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1. Tema: “PERDOSKI...”
2. Kelompok Studi Dermatopatologi Indonesia Santika
3. Kelompok Studi Dermatologi Sosial Indonesia Santika

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KETUA PANITIA PELAKSANA PIT XVII PERDOSKI

Assalamualaikum Wr. Wb

Sejawat yang terhormat,

Pertemuan Ilmiah Tahunan (PIT) XVII PERDOSKI di Medan merupakan suatu wadah untuk menambah wawasan dan mengembangkan keterampilan bagi dokter spesialis kulit dan kelamin di Indonesia. Tema yang diusung pada PIT XVII ini adalah “Sinergi dalam Meningkatkan Aktualisasi dan Kompetensi Dokter Spesialis Kulit dan Kelamin di Era Globalisasi”. Sedangkan topik yang diangkat adalah “All About Skin Appendages”.

Sebagai panduan dan informasi, kami berusaha menyusun Buku Program dan Abstrak PIT XVII PERDOSKI, walaupun mungkin masih terdapat berbagai kekurangan.

Kami mengucapkan terima kasih kepada para pembicara dan peserta PIT XVII PERDOSKI Medan yang telah berkontribusi terhadap penyusunan buku abstrak ini. Semoga ilmu yang didapat bisa bermanfaat bagi kita semua.

Aamiin...

“Siang-siang makan di pasar
Tamu membawa nasi ketupat
Barang siapa giat belajar
Ilmu berguna pasti didapat.”

Wabillahi taufiq wal hidayah, Wassalamualaikum Wr. Wb.

DR. Dr. Nelva K. Jusuf, Sp.KK(K), FINSDV, FAADV
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- Dr. Lukmanul Hakim Ns, SpKK, M.Kes, FINSDV, FAADV
- Dr. Richard Hutapea, SpKK(K), FINSDV, FAADV
- Dr. Dina Irzily Utami Hasibuan, M.Ked(DV), SpDV
- Dr. Christina Iskandar, M.Ked(DV), SpDV
- Dr. Eva Hartani, M.Ked(DV), SpDV
- Dr. Vera Indahristania, Domanik, M.Ked(DV), SpDV
- Dr. Dianang Triwibowo, SpKK, FINSDV, FAADV
- Dr. Dr. Windy Kremala Budianti, SpKK, FINSDV
- Dr. Dr. Reina Farah Diwijaya, SpKK(K), M.Kes, FINSDV
- Dr. Agnes Sri Sitiawati, SpKK(K), FINSDV,FAADV

SEKSI MAKALAH BERAS & POSTER
KOORDINATOR:
- Dr. Khairina, SpKK
- Dr. Siti Elsa Lubis, SpKK(K), FINSDV, FAADV

SEKSI WORKSHOP
KOORDINATOR:
- Dr. Rerinda Siregar, SpKK, FINSDV
- Dr. Zaitham, SpKK, FINSDV
- Dr. Ramona Damasari Lubis, SpKK, M.Ked(KK), FINSDV
- Dr. Mita Darmi, SpKK, FINSDV
- Dr. Linda Safitri, SpKK

SEKSI SIMPOSIUM PRA PII
KOORDINATOR:
- Dr. Irma Aprita Lubis, SpKK, FINSDV, FAADV
- Dr. Dony Partono, SpKK
- Dr. Riri A., M.Ked(DV), SpDV
- Dr. Ria A. Ruba, M.Ked(DV), SpDV
- Dr. Liza Ariastina, M.Ked(KK), SpKK

SEKSI ORGANISASI & KELOMPOK STUDI
KOORDINATOR:
- Dr. Kristo A. Nahiban, SpKK, M.Ked(DV), FINSDV, FAADV

SEKSI ACARA
KOORDINATOR:
- Dr. Siska Anggreni Lubis, SpKK, M.Pd.Ked, FINSDV
- Dr. Trenada Syahfirol, M.Ked(DV), SpDV
- Dr. Triyana Chairawaty, M.Ked(DV), SpDV
- Dr. Lia Yunitrisia, M.Ked(DV), SpDV

SEKSI MALAM SENI & BUDAYA
KOORDINATOR:
- Dr. Dina Arwina Dalimunthe, M.Ked(KK), SpKK
- Dr. Ade Sri Wahyuni, M.Ked(DV), SpDV
- Dr. Dini Marita Pangaribuan, SpKK
- Dr. Ir. Sri Sundari, SpKK

SEKSI WISATA/CITY TOUR
KOORDINATOR:
- Dr. Egon Irsan Nasution, SpKK, FINSDV
- Dr. Karnataka Nadeek, SpKK, FINSDV, FAADV
- Dr. Frida A. Ginting, SpKK

SEKSI KONSUMSI
KOORDINATOR:
- Dr. Meidina K. Wardani, SpKK(K), FAADV
- Dr. Salma Lakowinar, SpKK, FINSDV
- Dr. Mahfuzah Mahdin, SpKK

SEKSI PENGABDIAN MASYARAKAT
KOORDINATOR:
- Dr. Latchi CKM, M. Irwan Basryroel, SpKK
- Dr. H. Syahrul R. Lubis, SpKK(K), FINSDV, FAADV
- Dr. Sufina F. Nasution, M.Ked(DV), SpDV
- Dr. Olivia Anggraeni, M.Ked(DV), SpDV
- Dr. Khairuz Rahmah, M.Ked(KK), SpKK

SEKSI TRANSPORTASI, AKOMODASI & PERLENGKAPAN
KOORDINATOR:
- Dr. Cashy Mehri, M.Kes, M.Ked(DV), SpDV
- Dr. Radha L.H. Siregar, M.Ked(DV), SpDV
- Dr. Ivan Tarigan, M.Ked(DV), SpDV
- Dr. Wan Insiya Mahaira, M.Ked(DV), SpDV
SEKSI OLAH RAJA/LAYANAN MEDIS & KEAMANAN
KOORDINATOR : dr. Suryadharma Hamidah, SpKK
   : dr. Irwan Fadli Rangkuti, SpKK, FINSVD, FAADV
   : dr. Satria Yamin, SpKK, FINSVD
   : dr. Riaene Ulil Nainggolan, SpKK

