



PATTERN OF SEXUALLY TRANSMITTED INFECTIONS IN DR.H.ABDUL MOELOEK HOSPITAL LAMPUNG (2008-2009)



M.Syafei Hamzah, Arif Effendi

Department of Dermatovenereology Dr.H.Abdul Moeloek Hospital/
Medical Faculty Lampung University
Bandar Lampung, Indonesia

INTRODUCTION

- Sexually transmitted infections (STIs) is one of the health problem in all over the world, even in modern country or in the developing country.^{1,2} However information about infection rates is hard to come by, especially for many developing countries. No single organisation regularly collates STD statistics worldwide, and different countries have different types and levels of reporting systems.^{1,3}
- WHO estimates that 340 million new cases of STIs have occurred worldwide in 1999 in men and women aged 15-49 years. The largest number of new infections occurred in the region of South and Southeast Asia.
- In developing countries this group of infections and their complications are one of the top five reasons that adults seek health care. A proper understanding of the patterns of STIs prevailing in different geographic regions of a country is necessary for proper planning and implementation of STI control strategies. It is with this aim that the present study was undertaken.^{1,3}

METHOD

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

RESULT

- The number of Sexually Transmitted Infections (STIs) was found 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 STIs in men is higher than women (1,6 : 1) (Chart 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%), follow with 18-24 years (41%). (Chart 2).
- The distribution of the STIs were : Non Specific urethritis (28,8%), Gonorrhea (22,6%), Condiloma Acuminata (22,3%), Vulvovaginal candidiasis (18,7%), Bartholinitis (3,6%), Herpes Genitalis (2,9%) and syphilis (1,8%). (chart 3)

DISCUSSION

- In Dr. Abdul Moeloek Hospital Lampung during 2008-2009 we find 278 (2,35%) patients of STIs, male 171 (61,5%) and 107 (38,5%) female (1,6:1) (Chart 1) . which is similar to other studies, like in Adam Malik Hospital Medan 51,9% male and 48,1% female, in Dr. Hasan Sadikin hospital Bandung 55,3% male and 44,7% female , also in India hospital male bigger than female.^{2,4,5,6} The attendance of female patients is less which may be due to social and cultural restrictions taboos, and asymptomatic nature of the disease, reference of female patients to gynaecology and increased number of male attendance because of their high promiscuity.^{1,4,7,8}
- The most predominant age was found in the group of 25 - 44 years (42%), follow with 18-24 years (41%). (Chart 2), which is similar to observation made in other studies like in Dr.M.Djamil Hospital Padang (2004-2008),⁷ in Adam Malik Hospital Medan the most case of STIs at the age 26-30 years (20,23%) during January 2004 until December 2008,⁴ and in Department of Dermatology and Venereology, Medical College, Kottayam for ten years, from January 1990 to December 2000 the average age was 27.2 years for male patients and 28 years for females.⁶ Clustering of patients in the above age groups is mainly due to high sexual activity.^{1,4,5,6}
- The youngest patient in Dr Abdul Moeloek hospital was 14 years old. In the last few years, there are tendency that STIs are found in young age , which is found to study in Palembang, UK, Sweden and USA.^{1,7,8,9,10} Even in Northern Territory, Phoebe Stewart was reported that six children under the age of 10 were found to have sexually transmitted infections in the first half of 2009, and 53 cases of gonorrhea in the next age bracket of children aged 10 to 14.⁵
- The most case of the STIs in Dr.Abdul Moeloek Hospital was Non Specific urethritis (22,8%), follow with Gonorrhea (22,6%), Condiloma Acuminata (22,3%), Vulvovaginal candidiasis (18,7%) Bartholinitis (3,6%), Herpes Genitalis (2,9%) and syphilis (1,8%) (Chart 3). which is similar to observation made in other studies like in Adam Malik Hospital Medan the most case of STIs was Non Specific urethritis (20,99), and follow with Candidiasis Vaginalis, (19,47%) Condiloma Acuminata (16,41%) , gonorrhoea (16,03%), syphilis (11,83%), herpes genitalis (5,73%), and bartholinitis (5,73%),⁴ but in Dr.M.Djamil Hospital Padang the most case of STIs was Gonorrhea follow with Urethritis Non Specific (21,90%), Bacterial Vaginosis (11,68%), Candidiasis (11,68%) Condiloma Acuminata (7,54%), Trichomonas Vaginalis (5,35%), Herpes Genitalis (4,14%), and Syphilis (2,19%)⁷ and in Hasan Sadikin Hospital Bandung the most case of STIs also was gonorrhea and follow with Non Specific urethritis (21,03%),⁸ and in Chigateri General hospital Davangere, India the most case of STIs was Candidiasis (18,95%) follow with Syphilis (15,95%) Herpes genitalis (13,04%), Chancroid (10,45%) and gonorrhea (10,14%).⁶

