** To determine proportion of urethritis with leukocyte esterase test (LET); proportion of CT (+) in LET (+) and NG (+) in LET (+); proportion of CT infection and NG with Polymerase chain reaction (PCR) ; finding the characteristic of sociodemographic and sexual practice factor on MSM asymptomatic.

**Subject and Methods** Leukocyte Esterase Test with Combur Test M is used in 96 MSM and use PCR for CT and NG.

**Result** Mostly age 26-34 years old (50%), high school graduates 53 person (55.2%), own other job other than sexual-related profession 41 person (42.7%), early ages in having sexual experience at 18-24 years old 48 person (50%), number of sexual partner in one month of 2-5 individual 34 person (35.4%), number of having sexual activity < 5 times in one week 52 person (54.2%), various manner in sexual activity 96 person (100%), occasionally use condom 49 person (51%). Characteristic in sexual activity in anogenital and orogenital insertif 96 person (100%), Number of alcohol user 67 person (69.8%), history of discharge from uretra 34 person (35.4%). Positive proportion urethritis with LET 15.6%, CT (+) on LET (+) 26.6%, and NG (+) on LET (+) 46.6%, PCR CT 13.5%, PCR NG 10.4%.

**Conclusion** The same between (+) PCR CT and NG on LET (+) means in relation of analyze LET with PCR NG. The use of LET is more adequate to detect NG infection among MSM as a sex worker. There were significant correlation among sexual activity practice > 11 times in one week, and never use condom.



## SYPHILIS AND HBsAg SEROLOGIC POSITIVITY PROPORTION AND THEIR ASSOCIATION WITH KNOWLEDGE, ATTITUDES, AND PRACTICES ON STI AMONG TRANSVESTITES (Study in PKBI Clinic, East Jakarta)

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**Background** Syphilis proportion among transvestites in Jakarta is still high and the seroepidemiologic data of HBV infection is not available.

**Aims** To determine the proportion of syphilis and HBsAg serologic positivity; to assess KAP on STI; to assess the association of syphilis and HBsAg proportion with KAP on STI among transvestites in East Jakarta.

**Subjects and methods** The detection of syphilis serologic was done by performing RPR examination. Positive results were confirmed with TPHA and followed by VDRL. The electrochemiluminescence immunoassay technique was performed to detect HBsAg. The KAP on STI was assessed by questionnaires that have been analyzed for their validity.

**Results.** The study was conducted among 100 transvestites in February until April 2007. Most of them were 25-34 years of age (41%), had low education (58%), as sex workers (77%), conducted first sexual intercourse when they were 15-19 years old (45%), had >11 sexual partners a week (42%), conducted receptive anogenital and orogenital sexual intercourse (95%), and had heard STI information (94%). Syphilis and HBsAg serologic positivity proportion were 37% and 7% respectively. Most of the subjects had sufficient knowledge on STI (81%), good attitudes toward STI (89%), and low level of practices correlated to STI (90%).

**Conclusions** Syphilis and HBsAg serologic positivity proportion among transvestites at PKBI clinic in East Jakarta were high. Although most of the subjects had sufficient knowledge on STI and good attitudes toward STI, they still had low level of practices correlated to STI. There was no significant association between syphilis and HBsAg serologic positivity proportion with KAP on STI.

## HIV PREVENTION FOR HARD-TO-REACH MEN WHO HAVE SEX WITH MEN IN INDONESIA: CAN WE REACH THEM WITH MULTI-MEDIA

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**Aim of Study/Project** A 2007 survey showed 31.7% rectal sexually transmitted infections (STIs), 4.3% syphilis and 5.2% HIV prevalence among men who have sex with men (MSM) in three cities in Java; HIV increased in Jakarta from 2.5% (2002) to 8.0% (2007). Many MSM are discreet, making them hard-to-reach by conventional HIV programs. We started a campaign for HIV prevention and evaluated whether the target population was reached.

**Methods Used** The "It's My Life" targeted multi-media campaign was launched in February 2008 to reach MSM in six Indonesian cities and was supported by 6 local non-governmental organizations. A website, chatting, SMS gateway and hotline provided information on sexual health, STI/HIV transmission, prevention, and HIV counseling and testing (HCT) and STI clinic locations. Google analytics monitored website traffic. Program outreach workers collected clinic data.