SEKSI PUBLIKASI MEDIA, PROMOSI & DOKUMENTASI
KOORDINATOR : dr. Rudyn Raymond Panjaitan, M.Ked(KK), SpKK
   : dr. Daniel Irawan, SpKK
   : dr. Lisni Elisyah, SpKK, FINSVD
   : dr. Ahmad Luthfi Nasution, SpKK
   : dr. Ahmad Doli Siregar, SpKK
   : dr. Sri Prihatini Gondokaryono, SpKK, Ph.D, FINSVD, FAADV
   : dr. Diah Puspitasari, SpKK, FINSVD

SEKSI PAMERAN
KOORDINATOR : dr. Rizald. Ikhsan, M.Ked(DY), SpKK, FINSVD
   : dr. Aminafiah Pane, SpKK
   : dr. Heriana, SpKK, FINSVD
   : dr. Ahmad Pajam, M.Ked(DY), SpDV
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<td>08.05 - 08.50</td>
<td>Pembukaan Acara Secara Serentak (Teleconference)</td>
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**Sesi I**

**Perawatan Rambut**

*Moderator: dr. Isma Aprita, SpKK, FINSVD, FAADV*

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<th>Waktu</th>
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<td>08.50 - 09.05</td>
<td>dr. Khairina, M.Ked(DV), Sp.DV, SpKK</td>
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<td>09.05 - 09.20</td>
<td>dr. Lita Arisanita, M.Ked(DV), Sp.DV</td>
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<td>09.20 - 09.35</td>
<td>dr. Lukmanul Hakim Nasution, Sp.KK, FINSVD, FAADV</td>
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<td>09.35 - 09.45</td>
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**Sesi II**

**Perawatan Kulit Wajah dan Tubuh**

*Moderator: dr. Ridha Raudha, M.Ked(DV), Sp.DV*

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<th>Waktu</th>
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<td>10.00 - 10.15</td>
<td>dr. Blikes Harris, Sp.KK, FINSVD</td>
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<td>10.15 - 10.30</td>
<td>dr. Dina Rizky Utami Hasibuan, M.Ked(DV), Sp.DV</td>
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<td>10.30 - 10.45</td>
<td>dr. Herlin Novita Pane, M.Ked(DV), Sp.DV</td>
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<td>10.45 - 11.00</td>
<td>dr. Fitria Agustina, Sp.KK, FINSVD</td>
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**Sesi III**

**Perawatan dan Permasalahan Kuku**

*Moderator: dr. Rada, M.Ked(DV), Sp.DV*

<table>
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<th>Waktu</th>
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<td>11.25 - 11.40</td>
<td>dr. Casthry Meher, M.Ked(DV), Sp.DV</td>
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<td>11.40 - 11.55</td>
<td>dr. Mekdina K. Wardani, Sp.KK(k), FAADV</td>
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<td>11.55 - 12.05</td>
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**Penutupan**
**WORKSHOP BOTOX**

**Tanggal : Rabu, 21 Agustus 2019**
**Tempat : RS USU, Poliklinik Kulit dan Kelamin lantai 3**

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<tr>
<td>08.20 - 08.30</td>
<td>Anatomi Otot Wajah</td>
<td>dr. Abraham Arimuko, Sp.KK, MARS, FINSDV, FAADV</td>
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<tr>
<td>08.30 - 08.40</td>
<td>Patofisiologi Botox</td>
<td>dr. Abraham Arimuko, Sp.KK, MARS, FINSDV, FAADV</td>
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<td>08.40 - 08.50</td>
<td>Teknik Penyuntikan Botox</td>
<td>dr. Abraham Arimuko, Sp.KK, MARS, FINSDV, FAADV</td>
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<tr>
<td>08.50 - 09.00</td>
<td>Efek Samping - Komplikasi dan Penanganan</td>
<td>Dr. dr. Irma Bernadette, Sp.KK(K), FINSDV, FAADV</td>
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<tr>
<td>09.00 - 10.30</td>
<td>Hands On (Session 1)</td>
<td>Dr. dr. Irma Bernadette, Sp.KK(K), FINSDV, FAADV</td>
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<tr>
<td>10.30 - 10.45</td>
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<td>10.45 - 12.15</td>
<td>Hands On (Session 2)</td>
<td>Dr. dr. Irma Bernadette, Sp.KK(K), FINSDV, FAADV</td>
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<td>12.15 - 12.30</td>
<td>Lunch Break and ISHOMA + Post Test</td>
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**WORKSHOP FILLER**

**Tanggal : Rabu, 21 Agustus 2019**
**Tempat : RS USU, Poliklinik Kulit dan Kelamin lantai 3**

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<td>08.20 - 08.30</td>
<td>General Facial Fat Anatomy For Facial Injectable</td>
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<tr>
<td>08.30 - 08.40</td>
<td>Practical Guide to Manage Filler Complications</td>
<td>dr. Era Jusi Nasution, Sp.KK</td>
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<td>08.40 - 08.50</td>
<td>Restylene NASHA and OBT</td>
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<td>08.50 – 09.00</td>
<td>Tips and Concept</td>
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<td>09.00 – 09.10</td>
<td>Skin Booster</td>
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<td>09.10 – 09.20</td>
<td>Treatment</td>
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<td>Hands On (Session 1)</td>
<td>Dr. Era Jusi Nasution, Sp.KK</td>
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<td>10.45 – 11.00</td>
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<td>Hands On (Session 2)</td>
<td>Dr. Era Jusi Nasution, Sp.KK</td>
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<td>12.30 - 12.45</td>
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WORKSHOP COMBINATION PEEL