Chart 1 :

Sex Distribution

■ male ■ female

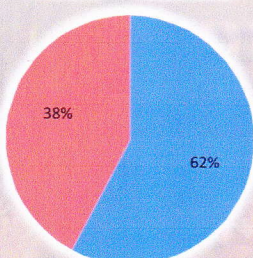


Chart 2 :

Age and Sex Distribution

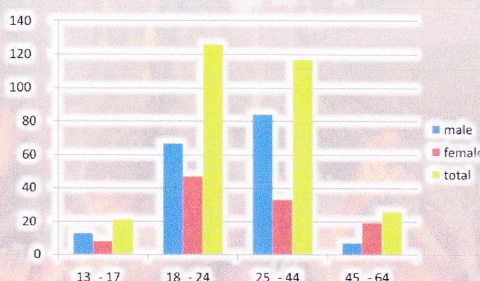
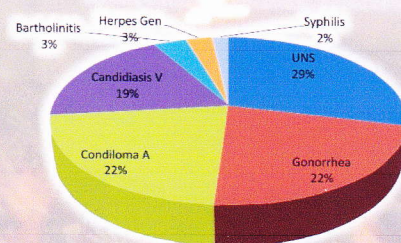


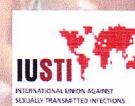
Chart 3 :

Disease – wise Distribution



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LEMBAR IDENTITAS DAN PENGESAHAN

1. Judul : Pattern of Sexually Trasmitted Infection in Dr. H. Abdul Moeloek Hospital Lampung (2008-2009)
2. Penulis : **Dr.dr.Muhammad Syafei Hamzah,SpKK,FINSDV,**
3. NIP : 19550115 198302 1 004
4. Pangkat/Golongan : Pembina Utama/IV/e
5. Instansi : RSUD Dr. H. Abdul Moeloek/ Fakultas Kedokteran Universitas Lampung
6. Publikasi : Prosiding The 16th International Union Sexually Transmitted Infections Asian Pacific Conference, Nusa Dua, Bali, May 4-6, 2010.
7. ISBN : -
8. Website : <http://www.iusti.2010.com>