**Summary of Results** Through October 2009, the website registered 8,525 members, (75% MSM, most discreet), 76,270 visits (25% new visitors), average 126 visits per day, 10 pages per visitor with 13 minutes on the website. Internet chatting reached 5,028 MSM, referred 2,553 of whom 31% received clinical services. SMS reached 7,905 MSM, referred 160 of whom 2% received clinical services. A total of 2,200 MSM called the hotline, 900 were referred of whom 9% attended clinical services.

**Conclusions** Use of multi-media technology appears to be effective in reaching MSM with HIV prevention messages and to facilitate access to clinical services. However, an evaluation of its effectiveness in increasing the proportion of MSM receiving HCT and adopting safer behavior should be undertaken.

## PROCTITIS GONORRHEA

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**Background** Proctitis is an inflammation of rectal. Proctitis often found in men who have sex with men (homosexual) and heterosexual women who have correlation with the ano-genital sexual. It is the first case at Moh.Hoesin Hospital Palembang.

**Case** A 22 years old, man, working as beautician, complained white-yellowish discharge from his anal since 3 weeks ago. The complaints has been coming after 4-days sexual intercourse with his male partner accompanied by pain and itching at the anal. Venerologic status: there were erythema and erosion on anal mucous, in the rectum there was a nodul that peanut in size and red color. Lot of mucopurulent discharge into white-yellowish. Bacteriologic findings with Gram staining from anal discharge found Gram-negative bacilli and Gram-negative extracellular and intracellular *Diplococcus*. Serologic findings VDRL/TPHA examination was negative. Rapid Test Anti-HIV was negative. Patient treated with single dosage oral *cefixime* 400 mg.

**Discussion** The diagnosis of proctitis is built based on the contact sexual history with the men, clinical symptoms and bacteriologic findings. Proctitis gonorrhoeae clinical findings erythema appearance on anorectal followed by erosion, there is much mucopurulent discharge with white-yellowish color and bad smell. Erosion occurs when a large object into the rectum causes dilatation of the anal causing inadequate abrasion, lacerations and mucosal damage tissue. The case diagnosis is found in bacteriologic findings with Gram staining from anal discharge found Gram negative bacilli and Gram negative extracellular and intracellular *Diplococcus*. Center for Disease Control and Prevention in 2006 recommended treatment gonorrhoeae infection can be given cefixime 400 mg single dosage. Re-examination 2 weeks after clinical recovery obtained without erythema and discharge. Provided important information about normal sexual relationships and safe.

## COMPREHENSIVE SEXUAL HEALTH SERVICES FOR MEN WHO HAVE SEX WITH MEN IN INDONESIA

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**Background** High rates of anogenital infections and high-risk behavior among men who have sex with men (MSM) have led to alarming increases in HIV seroprevalence among transgenders (waria), male sex workers and gay men in Indonesia with four-fold increases in Jakarta from 2003 to 2007.

Embarrassment, stigma and discrimination in health centers, lack of appropriate medications, self-medication, inexperienced health care staff contribute to sustained high rates of STIs and increased risk of HIV transmission. Lack of linked services means few clients access available HIV counseling and testing.

**Methods** The Sumberpucung Health Center, faced with dramatically rising STI and HIV rates among MSM clients developed a model program for MSM sexual health including counseling, physical and laboratory examinations, treatment, linked HIV C&T and referral for ART, TB screening for positives.

**Results** Utilization of STI screening and treatment services more than doubled among both MSM and Waria between 2006 and 2008, and the prevalence of active syphilis fell among from 8.5% among MSM (2005) and 22.5% among waria (2004) to <1% in 2008.

**Conclusions** Integrated, patient friendly services, and PPT for high risk individuals and close coordination with CBOs can lower rates of STIs, increase acceptance of HIV testing and earlier initiation of ARV among MSM.

## PROPORTION OF OROPHARYNGEAL AND RECTAL CHLAMYDIA TRACHOMATIS INFECTION AMONG WARIAS WITH PCR METHOD AT PKBI CLINIC, EAST JAKARTA

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**Background** Waria are susceptible for having sexual transmitted diseases (STD) especially due to their sexual behaviors. Data regarding STD especially CT infection in Indonesian waria is still rare.

**Aim of study** To determine the proportion of CT infection in oropharynx and rectum among waria and to evaluate the association between oropharynx and rectum CT infection with sociodemographic characteristics and sexual behaviors.