Tanggal: Rabu, 21 Agustus 2019
Tempat: RS USU, Poliklinik Kecantikan Lantai 4

<table>
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<tr>
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<td>Opening + Pre Test</td>
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<tr>
<td>08.20 - 09.20</td>
<td>Introduction of combination peels for Asia skin type</td>
<td>dr. Lilik Norawati, SpKK, FINSDV, FAADV</td>
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<tr>
<td>09.20 - 10.50</td>
<td>Hands on (Session 1)</td>
<td>dr. Lilik Norawati, SpKK, FINSDV, FAADV</td>
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<td>dr. Rointan Simanungkalit, SpKK (K), FINSDV, FAADV</td>
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<td>dr. Zulilham, SpKK, FINSDV</td>
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<td>10.50 – 11.00</td>
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<td>11.00 – 12.30</td>
<td>Hands on (Session 2)</td>
<td>dr. Lilik Norawati, SpKK, FINSDV, FAADV</td>
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<td>dr. Rointan Simanungkalit, SpKK (K), FINSDV, FAADV</td>
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<td>dr. Zulilham, SpKK, FINSDV</td>
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<td>12.30-12.45</td>
<td>Lunch Break and ISHOMA + Post Test</td>
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DRY WORKSHOP DERMOSCOPY

Tanggal: Rabu, 21 Agustus 2019
Tempat: RS USU, Aula Lantai 4

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<td>08.20 - 08.50</td>
<td>Principal, Procedure and Instrument of Dermoscopy &amp; Dermoscopy in Dermatology</td>
<td>dr. Danang Tri Wahyudi, Sp.KK</td>
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<tr>
<td>08.50 - 09.20</td>
<td>Experience and clinical case in Dermatology Dermoscopy</td>
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<td>Discussion</td>
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<tr>
<td>10.30 – 11.00</td>
<td>Principal, Procedure and Instrument of Trichoscopy</td>
<td>Dr. dr. Aida Suriadiredja, SpKK(K)</td>
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<td>11.00 – 11.30</td>
<td>Dermoscopy Findings in Trichoscopy</td>
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<td>Discussion + Post Test</td>
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DRY WORKSHOP STEM CELL IN DERMATOLOGY

Tanggal : Rabu, 21 Agustus 2019
Tempat : Fakultas Kedokteran USU, Aula Lantai 4

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<tr>
<td>08.20 - 08.50</td>
<td>The Role of Stem Cell in Dermatology and Venereology</td>
<td>Dr. dr. Agung Putra, M.Si, Med</td>
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<tr>
<td>08.50 - 09.20</td>
<td>Stem Cell Technology and Differentiation</td>
<td>Dr. dr. Agung Putra, M.Si, Med</td>
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<td>09.20 - 10.20</td>
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<td>10.30 - 11.00</td>
<td>Induced Pluripotent Stem Cell Technology in Dermatology</td>
<td>Dr. dr. Indah Julianto, Sp.KK (K), FINSDV, FAADV</td>
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<tr>
<td>11.00 - 11.30</td>
<td>Experiences : Treatment of Stem Cell in Dermatology</td>
<td>Dr. dr. Indah Julianto, Sp.KK (K), FINSDV, FAADV</td>
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<td>11.30 – 12.30</td>
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<tr>
<td>10.00</td>
<td>Moderator: Prof. Dr. dr. Anis Irawan Anvar, SpKK(K)</td>
<td>Moderator: Dr. ni Putu Ary Widhyastty Bandem, Mkes, SpKK</td>
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<tr>
<td>14.30 - 14.50</td>
<td>Dermatological marker of many diseases and management</td>
<td>Nail manifestation on HIV patients</td>
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<tr>
<td>14.50 - 15.10</td>
<td>The eyelash follicle features and anomalies</td>
<td>Onychomycosis treatment: new updates</td>
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<tr>
<td>15.10 - 15.30</td>
<td>Eyebrow threading and microblading tattoo procedures</td>
<td>Bacterial nail infection: new updates</td>
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<td>15.30 - 16.00</td>
<td>Eyebrow tattoo removal</td>
<td>Nail disorders due to chemical and physical injury</td>
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**Friday, 23 August 2019**

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<td>Coffee Break</td>
<td>Coffee Break</td>
<td>Coffee Break</td>
<td>Coffee Break</td>
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<tr>
<td>09.00 - 09.20</td>
<td>Pathogenesis and surgical techniques for ingrown toenail</td>
<td>Pathophysiology of skin appendages changes in leprosy</td>
<td>Seborrheic dermatitis and its correlation with HIV</td>
<td>Telemedicine in Indonesia (Including legal aspect)</td>
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<td>09.20 - 09.40</td>
<td>Recurrent ingrown toenail: risk factors and prevention</td>
<td>Leprosy on the scalp</td>
<td>Lifestyle factors and its impact on seborrheic dermatitis</td>
<td>Implementation of teledermatology in daily practice</td>
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<td>09.40 - 10.00</td>
<td>Fibroblast and melanocyte interaction and melanocytic disorders in phalinging</td>
<td>Testicular dysfunction in leprosy</td>
<td>Antiangiogenic prophylaxis in recurrent seborrheic dermatitis: is it really beneficial?</td>
<td>Teledermatology in Indonesia: Where are we?</td>
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<td>10.00 - 10.20</td>
<td>New updates on leprosy vaccine</td>
<td>New Indonesian guidelines on seborrheic dermatitis</td>
<td>New Fillers complications in dermatology</td>
<td>Irritant contact dermatitis on the external genitalia</td>
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<td>DISCUSSION</td>
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**Moderators:**
- Prof. Dr. dr. Imam Budi Putra, MHA, SpKK(K)
- Dr. dr. Cita R.S. Prakoeswa, SpKK(K)
- Dr. dr. Nurrwesti Rusetiyanti, M.Kes, SpKK
- Dr. dr. R. S. Prakoeswa, SpKK(K)
- Dr. dr. Cita R.S. Prakoeswa, SpKK(K)
- Dr. dr. Cita R.S. Prakoeswa, SpKK(K)
- Dr. dr. Cita R.S. Prakoeswa, SpKK(K)
- Dr. dr. Cita R.S. Prakoeswa, SpKK(K)
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<th>Moderators/Participants</th>
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<tr>
<td>10.30 – 10.50</td>
<td>Algorithm in diagnosing hair disorder</td>
<td>Dr. Dewi Inong Irama, SpKK</td>
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<td>Dr. Grace M Kapantow, SpKK</td>
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<td>Sweat Gland and Related Disorders</td>
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<td>Anhidrosis &amp; hyperhidrosis due to congenital diseases</td>
<td>Common hair disease: Dermoscopy and histopathology approach to diagnosis Adisfro Bormata, Jr., MD (Philippines)</td>
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<td>Dr. dr. Anak Agung Gde Wiraguna, SpKK(K)</td>
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<td>Adolfo Bormate, Jr., MD (Philippines)</td>
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<td>Prof. Kuniki Ohsaka (Japan)</td>
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<td>11.40 - 12.00</td>
<td>Role of Dermoscopy in assessing surgical margin</td>
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<td>dr. Adhimukti T. Sampurna, Sp KK</td>
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<td>Dr. Endi Novianto, SpKK(K)</td>
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PENGABDIAN MASYARAKAT