Bandar Lampung, 7 Oktober 2016,

Mengetahui
Dekan Fakultas Kedokteran
Universitas Lampung



Dr.dr.Muhartono, S.Ked.,M.Kes.,Sp.PA
NIP. 19701208 200112 1 001

Penulis,

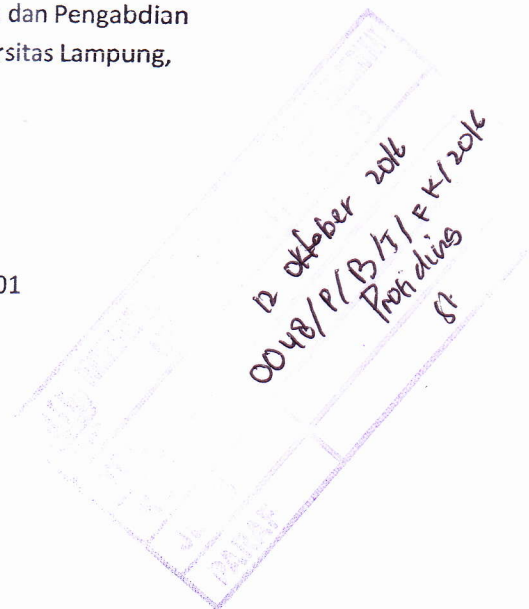


Dr.dr.M. Syafei Hamzah,Sp.KK.,FINSDV,
NIP. 19550115 198302 1 004

Menyetujui
Ketua Lembaga Penelitian dan Pengabdian
Kepada Masyarakat Universitas Lampung,



Ir. Warsono, M.S., Ph.D
NIP. 19640216 198703 1 001

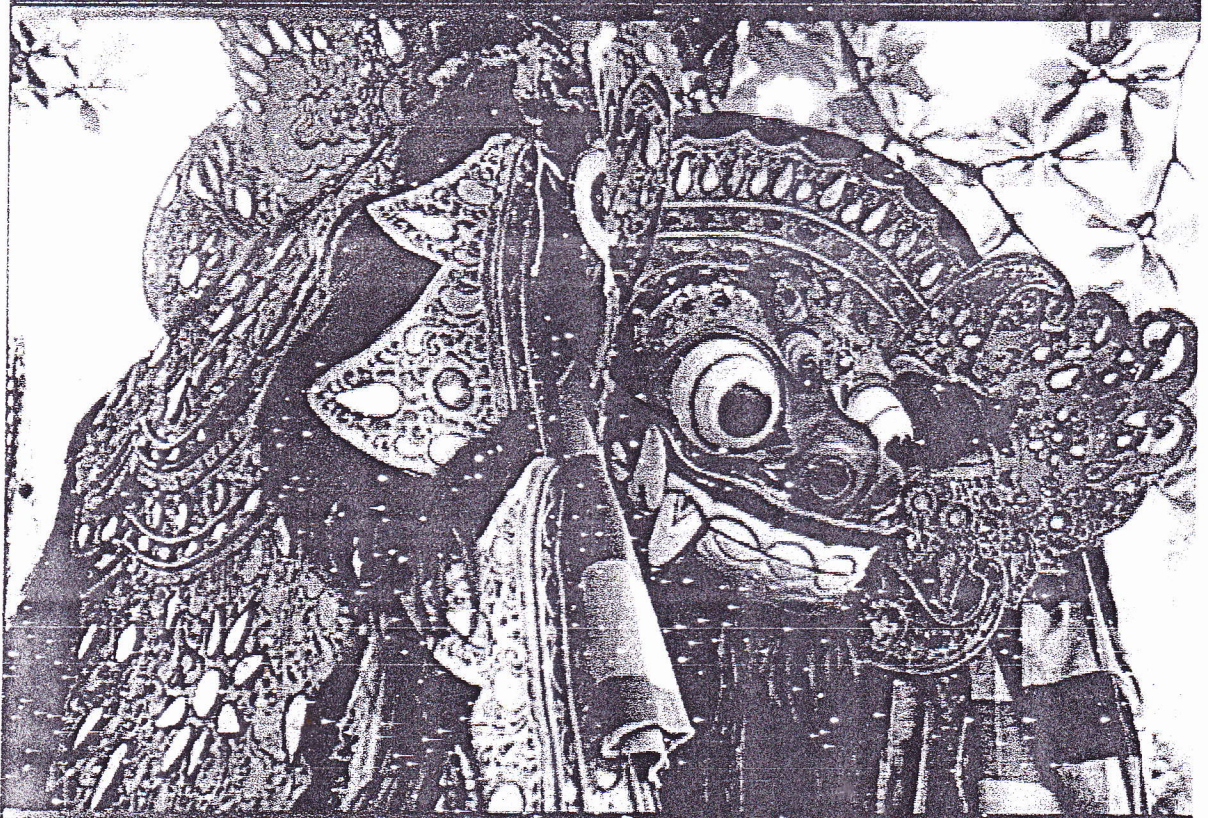


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ABSTRACT AND PROGRAM

"STI : Obstacles and Challenges"