**Method** Anamnesis, physical examination, and specimen collections from oropharynx and rectum were done on 46 subjects in PKBI clinic East Jakarta from June until July 2006.

**Results** Subjects aged 25-35 years old were the largest group, with average  $29,6 \pm 5,8$  years old. Almost all subjects (89,1%) were sex workers, which was the only occupation for 60,7% of them. Most of subjects (95,7%) practicing both orogenital and anogenital intercourse, while the remaining practicing only orogenital intercourse. Condom was often used by 52.2%, and was always used only by 8,7% subjects as protection. Proportion of CT infection were 23,1% in oropharynx and 26,9% in rectum. There were significant statistical association between oropharynx CT infection with subjects who had occupation only as sex workers.

**Conclusion** The proportion of CT infection was quite high among waria, indicating the importance of performing screening test routinely and signifying that presumptive treatment should also be considered.

## PERIANAL CONDYLOMATA ACCUMINATA IN MAN WHO HAVE SEX WITH MAN (MSM)

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**Background** Condylomata acuminata is the most common sexual transmitted infection caused by human papillomavirus (HPV), but only 1-2% have any visible detectable lesion. HPV is highly infectious, with an incubation period of 3 weeks to 8 months.

**Case Report** 27 years old unmarried man came with chief complain bump and growth in the perianal since 3 months before hospitalization. He had history of having sexual intercourse with his boyfriend 5 months before hospitalization. There were multiple verrucous papules, flesh colour, cauliflower like appearance, with diameter about 1x2cm on the perianal. Fine needle aspiration biopsy (FNAB) revealed benign epidermal lesion with mature squamous cells, mononuclear, polymorphonuclear-inflammation cells and necrotic debris, without sign of malignancy. From anamnesis, clinical manifestation and confirmed by FNAB, the diagnosis was perianal condylomata acuminata. He was treated with Trichloroacetic Acid (TCA) and 4 weeks after treatment, the lesion was decreased.

**Discussion** HPV dysplasia of anogenital skin and mucosa ranging from mild to severe to in situ or invasive squamous cell carcinoma (SCC), most commonly in cervix and anal canal. Choice of perianal condylomata acuminata treatment are TCA, cryosurgery with liquid nitrogen, or surgical removal, and should be cautioned to watch recurrences during the first 3 months.

## PROPORTION OF OROPHARYNGEAL AND RECTAL GONORRHEA AMONG WARIAS WITH PCR METHOD AND RELATED SEXUAL BEHAVIOR FACTORS AT PERKUMPULAN KELUARGA BERENCANA INDONESIA (PKBI) CLINIC, EAST JAKARTA

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**Background** Waria or male to female transgender (MFT) are susceptible to have sexual transmitted infections (STI) due to the multiple factors especially sexual behavior. Gonorrhea in MFT often to present in pharyngeal and rectal area as we know that MFT have certain sexual behavior such as reseptive orogenital and receptice anogenital. Data about gonorrhea in Indonesian MFT is still rare.

**Aim of study** to determine the proportion of pharyngeal and rectal gonorrhea with PCR technique in MFT who attended to PKBI Clinic in North Jakarta and to evaluate association between sexual behavioral factors and pharyngeal and rectal gonorrhea.

**Methods** Anamnesis, physical examination, and specimens collection from oropharyng and rectum for PCR N. gonorrhoeae were done on 43 MFT in PKBI Clinic between June until July 2006.

**Result** We found most of MFT in this study was 25-34 year old and the mean of age was 30,1  $\pm$  8,5 year old. Thirty eight (88,4%) of subjects work as prostitute and 23 (53,5%) have 2-7 sexual partners every week. All of subject have experience in receptive oral and anal sex with the frequency 7 times in a week mostly. Sixteen subjects (37,2%) have receptive oral sex 7 times a week and 15 subjects (34,9%) have receptive anal sex 7 times a week. Only 7,0% (3 subjects) said that their sexual partner always use condom in every sexual intercourse.

**Conclusion** The proportion of pharyngeal gonorrhoeae was 60,5% and rectal gonorrhoeae was 34,9%. There was no significant relation between sexual behavior and pharyngeal or rectal gonorrhoeae statically.