Tema : "PERDOSKI Peduli TNI"
Aktivitas :
1. Ceramah Umum tentang Kesehatan Kulit
2. Penyuluhan tentang "Penyakit IMS/HIV AIDS kepada Prajurit Kodam I Bukit Barisan",

Hari/tanggal : Rabu / 21 Agustus 2019
Pukul  : 07.00 - 12.30 WIB
Tempat  : KODAM I Bukit Barisan
          Jln. Gatot Subroto, KM 7.5, Medan

RAPAT ORGANISASI

Hari/Tanggal : Kamis, 21 - 23 Agustus 2019
Tempat : Santika Premier Dyandra Hotel & Convention

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RAPAT KELOMPOK STUDI

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Waktu : 16.30 – 18.00 WIB
Tempat : Santika Premier Dyandra Hotel & Convention

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ACARA OLAHRAGA
1. Kompetisi Tenis
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   Waktu : 05.30 - 07.30 WIB
   Tempat : Lapangan Tenis POLDASU, Kebun Bunga,
            Jalan Kejaksaan, Medan
   Pertandingan : Ganda Putra
2. Senam Zumba
   Hari/Tanggal : Jumat /23 Agustus 2019
   Waktu : 05.30 - 07.30 WIB
   Tempat : Lapangan Benteng Medan
3. PERDOSKI Fun Run ("Because We Are Dermatologist Who Run")
   Hari/Tanggal : Sabtu /24 Agustus 2019
   Waktu : 05.00 – 07.30 WIB
   Tempat : Kampus Universitas Sumatera Utara

WELCOME DINNER
Hari/Tanggal : Kamis/22 Agustus 2019
Waktu : 19.00 - selesai
Tempat : Rumah Dinas Gubernur Sumatera Utara
          Jln. Jendral Sudirman No. 41 Medan

PENGANUGRAHAN FINSDV & FAADV
Hari/Tanggal : Jumat/23 Agustus 2019
Waktu : 14.00 – 17.00 WIB
Tempat : Santika Premier Dyandra Hotel & Convention

MALAM SENI DAN BUDAYA
Hari/Tanggal : Jumat/23 Agustus 2019
Waktu : 19.00 WIB - Selesai
Tempat : REGALE International Convention Center
Akivitas : Malam Seni dan Budaya
Hair is present on every area of the body, except the palms and soles. Healthy hair are thick, strong, elastic and easy to style. To take care and prevent the hair from damage we should use some cosmetics such as shampoo, conditioner, hair tonic, etc. Many option of hair cosmetics, but we have to considered an choose the right and safe hair care for healthy hair.

**Keywords** : hair, hair cosmetic, hair cosmetic problem

**Kata kunci**: folikulitis Malassezia, diagnosis, tatalaksana

Malassezia folliculitis is inflammation of sebaceous gland caused by Malassezia infection. Humidity and high sebum content can be risk factor for this disorder. Clinical manifestations are usually chronic monomorphc pruritic papules and follicular papulopustules with perifollicular erythema on upper body, back, neck and upper arm. Malassezia folliculitis is often difficult to differentiate with acne vulgaris. Diagnosis can be done with clinical findings and supported by other examination such as KOH of pustules swab, methylene blue staining, culture, and skin biopsy. Treatment consists of topical or oral antifungal to accelerate healing and prevent recurrence.

**Keywords**: Malassezia folliculitis, diagnosis, treatment

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**MENCEGAH PENUAAN KULIT DINI**

Bilkes Harris

*Bagian Ilmu Kesehatan Kulit dan Kelamin/Fakultas Kedokteran Universitas Islam Sumatera Utara/RSU Kesdam Tk II/BB Putri Hijau Medan*

Penuaan Kulit merupakan semua perubahan yang terjadi pada kulit baik secara intrinsik maupun ekstrinsik karena bertambahnya usia. Setiap manusia akan menjadi tua, namun penuaan dapat dihambat sehingga tetap terlihat awet muda. Untuk mendapatkan kulit yang muuda dan sehat diperlukan penanganan secara tepat oleh dokter ahli berupa penatalaksanaan umum dengan melakukan pencegahan penuaan kulit dini dan penatalaksanaan khusus berupa terapi peremajaan kulit yang menyeluruh meliputi teknik dan prosedur kosmetik khusus.

**Kata kunci**: Penuaan kulit, intrinsik, ekstrinsik, peremajaan kulit.

Premature skin aging is all thr changes that occur in the skin as intrically or extrinsically because of increasing age. Every human being will become old, but skin aging can be inhibited so that it still look youthful. To get young and healthy skin, proper treatment is needed by dermatologist in the form of special management or comprehensive skin rejuvenation therapy including special cosmetic techniques and procedures.