16th INTERNATIONAL UNION AGAINST
SEXUALLY TRANSMITTED INFECTIONS (IUSTI)

ASIA PACIFIC CONFERENCE

MAY 4 - 6 2010 BALI INDONESIA

Bali International Convention Centre
The Westin Resort, Nusa Dua, Bali



WELCOME MESSAGE



Message from the Regional Director, IUSTI Asia Pacific and Branch Chairman, IUSTI Asia Pacific

Dear Colleagues,

It is a great pleasure to welcome you to the 16th IUSTI Asia Pacific Congress. IUSTI Asia Pacific is the largest of five branches of the International Union against Sexually Transmitted Infections and was founded in 1975. The parent organization was founded in 1923 as the International Union against the Venereal Diseases and Treponematoses (IUVDT), and admitted into official relations with the World Health Organization in 1948. It remains on the roster of the United Nations Economic and Social Council.

For the 16th Asia-Pacific Congress we have tried to build on the evolving and successful models of previous regional Congresses, which aim to deliver high quality local and regional content, scientific updates of an international standard, and training modules for local health-care providers. We are very grateful to local, regional and international colleagues for the latter part of the program. We have tried to add current, challenging, and often controversial issues facing the region. For example, the themes of gender, sexuality and youth address the difficult issues of female empowerment, men who have sex with men (MSM), and adolescents.

As is customary, world bodies such as WHO and CDC have contributed to our scientific programme, including a satellite session that addresses the growing resistance of gonococci to antibiotics.

Most of all, we wish to acknowledge a very close and collaborative relationship we have had with the local organizing committee, unparalleled in our experience.

We hope you enjoy the sessions, make many new friends, take in the beauty and culture of Bali, and come to future meetings of IUSTI-Asia Pacific.



Your sincerely

Dr. Brian P Mulhall
Chairperson
IUSTI Asia Pacific



Prof Roy Chan
Regional Director
IUSTI Asia Pacific

POSTER PRESENTATION

EXHIBITION GALLERY

P-01	Pattern of sexually transmitted infection in dr.H. Abdul Moeloek Hospital Lampung (2008-2009)	M.Syafei Hamzah
P-02	Profile of diseases in women attending sti clinic in Sardjito Hospital, Yogyakarta: a hospital based retrospective study	Nurwestu Rusetiyanti
P-03	Profile of sexually transmitted diseases in Andam Dewi Social Rehabilitation Sukarami, Solok	Q.Anum
P-04	Genital wart in STD clinic of Dermatovenereology department dr. Hasan Sadikin Hospital Bandung: 2006 – 2008	F. Yolanda
P-05	Secondary syphilis in second trimester pregnancy and newborn with congenital syphilis	Susanthy U Saragih
P-06	Comparison of positivity proportion of Diaspot® syphilis rapid test to <i>Treponema pallidum</i> haemagglutination assay (TPHA) Plasmatec® test in female sex workers	VA Permata
P-07	Decreasing of syphilis prevalence after a comprehensive STD intervention in female sex workers in Southern China	QQ Wang
P-08	Secondary syphilis with non primary episode 1 genital herpes	Danny Gunawan
P-09	Secondary syphilis	Indiarsa Arief L
P-10	Secondary syphilis	Sulamsih Sri B
P-11	Direct genotyping and nucleotide sequence analysis of vs1-vs2 of OMP a gene of <i>Chlamydia trachomatis</i> from urogenital specimens in Guangzhou, China	Zheng Hp
P-12	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	Andi Sastri Zainuddin
P-13	Gonococcal urethritis with periurethral abscess complication Strategies for implementing surveillance of gonococcal resistance in Europe	A Primasari

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Indonesia

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%).