## KNOWLEDGE, ATITUDE AND PRACTICE OF MALAYSIAN MEDICAL AND PHARMACY STUDENTS TOWARDS HUMAN PAPILLOMAVIRUS VACCINATION

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Human Papillomavirus (HPV) infection is one of the most common sexually transmitted infections. The high-risk oncogenic HPV types are the main cause of cervical cancer. Recently HPV vaccines became available as the primary preventive method against cervical cancer.

The objective of this study was to determine the level of knowledge, attitude and practice of HPV vaccination among Universiti Kebangsaan Malaysia (UKM) and Universiti Malaya (UM) students.

This study was conducted from March until August 2009. Pre-tested Questionnaires were distributed and filled by female third year UKM (n=156) and UM (n=149) students from the Medical, Dentistry and Pharmacy faculties. The data was analyzed using Statistical Package for Social Sciences (SPSS) version 12.0.

The results showed that the overall level of knowledge of the respondents on HPV infection, cervical cancer and its prevention was high. The majority of respondents also had a positive attitude towards HPV vaccination and this was significantly higher among UM students ( $p < 0.05$ ). However, UKM respondents had a higher knowledge than UM respondents but this was not significantly different from UM respondents ( $p = 0.097$ ).

In conclusion, the knowledge and attitude of the respondents were high and positive, respectively but only few of them took HPV vaccination. Organizing awareness programs on the prevention of HPV infections and subsidizing the price of the vaccine for students can reduce the incidence of cervical cancer among University students.



## ULCUS VULVAE ACUTUM (LIPSCHÜTZ ULCER)

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**Background** Lipschütz or ulcus vulvae acutum is a rare disease. It is first identified an acute disease with ulceration of the external genital organs of young women. It is not a , and is often misdiagnosed.

**Case report** A 25-year-old female presented with painful acute genital ulcers accompanied with fever and malaise that appeared in the context of poor hygiene. She only had sexual history with her husband one month ago. Clinical features revealed multiple round shallow lesions on the vulvae, forming ulcus vulvae acutum. Gram staining examination and culture found gram-positive bacilli. HSV1-HSV2 antigens, TPHA-VDRL were negative and no bacterial growth in Thayer Martin culture. All complementary examinations ruled out both venereal diseases. Ulceration resolved within two weeks with potassium permanganate compresses and cothrimoxazole.

**Discussion** In 1913, a distinctive clinical entity of acute genital ulcer occurring in an adolescent girl with a non-venereal infectious aetiology was described by Lipschütz. It has been described as occurring predominantly in young girls of 14-20 years, 70% of the cases being virgin, not like in this case. The cause and pathogenesis of the disease still remains unknown, and only some hypotheses are discussed in the literature. Lipschütz assumed that the disease is caused by autoinoculation with *Bacillus crassus* (Döderlein's lactobacillus), while other physicians ascribed the disease to poor hygiene of the young women same like in this case. Although this disease is rare, it is important to include it in the differential diagnosis of genital ulcer.

## VULVAE ACUTUM ULCER (LIPSCHUTZ ULCER) THAT INITIALLY DIAGNOSIS AS GENITAL HERPES

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**Background** Ulcus vulvae acutum (Lipschutz ulcer) is a rare disease characterized by painful genital ulceration occurring in young women without venereal infections. Vulvar ulcerous diseases often diagnosed and treated as herpes simplex. This is the first case in Dermato-Venereology of dr. M.Djamil Hospital in the last 10 years was reported.

**Case report** A case of a 20-year-old unmarried woman with ulcus vulvae acutum was reported. Patient complaint about multiple ulcers on her genitalia since 1 week ago without sexual intercourse. This disease had occured 6 times since 1 year ago and sometimes heal spontaneously. Physical examination revealed erytema nodules, superficial non indurated ulcers with lenticular sized and dirty base on major and minor labia. We diagnosed as recurrent genital herpes and differential diagnosed with ulcus vulva acutum, but histopathologic examination result was chronic inflammation. Serology examination result revealed normal IgM & IgG anti HSV1 and HSV2. Cultur result was *Staphylococcus epidimidis*.

**Discussion** In this case, initially we diagnosed as genital herpetic ulcers, but IgM & IgG anti HSV1 and HSV2 examination result not supported genital herpes. Those condition support to ulcus vulvae acutum. The lesion healed with oral antiviral and 1/10.000 PK solutio.