**Keywords**: Skin aging, intrinsic, extrinsic, skin rejuvenation
AKNE : ANTARA MITOS DAN FAKTA  
Dina Rizki Utami Hasibuan


ACNE : BETWEEN MYTHS AND FACTS  
Dina Rizki Utami Hasibuan

Acne is a disorder involving the pilosebaceous follicle unit, affecting both men and women and can be found at any ages although mostly common in puberty stage. Range of clinical manifestation in acne starts from comedones, papules, pustules, nodules to cysts. There are four key elements in the pathogenesis of acne which are excess sebum production, follicular epidermal hyperproliferation, colonization of skin microflora especially *Propionibacterium acnes* and inflammation. These were influenced by multiple intrinsic and extrinsic factors. Even though acne didn’t directly cause any mortality nevertheless it can cause a decrease in quality of life especially in patients with moderate to severe acne. To make matter worse, acne is one of the most common skin disorder found in society. Nowadays various perceptions about acne arise in publics and its accuracy need to be determined. Certain foods, cosmetics uses, and lack of hygiene were among things suspected in influencing acne. Various study have been conducted by multiple researchers to confirm whether it was fact or just a simple myth. **Keywords:** acne, pimple, myth, fact

SELULIT DAN STRETCH MARK  
Herlin Novita Pane

Departemen Ilmu Kesehatan Kulit dan Kelamin / Fakultas Kedokteran Universitas Sumatera Utara  
Medan

Selulit adalah perubahan relief permukaan kulit yang tidak teratur pada area tertentu akibat adanya lipodistrofi lemak. Selulit diperparah oleh bertambahnya usia, kekenduran kulit, dan penambahan berat badan. *Stretch mark* adalah lesi berupa parut linier yang terbentuk akibat adanya faktor pemiku seperti kehamilan, penggunaan obat-obatan kortikosteroid, maupun perubahan berat badan dan massa otot. Selulit dan *stretch mark* lebih sering dialami wanita setelah usia pubertas dan seringkali menimbulkan keluhan kosmetik. Meskipun tidak ada indikasi medis untuk keadaan ini, namun berbagai metoda pengobatan telah dikembangkan untuk mengatasi masalah selulit dan *stretch mark*.  

**Kata kunci:** selulit, *stretch mark*, keluhan kosmetik
NUTRISI DAN AKTIVITAS FISIK UNTUK KULIT YANG SEHAT
Fitria Agustina

Kulit adalah garis pertahanan pertama untuk melindungi tubuh kita dari gangguan eksternal, termasuk iradiasi ultraviolet, tekanan mekanik/kimia, dan infeksi bakteri. Nutrisi dan aktivitas fisik adalah salah satu dari banyak faktor yang diperlukan untuk pemeliharaan kesehatan kulit secara keseluruhan. Status gizi yang terganggu mengubah integritas struktural dan fungsi biologis kulit, menghasilkan penghalang kulit yang tidak normal. Berbagai macam upaya dilakukan untuk mendapatkan kulit yang sehat, dengan mengetahui berbagai macam nutrisi dan olahraga yang baik bagi kesehatan kulit, tentunya dapat membantu mewujudkan impian dari masyarakat terutama perempuan.

Kata kunci: kulit, nutrisi, aktivitas fisik

Skin is the first line of defense for protecting our bodies against external perturbations, including ultraviolet irradiation, mechanical/chemical stress, and bacterial infection. Nutrition and physical activities are one of the many factors required for the maintenance of overall skin health. An impaired nutritional status alters the structural integrity and biological function of skin, resulting in an abnormal skin barrier. Various attempts were made to get healthy skin, by knowing various kinds of nutrition and physical activities that are good for skin health, of course, can help realize the dreams of the community, especially women.

Keywords: skin, nutrition, physical activities

TIPS MERAWAT KUKU TANGAN DAN KAKI
Flora Marlita Lubis
Departemen Ilmu Kesehatan Kulit dan Kelamin
Fakultas Kedokteran Universitas Sumatera Utara / RS USU
Medan


KOSMETIKA KUKU : ANTARA KEINDAHAN DAN KEAMANAN
Cashmy Meher

Saat ini kosmetika untuk kuku berkembang begitu pesat, dibuktikan dengan tersedianya berbagai macam perawatan untuk kuku dan makin banyaknya produk-produk yang beredar. Perkembangan ini seiring dengan meningkatnya kebutuhan untuk mendapatkan kuku yang ideal secara estetis. Namun efek samping yang timbul karena kosmetika kuku juga makin sering dilaporkan. Pengetahuan tentang berbagai macam kosmetika kuku dan efek samping yang ditimbulkan bisa dijadikan pertimbangan dalam memilih perawatan kuku yang tepat, mengenali gangguan yang timbul, dan menghentikan pemakaian jika timbul gangguan.
Penuaan kulit merupakan suatu proses degeneratif multisistem yang melibatkan kulit dan organ pendukung kulit, dengan kerusakan yang terbesar tampak pada jaringan ikt dari dermis. Meskipun bukan merupakan suatu hal yang menyebabkan mortalitas, namun penuaan kulit dapat secara signifikan mengganggu kualitas hidup. Oleh sebab itu, penuaan kulit layak mendapatkan perhatian. Saat ini telah banyak penelitian terkait penuaan kulit dan penemuan berbagai bahan baru sebagai modalitas terapi untuk peremajaan kulit. Salah satunya adalah penggunaan sel punca (Stem cell) yang diketahui memiliki efektifitas untuk peremajaan kulit. Sel punca diketahui mengandung berbagai faktor pertumbuhan dan sitokin yang bermanfaat dalam peremajaan kulit. Namun, penggunaan Sel punca memiliki beberapa kekurangan, antara lain bersifat karsinogenik, sulit untuk dibuat preparat topikal, mahal, potensi reaksi lebih besar. Sehingga saat ini banyak dikembangkan produk metabolik dari sel punca yang diketahui juga memiliki berbagai faktor pertumbuhan dan sitokin yang tinggi, serta memiliki berbagai kelebihan dibandingkan sel punca. Produk metabolik sel punca memiliki efek karsinogenik yang lebih rendah, mudah untuk diambil, lebih mudah dibentuk menjadi preparat topikal dan harga yang lebih murah dibandingkan sel punca. Dari kelebihan tersebut, penggunaan produk metabolik sel punca dapat dijadikan sebagai salah satu alternatif pada terapi peremajaan kulit

**Keywords** : Penuaan kulit, Peremajaan kulit, Sel punca, Stem cell, Rejuvenation, Skin rejuvenation, Aging
SKIN CLEANSER FOR ATOPIC SKIN
Suci Widhiati

WHAT’S NEW ABOUT CLASSICAL TREATMENT FOR ATOPIC DERMATITIS
Mark Koh Jean Aan

Atopic dermatitis (AD) is one of the commonest skin conditions worldwide, affecting up to 20% of school-going children. Most patients have mild or moderate AD, which are responsive to topical therapies. These include moisturisers, topical corticosteroids and topical calcineurin inhibitors. Other adjunctive treatments include anti-itch medications, oral anti-histamines, oral antibiotics and wet wrap therapy. Phototherapy is a safe second line option for patients not responding to topical treatments. This talk will discuss new insights into these classical treatments for AD.