Introduction :

Sexually Transmitted Infections (STIs) is one of the health problem in all over the world, not only in modern country but also in the developing country.^{1,2} However information about infection rates is hard to come by, especially for many developing countries. No single organization regularly collates STD statistics worldwide, and different countries have different types and levels of reporting systems.^{1,3}

WHO estimates that 340 million new cases of STIs have occurred worldwide in 1999 in male and female aged 15-49 years old. The largest number of new infections occurred in the region of South and Southeast Asia.¹

Sexually transmitted infections (STIs) are infections that are spread primarily through person-to-person sexual contact. There are more than 30 different sexually transmissible bacteria, viruses and parasites. The most common conditions are gonorrhoea, chlamydial infection, syphilis, trichomoniasis, chancroid, genital herpes, genital warts, human immunodeficiency virus (HIV) infection and hepatitis B infection.^{1,3}

In developing countries this group of infections and their complications are one of the top five reasons that adults seek for health care.

A proper understanding of the patterns of STIs prevailing in different geographic regions of a country is necessary for proper planning and implementation of STI control strategies. The aim of this present study was undertaken.^{1,3}

Method :

A retrospective study by evaluating of patient medical record who outpatient in Dermatovenereology Department of Dr.H.Abdul Moeloek Hospital during January 2, 2008 untill December 31, 2009.

Result :

The number of Sexually transmitted infections (STI) was found 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 STIs in male is higher than female (1,6 : 1). The youngest patient was 14 years old and the oldest was 62 years old, and the most predominat age were the group of 25 - 44 years (42 %), followed by 18-24 years (41%). (Table 1).

The distribution of the STIs were : Non Specific Urethritis (28,8%), Gonorrhea (22,6%), Condiloma Acuminata (22,3%), Vulvovaginal Candidiasis (18,7%), Bartholinitis (3,6%), Herpes Genitalis (2,9 %) and Syphilis (1,8 %). (Table 2).

Table 1 : Age and sex Distribution

Age in years	2008			2009			TOTAL	Percentage
	Male	Female	Total	Male	Female	Total		
13-17	9	4	13	4	4	8	21	7,6
18-24	26	18	44	41	29	70	114	41
25-44	39	14	53	45	19	64	117	42
45-64	1	9	10	6	10	16	26	9,4
Total	75	45	120	96	62	158	278	100

Table 2 Disease – wise Distribution

Disease	2008		2009		Total	
	Male	Female	Male	Female	No.	Percentage
Gonorrhea	22	1	34	4	61	22,6
Urethritis NonSpesifi	29	2	39	10	80	28,8
Candidiasis Vaginali	-	24	-	28	52	18,7
Condiloma Acuminata	21	13	19	9	62	22,3
Herpes Genitali	2	1	4	1	8	2,9
Bartholinitis	-	2	-	8	10	3,6
Syphilis	1	2	-	2	5	1,8
Total	75	45	96	62	278	100

Discussion :

In Dr. Abdul Moeloek hospital during 2008-2009 we found 278 patients of STIs, male 171 (61,5 %) and 107 (38,5 %) female (1,6;1) which is similar to other studies, like in Adam Malik Hospital Medan 51,9 % male and 48,1 % female, in Dr. Hasan Sadikin hospital Bandung 55,3% male and 44,7% female, also in India hospitals male bigger than female,^{2,4,5,6} The attendance of female patients is less

which may be due to social and cultural restrictions, taboos, and asymptomatic nature of the disease, reference of female patients to gynaecology and increased number of male attendance because of their high promiscuity.^{2,4,6}

The most predominant age was found in the group of 25 - 44 years (42 %), followed by 18-24 years (41%). (Table 1), which was similar to observation made in other studies like in Dr.M.Djamil Hospital Padang the most case of STIs was at the age of 25-44 years (58,15%) and in Adam Malik Hospital Medan at the age of 26-30 years (20,23%)⁴ and in Department of Dermatology and Venereology, Medical College, Kottayam for ten years, from January 1990 to December 2000 the average age was 27.2 years for male patients and 28 years for females.⁶ Clustering of patients in the above age groups is mainly due to high sexual activity^{2,4,5,6,7}