## A CASE OF VULVAL INTRAEPITHELIAL NEOPLASIA WITH CLINICAL FEATURES MIMICKING EXTRA MAMMARY PAGET'S DISEASE

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**Background** Vulval intraepithelial neoplasia (VIN) is an intraepithelial change within vulval epithelium that is pre malignant and rare condition. About 90% cases of VIN associated with Human papilloma virus (HPV) infection. Clinically VIN was mimicking with other vulval dermatoses and neoplasia of vulva such as extra mammary Paget's disease (EMPD).

**Case report** Reported 75 years old woman with blackish lump and itchy on her labia majora since 6 months ago. Initially she was diagnosed as extra mammary Paget's disease. Histopathology examination found dysplasia of epithelial cells in all over epithelial cell layers that refers to VIN. In the other part of epithelial cells found koilocytes that refers to HPV infection. Patient consulted to Gynecology Department and suggested to vulvectomy for prevent invansive and recurrence.

**Discussion** Clinically VIN was mimicking with others vulval dermatoses and neoplasia. Histopathology examination needed to differentiate them. Finding of koilocytes in histopathology examination is pathognomonic of HPV infection. It is prognostic value to determinated the type of HPV. Present of persistent infection with high-risk HPV may trigger VIN to further develop into invasive vulva cancer.

## A CASE OF LYMPHATIC MALFORMATION ON LEFT MAJOR LABIUM MIMICKING GENITAL WARTS

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**Background** Lymphangioma malformation (LM) is a benign lymphatic tumor which manifested as multiple small raised bleb-like lesions or "frog spawn". The predilection of LM usually on axilla, chest, oral cavity, tounge, or oral cavity. vulvar LM is very rare and could manifested as verucous tumor that mimics genital warts

**Case Report** A case of LM on left major labium mimicking genital warts in a 30 year-old woman was reported. Since 2 years ago, she had multiple verrucous pruritic papules on left major labium, which progress gradually in size. On physical examination, there was swelling of the left major labium with clusters of vesicles and crust on verrucous tumor. Clear fluid exudated from a punctured vesicle. Biopsy was done and confirmed the diagnosis of LM. Patient was referred to surgical department and schedule for vulvectomy.

**Discussion** Diagnosis of LM in this patient was based on history, physical, and histopathological examination. The exact etiology of this malformation is unknown. It may be congenital or acquired. This patient had symptoms of disease since 2 years ago and there were no history of surgery, radiation, tuberculosis or Crohn's disease. In this patient there were history of episodes of acute celulitis, which was suspected as the cause of the obstruction in the lymphatic system drainage. Although a possibility of congenital disease with late onset in this patient still could not be excluded.

## REVIEW ON WORKING DIAGNOSIS PROCTITIS

Maya Trisiswati Ch

IPPA Jakarta Chapter Clinic Jakarta, Indonesia

STI Clinic of IPPA Jakarta Chapter serves STI screening and HIV/AIDS for marginalized people with public health approaches. The clinic examined genital discharge with simple laboratory (methylen blue for presumption of diplococcus and PMN, with working diagnosis urethritis, chlamydosis, cervicitis and proctitis). Methylen blue are used because of its effectiveness, simple, rapid, besides the fact that the public segment of the patient are almost 100% sex worker or high risk population.

The working diagnosis are based on the number of diplococcic and PMN which are 5 or more per field for urethritis and proctitis, and 30 or more per field for cervicitis. There are different way of treatment. If diplococcic are found in external urethral orifice with PMN, the treatment are cefixime and azitromycin. If the PMN are positive without diplococcic, the treatment we only give azitromycin.

In fact in anal sex the number of PMN are much higher than diplococcic, and it was resulted in a very much higher morbidity of proctitis. The number of proctitis is not equal comparison with others (urethritis, chlamydosis, syphilis). In the last two years (2008-2009) when the 100% condom use are highly promoted, the morbidity of STIs at IPPA Clinic were decreased but proctitis, either men (customer, hidden bi-sexual), MSM (men who already openly identified themselves as homosexual), and transgender.

Perhaps now it is time to review the way to make a working diagnosis for proctitis, as the way above has a very high disparity; diplococcal infection is very low compared to PMN founded which has been made as based of working diagnose. Are the high value of PMN not caused by gastro-enteritis infection, unhealed old wound., insufficiency of anal toilet, or unclean "rimming" behavior before having sex.