NEW TREATMENT OF ATOPIC DERMATITIS
Mark Koh Jean Aan

Atopic dermatitis (AD) is one of the commonest skin conditions worldwide. It has a typically chronic and recurrent course. Moderate and severe AD can lead to significant psychosocial impairment in patients and their families. Over the past 5 years, newer therapies have emerged for the treatment of AD. This talk will discuss new and emerging therapies for the treatment of AD, covering both topical and systemic treatments, including the role of biologics.
LASER FOR HAIR LOSS
Amaranila Lalita Drijono

Prevalensi Alopecia Androgenetik (AGA) dan kerontokan rambut non AGA meningkat seiring usia, dan mengenai baik pria maupun wanita. Pilihan pengobatan yang tersedia kini masih didominasi oleh pengobatan dengan pemakaian obat topikal, maupun oral, baik diresepkan dokter maupun dijual bebas. Klaim yang menggiurkan banyak kita jumpai pada pengobatan yang beredar di pasaran namun bukti berbasis ilmiah masih amat terbatas. Kesulitan melakukan observasi pengobatan pun banyak dialami oleh para klinisi, dalam mengobati kerontokan rambut dengan multifactor yang mendasari maupun dalam pengobatan AGA yang amat jelastun, karena membutuhkan waktu pengamatan yang cukup panjang dan alat bantu baku standart diagnostik dan evaluasi yang masih belum merata dimiliki para klinisi, seperti trichogram/trichoscopy. Walau Minoksidil dan Finasteride masih menjadi standart pengobatan masalah kerontokan rambut yang telah disetujui oleh FDA, namun efikasi pengobatan dalam kasus AGA masih belum memuaskan. Sementara baku emas pengobatan AGA masih pada transplantasi rambut. Begitu pula penemuan baru pengobatan canggih dengan memakai growth factor, platelet rich plasma (PRP) hingga stem cell kini marak diteliti, dengan hasil yang amat bervariasi dan masih menunggu bukti ilmiah yang cukup, khususnya dalam mengobati AGA. Di bidang pengobatan dengan memakai sinar laser dan alat berbasis energy (energy based device), belum banyak terobosan baru, dan Low Light Laser Therapy (LLLT) masih banyak dipakai dengan hasil bervariasi, namun cukup baik bagi kasus Non-AGA khususnya. Beberapa penelitian prospektif lain menggunakan konsep Fototermolisis Laser Fractional Non Ablatif Erbium 1550nm pada AGA dan non AGA, juga pemakaian Laser Fractional Ablatif dan Non Ablatif Erbium YAG pada berbagai kasus kerontokan rambut dan alopecia dengan diagnosis dan evaluasi memakai Trikoskopi bahkan dengan alat imaging OCT (Optical Coherence Tomography) kini masih sedang berjalan dengan hasil awal yaitu terbukti lebih baik daripada Minoksidil dalam hal menginduksi fase Anagen. Beberapa penelitian juga menggabungkan tindakan sinar laser dengan pemberian obat topikal (trans epidermal delivery drug). Presentasi berupa tinjauan pustaka (review), namun penulis berkesempatan membuat observasi awal melihat efektivitas LLLT home care 3 x seminggu pemakaian selama 16-26 minggu pada kasus kerontokan rambut di Jakarta pada 5 partisipan, dengan alat penunjang diagnosis dan evaluasi menggunakan Trikoskopi.

Keywords: hair loss, AGA, LLLT, ablative & non-ablative fractional ErYAG laser, trichoscopy

**Kata kunci:** Laser atrifi vagina, stress inkontinensia urinari, atrofi vagina

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**LASER/ENERGY BASED DEVICE FOR ECCRINE AND APOCRINE TUMORS REMOVAL**

M. Akbar Wedyadhana

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**LASER FOR ROSACEA: A MULTICENTRE STUDY**

David Sudarto Oeria
EXTRAMAMMARY PAGET'S DISEASE: UPDATES IN MANAGEMENT
Danang Tri Wahyudi

Extra mammary paget’s disease (EMPD) is rare neoplastic condition of the skin that frequently presents in areas where apocrine sweat glands are abundant, most commonly the vulva, although perineal, scrotal, perianal, penile skin and also axillae may also be affected. Lesions clinically present as erythematous, well-demarcated plaques that may become erosive, ulcerated, scaly, or eczematous. Extramammary Paget disease has a female predominance and usually occurs in the sixth to eighth decades of life. Although prognosis is generally favorable, it can be associated with neoplasms of the bladder, urethra, prostate, and rectum. EMPD usually appears as carcinoma in situ, it sometimes becomes invasive (iEMPD) and fatal. Owing to its low incidence, limited data regarding EMPD’s diagnosis and treatment have been available. Here, we aim to discuss diagnosis, current therapies and their limitations with author case experiences.

Keywords: Extra mammary paget’s disease; diagnostic and current therapy; in situ and invasive

MANAGEMENT OF MELANOMA FROM DERMATOLOGIST PERSPECTIVE
Aida S.D. Hoemardani
NAIL PIGMENTED LESION: MALIGMANT OR BENIGN?
Sondang MH Aemilia Pandjaitan Sirait


SUN PROTECTION AND ITS CORRELATION TO SKIN MALIGNANCY
Roro Inge Ade Krisanti

Kata kunci: tinea capitis, patogenesis, sel Th17, metode diagnosis

PERKEBANGAN DALAM TERAPI TINEA KAPITIS
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Kata kunci: tinea capitis, griseofulvin, itraconazole, fluconazole, terbinafin, pengobatan
Tinea capitis (TC) is a dermatophyte infection that generally affecting prepubertal children. The causative agents consists of two genera, namely *Trichophyton* spp. and *Microsporum* spp. In Indonesia, the most common cause reported is *Microsporum canis*, although the epidemiology of the world nowadays shows *Trichophyton tonsurans* is the main causative organism and *M. canis* is the second. TC treatment requires systemic antifungals because topical antifungals do not penetrate the deepest part of the hair follicles. Griseofulvin has been used as the main antifungal drug since 1950. It is effective for dermatophyte and has long-term safety profile; however it requires long duration of treatment. The relatively newer oral antifungal drugs including itraconazole, fluconazole and terbinafine, also have good effectiveness and the potential for side effects in children is more or less similar, with the advantage of shorter treatment duration, but more expensive than griseofulvin. Differences in species of causative agents need to be considered in antifungal drug selection. Adjuvant therapy in the form of antifungal shampoo, helps reduce the possibility of transmission to other locations, as well as to other children.