The youngest patient in Dr Abdul Moeloek hospital was 14 years old. In the last few years, there are tendency that STIs are found in young age, which is found in studies in Palembang, UK, Sweden and USA. .^{1,8,9,10,11}

Even in Northern Territory Phoebe Stewart was reported that 6 children under age of 10 years old were found to have sexually transmitted infections in the first half of 2009, and 53 cases of gonorrhea in the next age bracket of children aged 10 to 14.⁹

The most distribution of the STIs in Dr.Abdul Moeloek Hospital was Non Specific Urethritis (28,8%), which is similar to observation made in other studies like in Adam Malik Hospital Medan the most case of STIs was Non Specific urethritis (20,99), but different in Hasan Sadikin Hospital Bandung and Dr.M.Djamil Hospital Padang that Non Specific urethritis was in the second most common case (21,03%) (21,90%).^{4,5,6,7}

The second most common case was Gonorrhea (22,6%), which is comparable in Hasan Sadikin Hospital Bandung and Dr.M.Djamil Hospital Padang gonorrhea was the most case of STIs (35,28%), but different in Adam Malik Hospital Medan gonorrhea was the fourth case of STIs, also in Chigateri General hospital Davangere, India gonorrhea was the fifth of STIs,^{4,5,6,7}

The third most common case was Condiloma Acuminata (22,3%), which is similar to observation made in other studies like in Adam Malik Hospital Medan Condiloma Acuminata was the third case of STIs (16,41%), but in Dr.M.Djamil Hospital Padang condiloma was the fifth case of STIs (7,6%).^{4,7}

The fourth case was Vulvovaginal candidiasis (18,7%), which is similar to observation made in Dr.M.Djamil Hospital Padang candidiasis was the fifth case

of STIs (7,6%). And it has high comparable to other studies like in Chigateri General hospital Davangere, India that Candidiasis was the most case of STIs (18,95%) and in Adam Malik Hospital Medan Candidiasis Vaginalis, was the second case of STIs (19,4%).^{4,6,7}

The fifth case was Bartholinitis (3,6%), which less comparable to observation made in other studies like in Adam Malik Hospital Medan Bartholinitis was the seventh case (5,73 %).⁴

The sixth commonest case was Herpes Genitalis (2,9 %), which is similar to observation made in other studies like in Adam Malik Hospital Medan and Dr.M.Djamil Hospital Padang that Herpes Genitalis was the sixth (5,73%) and the seventh (4,14%) commonest case of STIs but it is high comparable in other studies in Chigateri General hospital Davangere, India Herpes Genitalis was the third commonest case of STIs (13,04 %).^{4,6,7}

And the less commonest case was syphilis (1,8 %). which is similar to observation in Dr.M.Djamil Hospital Padang that syphilis was last commonest case of STIs (2,19%) but it is high comparable to observation studies in Chigateri General hospital Davangere, India that Syphilis was the second most common case of STIs (15,95 %) and also in Adam Malik Hospital Medan Syphilis was the fourth most common case of STIs (11,83%).^{4,6,7}

Conclusion :

In Dr. Abdul Moeloek hospital Lampung during 2008-2009 we found that 278 patients (2,35%) of STIs, male 171 (61,5 %) and 107 (38,5 %) female, The most predominant age found was in the group of 25 - 44 years (42 %), followed by 18-24 years (41%). The youngest patient was 14 years old. The most distribution of the STIs was Non Specific urethritis (28,8%), followed by Gonorrhea (22,6%), Condiloma Acuminata (22,3%), Vulvovaginal candidiasis (18,7%), Bartholinitis (3,6%), Herpes Simplex (2,9 %) and Syphilis (1,8 %).

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