Clinic of IPPA Jakarta often found cases of patient with positive PMN even they did not have anal sex receptive for month. If the working diagnose above are maintained, the morbidity of proctitis cannot be used as the tools to measure the morbidity of STI in connection with the value of condom uses.

## STUDY ON PMTCT SERVICES IN NEPAL

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**Aims of study** To review the data in PMTCT service in Nepal.

**Methods** Desk review of information and data in PMTCT services in Nepal from 2006 to mid 2009

**Results** Maternal-to-child transmission of the virus is the largest source of HIV infections in children. To address this problem, Nepal government has implemented prevention of mother-to-child transmission (PMTCT) services throughout the country in phase wise. Currently National center for AIDS and STD Control (NCASC) had established 17 PMTCT centers at different level of government hospitals. However the information/data from 15 centers in PMTCT from 2006 to mid 2009 had been reviewed.

It showed that maximum pregnant women got HIV testing and around 0.2% found to be positive. Among HIV positive pregnant women, around 55% received ARV prophylaxis.

**Conclusions** HIV infection among pregnant women found to be constant around 0.2% though it is decreased to 0.18% in 2007. HIV Pregnant women receiving HIV prophylaxis is gradually increasing from 2006. However, the information showed that utility of PMTCT service is limited though maximum pregnant women enrolled for HIV testing during ANC checkups. Hence there is need of new Prevention of Mother to Child Transmission (PMTCT) program to improve the uptake and quality of HIV and Maternal Child Health (MCH) services for pregnant women through community-based approaches.

## IMPROVING WORKFLOW AT A SEXUAL HEALTH CLINIC BY USING SHORT MESSAGING SERVICES TO RELEASE TEST RESULTS

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Department of STI Control, Singapore

**Background** The Department of STI Control Clinic is the national referral centre for the management of sexually transmitted infections in Singapore. The clinic manages ~28 000 patients a year and staffs 8 health advisors. Health advisors spend 6 hours a week releasing results to patients via the phone, a time consuming and inefficient process. Problems faced over the phone include incorrect information for identity verification, inability to recall passwords, calling before results are ready and asking staff for other information. As a large majority of Singaporeans use mobile phones, this study looked to improve the workflow by using short messaging services (SMS) to release test results to patients.

**Methods** A computer programme was installed for \$4900 where requests for test results by SMS service are tracked and sorted into “normal” and “abnormal” results. Patients were given the option to leave their mobile phone numbers should they prefer this service over the current telephone service. A bulk SMS was sent to patients informing them of their normal results. Patients with abnormal test results were sent an SMS informing them that one of their results was abnormal and to return to the clinic.

**Results** Health advisors workload dropped by 72% as they spent < 2 hours a week releasing results by SMS. There was a \$143 saving per month on manpower and administrative costs. Over a 3 month study period there was a 91% uptake of the SMS service resulting in discontinuation of the previous telephone service. Patients were able to receive their HIV results within 3 working days and other results within a week, instead of 2 weeks, alleviating much of their anxiety.

**Conclusions** The use of computer assisted technology to release results via SMS has resulted in a more efficient clinic workflow and improved patient satisfaction. A regular review of the clinic's processes enables the clinic to seek new and better ways to operate, better manage resources and improve patient satisfaction.

## Barriers of seeking for health services for STDs and HIV-AIDS in Puskesmas experienced by FEMALE SEX WORKERS; between needs and demands

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**Aim of Study** To identify barriers of seeking for health services for STDs and HIV-AIDS in Puskesmas (primary health center) experienced by FSWs, and explore possible solutions accordingly.

**Method** Using a qualitative research design, we have interviewed Head of Puskesmas, pimps and FSWs. Question guide was developed prior to conducting an interview. Content analysis was used to analyze the results, and data was validated using several techniques of validating qualitative data such as member checking, peer debriefing, and comparison with other studies.

**Results** The main barriers encountered by FSWs in seeking health care services are related to issues on convenience, privacy, and communication. In most cases, these “demands” issues are often neglected by the Puskesmas.

The themes on possible contribution on healthcare financing for FSWs was also emerged. This issue has been neglected possibly due to the stigma attached to this group. The potential role of as peer educators was also emerged.