**Keywords:** tinea capitis, griseofulvin, itraconazole, fluconazole, terbinafine, treatment

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**TUFTED HAIR FOLLICULITIS**

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Medan

*Tufted hair folliculitis* (THF) atau folikulitis rambut berumai merupakan kelainan yang jarang dijumpai dan merupakan bentuk progresif dari alopecia skar pada skalp. Penyebab pastinya masih belum diketahui, dimana salah satunya adalah adanya keterlibatan bakteri, terutama *Staphylococcus aureus*. Karakteristik dari kelainan ini adalah adanya kelompok/bundel dari 5 – 30 rambut yang keluar dari 1 muara folikular yang biasanya dijumpai di daerah oksipital dan parietal. Pemeriksaan penunjang yang dapat dilakukan untuk membantu menentukan diagnosis yang tepat antara lain dengan pemeriksaan histopatologi yang sebaiknya dilakukan pada fase awal penyakit dan kultur bakteri yang diikuti dengan pemeriksaan sensitivitas antibiotik. Tatalaksana untuk THF masih merupakan masalah dan tergolong sulit. Bélu ada keseragaman tatalaksana untuk THF. Tujuan utama dalam tatalaksana THF adalah untuk meningkatkan kenyamanan pasien dan memperbaiki penampakan. Dapat digunakan bahan-bahan untuk mengurangi sikuama pada lesi (antara lain derivat tar, minyak minyak dan keratolitik topikal), antibiotik (topikal maupun sistemik) serta antiseptik, kortikosteroid (oral dan intralebiasi), pembedahan (eksisi) dan terapi laser. Semua modalitas terapi ini memberikan hasil yang beragam dan bergantung penyebab yang diduga mendasari kelainan ini. Kelainan ini merupakan kondisi yang kronis, dimana pasien akan mengalami eksaserbasi akut dan masa tenang secara bergantian.

Kata kunci: dandruff, faktor resiko, patogenesis, gejala klinis, penatalaksanaan.

SYMPOSIUM 6

EXPRESSION OF MELAN-A IN VITILIGO AFTER PUNCH GRAFTING THERAPY

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Vitiligo is an acquired cutaneous hypomelanosis, characterized by loss of melanocytes with characteristic depigmentation. It is affecting approximately 0.5-1% world’s population with serious cosmetic and psychological effects. Pathogenesis of vitiligo is not yet fully understood and undergoes an unpredictable evolution. An autoimmune process through cell-mediated immunity has a role in the pathogenesis of vitiligo. Several medical and surgical therapeutic options aimed to reversing melanocyte loss and repigmenting the affected skin are available, but none of them may be considered as a standard gold treatment. Among the surgical treatment, punch grafting represents a simple and effective procedure that dermatosurgeon mostly used. Melan-A is a melanoma-related antigen that is recognized by autologous cytotoxic T cells and is one of the markers for detecting melanocytes. There was a decrease in the number of Melan-A in vitiligo skin lesions compared to the skin of healthy people. Only few studies have evaluated the histological and immunohistochemical characteristics of the repigmented skin. The research conducted at Dr. Soetomo Teaching Hospital Surabaya which had shown the increasing expression of Melan-A in vitiligo patients after getting punch grafting therapy compared to before treatment. The increased expression was significantly different even though not all patients had been clinically repigmented during the observation period. Adverse effect of treatment in donor and recipient are not obtained. The punch grafting method can stimulate the repigmentation of vitiligo graft lesion since melanocytes start to horizontally migrate and repopulate the depigmented areas. Punch grafting is still on of the therapeutic options in vitiligo.

Keywords: vitiligo, Melan-A, punch grafting.
IS VITAMIN D SUPPLEMENTATION EFFECTIVE FOR TREATMENT OF VITILIGO?
Sunardi Radiono

NEW MODALITIES FOR VITILIGO TREATMENT
Boon-Kee Goh

VITILIGO SURGERY: WHAT AND HOW?
Yohanes Widodo W.

SYMPOSIUM 7
WHAT’S NEW IN THEORY OF PATHOGENESIS OF HIDRADENITIS SUPPURATIVA?
Retno Indar Widayawati


DIAGNOSIS DAN DIAGNOSIS BANDING HIDRADENITIS SUPPURATIVA
Muhammad Syafei Hamzah
SMF/Bagian Ilmu Kesehatan Kulit dan Kelamin RSUD Dr.H.Abdul Moeloek / Fakultas Kedokteran Universitas Lampung Bandar Lampung

HOW TO MANAGE HIDRADENITIS SUPPURATIVA
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Hidradenitis suppurativa (HS) is a chronic disease characterized by recurrent abscess formation, primarily within the folded areas of skin such as axillae, inguinal, and perineal areas, that contain both terminal hairs and apocrine glands. It is a post-pubertal process that affects particularly in women and often overweight patients. The disease is characterized by red nodules, tender, which at first are firm but soon become fluctuant and painful. Rupture the lesion, suppuration, formation of sinus tracts, and extensive scarring. As one area heals, recurrent lesions form, so the course of the disease is protracted, and appear painful abscesses. It lead to the formation of honeycombed, fistulous tracts with chronic infection. Individual lesions contain a thick, viscous, mucoid, suppurative material. The earliest lesions often heal quickly with intralesional steroid therapy in combination topical or oral antibiotic, and cultured in chronic cases. Incision and drainage is strongly discouraged. Medical therapy has limitations and the chances for permanent cure are best when excision of the affected areas is done. Wide surgical excision using intraoperative color-making of sinus tracts, is most effective at limiting recurrence. Because of the effect on the quality of life with this chronic, painful, odiferous condition is tremendous, some recommend early excision.