Empowerment of Puskesmas needs to be enhanced in order for it to be effective in providing comprehensive health care services for FSWs. The overloaded duties, lack of qualities of human resources, inadequate facilities were among the challenges that should be considered.

**Conclusions** Puskesmas should identify not only health needs of FSW's but also their demands to eliminate the barriers.



## BACTERIAL VAGINOSIS IN PREGNANCY

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**Background** Bacterial Vaginosis (BV) is a clinical syndrome characterized by excessive vaginal discharge with odor, caused by abnormal vaginal flora changes in *Lactobacillus* spp. Prevalence of BV in pregnant women in United States is about 16%, most do not get treatment and stay until the third trimester (69%). The relative risk of preterm delivery in BV is range between 1.9 to 6.9. Report from STI clinic Dermatovenereology RSUPMH Palembang in January 2007 to April 2009 show BV at 4<sup>th</sup> rank (7.7%) [Urethritis gonorrhea (22.8%), condyloma acuminata (20.1%), and vulvovaginal candidiasis (11.2% )]. Bacterial vaginosis in pregnancy requires proper management to avoid complications.

**Case report** A 21 years old woman, 13 weeks pregnancy, complained of vaginal leucorrhoea since 2.5 months, smelling fishy after intercourse, accompanied by a burning and itching of the vagina. Inspekulo examination: erythema of the vaginal wall and cervix, glossy portio. Vaginal and cervical discharge is excessively, dilute, homogeneous, milky white color, sticky, and no foaming. Gram staining: leukocyte + 15/HPF, clue cells positive. Vaginal pH: 5. Whiff test: positive.

**Discussion** The diagnosis of this woman is BV in G1P0A0 primigravida at 13 weeks of single living fetus. Metronidazole 500 mg orally twice per day for 7 days as therapy proved to be effective in this patient. Appropriate therapy is expected to prevent further complications.

## CONDYLOMATA LATA WITH MULTIPLE PAINLESS ULCERS IN A MENTAL RETARDED HIV BOY

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**Background** Syphilis is a chronic systemic infection, characterized by painless ulcer with regional lymphadenopathy. If left untreated, it will become a secondary or tertiary syphilis. The clinical course and response to standard therapy may be altered in HIV-infected patients.

**Case Presentation** A-15-years old boy with mental retarded came with anal mass since 1 year ago. Other histories can not be obtained due to his condition. Physical examination showed white-greyish firm masses with no blood on his anal and inner thigh. There were painless clean-based ulcers on his penis, scrotum, and at the corner of his mouth. Firm regional lymphadenopathy was found on his right inguinal. Indian ink examination showed spirochetes. Serologic examination showed VDRL 1/32, TPHA 1/1280, negative IgM & IgG anti HSV2, and reactive anti HIV. Histopathologic examination on the perianal lesions suggested a secondary syphilis. Based on clinical features, Indian ink examination, serologic test, and histopathologic findings, this patient was diagnosed as secondary syphilis and HIV. The treatment given was Penicillin G Benzathine 2.4 million units IM weekly for 3 weeks. The ulcers tend to resolve. The white-greyish mass became smaller.

**Discussions** In this patient we found multiple painless clean-based ulcers together with condylomata lata. Literatures stated that ulcers may still be present when secondary lesions appear in 15% of cases. Concomitant HIV infection may alter course of secondary syphilis. Patient was treated with Penicillin G Benzathine 2.4 million units IM weekly for 3 weeks. The therapy was still effective.

PRESENTER	PRESENTATIONS
A Anartanti	PO-49
A Primasari	PO-14
A Rusvita	PO-55
AA Jaya Kusuma	S-RTI-2.1
Adolf H. Mittaart	S-RTI-1.3
Andi Muhammad Adam	PO-43
Andi Sastri Zainuddin	PO-13 & 54
Anthony Smith	S-8.3
Astindari	PO-23
Athena Limnois	S-4.1; JS-WHO-2
Atiek Anartati	OP-1.4
Basil Donovan	S-4.3; S-5.3
Brian Mulhall	S-6.1
Charlotte Gaydos	W-1.1; W-2.1; W-2.2
Chavalit Mangkalaviraj	S-RTI-1.5
Christopher Fairley	S-8.1
CWG Ong	OP-3.1
Damayanti	PO-51
Danny Gunawan	PO-08
Darren Russell	S-3.1
Devi Arofah	OP-3.4
Dewi Fitri Tahir	PO-45
Diah Ira Heriwati	PO-19
Diana TR	OP-2.5
DP Wilson	OP-2.1
Dyah Erly Mustikawati	S-2.3
E Asri	PO-16
Eliza Miranda	OP-1.5
Erlan Ristya Aditya	PO-47
Euis Mutmainnah	PO-25
F Hendrica	PO-57
F Yolanda	PO-04
Farida Zubier	W-3.1

## PRESENTER PRESENTATIONS

Fera Mawu	OP-1.2
FI Resvita	PO-38
Fiedya W Kusuma	PO-18
Francis J Ndowa	PL-1.1; JS-WHO-1
Giana Sugeha	PO-37
Gilbert C Yang	W-3.4; W-5.3
Graham Nielsen	S-2.2
Grierson J	PO-21; PO-44
Hanny Nilasari	S-RTI-1.2
Hans Lumintang	S-7.3
Hernayati Hutabarat	PO-72
Hesham Rashwan	PO-53
Immy Ahmed	W-1.5; W-2.4; W-3.2; W-3.3
Indiarsa Arief L	PO-09
Indria I Kartini	PO-32
Irmadita Citrashanty	PO-22
Jane Hocking	S-8.2
Jiang-Hong Li	PO-11
Jusuf Barakbah	W-4.1
K Istasaputri	PO-29
Kamal Faour	S-3.5
Kaushall Verma	S-4.2
Kurniati	PO-24
Lalitha Nair	PO-60
Lochana Shrestha	PO-59
Lucky V Waworuntu	PO-17
Lukas Mangindaan	PL-2.3
Luxsi	OP-1.3
M Golebiowska-Wawrzyniak	PO-20
M N Annissa	PO-41
M Nasser	W-4.2
M Syafei Hamzah	PO-01
Magnus Unemo	JS-WHO-3

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Margaret N.O Sibarani	PO-27
Marina Mahathir	PL-1.3
Maya Trisiswati Ch	OP-3.5; PO-58
Maylita Sari	PO-36
MK Pitts	OP-3.2
Muhammad Dali Amiruddin	PO-33
N Usman	W-2.3; W-5.1; W-5.2
Nanda Earlia	OP-2.6
Nurholis Majid	OP-3.6
Nurwestu Rusetiyanti	PO-02
P Nugraha	PO-28
P Prasetyo	OP-2.2
Piyawan Limpanyalert	OP-1.1
Prasetyadi M	OP-2.4
Priya Sen	S-6.3
Q Anum	PO-03
Q D Seprida	PO-52
Q Q Wang	PO-07
Rachmad Dinata	S-RTI-2.2
Radityastuti	PO-34
Rasmi Romawi	S-RTI-2.4
Richard Sten	S-2.1
Rizni Suyardi Oepangat	PO-26
Ronald C Ballard	JS-WHO-6; S-1.3
Rosana W Peeling	S-1.1
Roy Chan	PL-2.1
Rudianto Sutarman	OP-2.3
RV Sari	PO-31
S A Chisholm	PO-15
S Krishnaputri	PO-42
S Pratidina	PO-50
Saraswati Dewi AAI	PO-30

## PRESENTER

## PRESENTATIONS

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Satya W Yenny	PO-40
Seema Sood	OP-1.6
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Somesh Gupta	S-7.4
Srisupalak Singalavanija	S-7.2
Sulamsih Sri B	PO-10
Sunil Sethi	S-3.3
Susanne Garland	S-5.2
Susanti U Saragih	PO-05
T Hidayat	PO-56
Tan Hiok Hee	S-3.2
Tewu Walangare	PO-35
Thirummorthy	S-6.2
Tonny S Djajakusumah	S-5.1
Tri Harianti	PO-48
Umi Rinasari	PO-39
V A Permata	PO-06
Veerakathy Harindra	W-1.2; W-1.3; W-1.4
Verapol Chandeying	S-4.4
Wiraguna AAGP	S-RTI-1.4, PO-71
Wong Mee Lian	S-8.4
Wresti Indriatmi	S-7.1
Xiang-Sheng Chen	PL-2.2; S-1.2; S-3.4
Ye Tun	JS-WHO-4
YF Yahya	OP-3.3
Zheng Hp	PO-12
Zubairi Djoerban	S-6.4

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