Kata Kunci: hidradenitis supurativa, hidradenitis, kelenjar apokrin, terapi hidradenitis

SURGICAL MANAGEMENT OF HIDRADENITIS SUPPURATIVA
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HIPERPLASIA SEBASEA: PENYEBAB, GEJALA DAN PENANGANAN
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Tumor sebasea merupakan spektrum luas neoplasma yang terdiri dari hamartoma, hiperplasia dan lesi jinak hingga tumor ganas yang sangat agresif. Hiperplasia sebasea merupakan pembesaran jinak lobulus sebasea di sekitar infundibulum folikel, lesi umumnya terutama pada pasien yang terpapar sinar matahari, dimana laki-laki lebih sering terkena daripada perempuan dan prevalensi meningkat seiring bertambahnya usia. Penjelasan mengapa beberapa individu cenderung mengembangkan hiperplasia sebasea tidak sepenuhnya dipahami, meskipun berbagai faktor etiopatogenik telah diduga seperti penuaan alami, paparan radiasi UV yang berkepanjangan, kecenderungan genetik. Hiperplasia sebasea muncul sebagai papula soliter atau multiple kecil yang berukuran tiga mm dengan terdapat umbilikasi di bagian tengah pada sentral wajah ataupun didaerah lain dengan konsentrasi kelenjar sebasea yang tinggi. Pemeriksaan histopatologi tidak diperlukan setiap saat dan pemeriksaan dermoskop dapat membantu menegakkan diagnosis. Pengobatan hiperplasia sebasea umumnya untuk tujuan kosmetik. Terdapat berbagai modalitas terapi yang dapat kita terapkan yang telah terbukti efektif seperti ekzisi, cryotherapy, elektrodessikasi dan kuretase, elektrokauter, laser maupun isotretinoin oral, namun efek samping dapat dikaitkan dengan terjadinya jaringan parut, hipopigmentasi, perdarahan dan kekambuhan.

Kata kunci: tumor sebasea, hiperplasia sebasea, terapi

MANAGEMENT AND PREVENTION OF RECURRENTNESS IN STEATOCYSTOMA MULTIPLEX
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Kata kunci: Steatosistoma, diagnosis, tatalaksana

Steatocystoma is an intradermal cyst that is generally asymptomatic where the cyst contains sebum with the characteristic characteristics of sebaceous glands in the cyst wall that are coated in epithelial coated with flattened. Steatocystoma can appear as a single lesion (steatocystoma simplex) and can also be multiple (steatocystoma multiplex). Diagnosis is based on history and physical examination and histopathological examination (if needed). There is still no standard therapy for steatocystoma, systemic therapy with oral retinoids, tetracycline, or minocycline. Local therapy with intralesional glucocorticoid injection. Action with cryosurgery and radiofrequency. Surgical therapy with simple aspiration, surgical excision, surgical incision, and carbon dioxide laser and Yag laser therapy. Patients generally have cosmetic complaints, so early detection and good management is needed.

Keywords: Steatocystoma, diagnosis, management
Bromhidrosis pada aksila merupakan problem sosial yang sangat mengganggu. Berbagai macam terapi telah dilakukan untuk menghilangkan kelenjar apokrin dan kelenjar ekrin ini, diantaranya adalah metode bedah konvensional dimana metode ini sering menyebabkan skar dan memiliki tingkat rekurensi yang tinggi. Metode yang terbaru untuk menangani masalah ini dikembangkan melalui sedot lemak yang dimodifikasi. Prinsip modifikasi adalah dengan sedot lemak disertai kuretase, dimana kelenjar apokrin dapat diangkat, dan terbentuknya fibrosis dermis yang dicapai melalui kuretase. Teknik yang dilakukan pertama yaitu pembersihan ketiak dengan iodine3.5 % dan tepung kanji untuk mendapatkan daerah paling lembab pada kelenjar apokrin, anesthesi tumesen dilakukan 15 menit sebelum sedot lemak, pengambilan kelenjar dan pengangkatan lemak dikerjakan pada dermis bagian dalam, serta subkutan bagian atas sehingga tidak merusak jaringan yang berada dibawahnya. Metode ini ditengarai memiliki angka keberhasilan yang cukup tinggi, dengan sedikit komplikasi, skar minimal dan proses penyembuhan yang lebih pendek waktunya.

Kata kunci : bromhidrosis, sedot lemak tumesen, kuretase

Axillary bromhidrosis are distressing social problem. Various treatment methods have been developed for removing the apocrine and eccrine glands, but conventional surgical method often lead to significant scarring and frequent recurrence. The newest method to solve the axillary bromhidrosis is developed from modified liposuction. The principal of modification liposuction is through curettage. In this method, we eliminate the apocrine gland and obtain subdermal fibrosis. This technique started with applying 3.5% iodine and corn starch. Those given on the axillar area to find the most moistened appocrine glands. Tumescent anesthesia is performed 15 minute before starting, continued by suction of fat, apocrine and eccrin glands at the deep dermis, and upper subcutaneous fat, so there won’t be much damage on the underlying tissues. Last part is curetaging dermis for making some dermal fibrotic. This method is well-known for having a high succesful rate, less complication in scarring and faster recovery.

Key words: bromhidrosis, tumescent liposuction, curettage

THE SCALY SCALP-GETTING TO THE ROOT OF THE PROBLEM

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The common sign and symptom of dandruff is reflected in excessive scaling of the scalp. It can vary from mild to severe and can be caused by a variety of aetiologies. Often the condition is socially embarrassing to the patient and associated with itch, irritation, sleep disturbance. This presentation addresses the scaly scalp from the perspective of the dermatologist dealing also with the numerous myths and misperceptions that are commonly encountered in clinical practice.
THE EFFICACY OF 3D-PORES SANITARY NAPKIN ON MILD TO MODERATE IRRITANT CONTACT DERMATITIS IN FEMALE GENITALIA AREA COMPARED TO COMMONLY USED NAPKIN

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**Background:** Menstrual hygiene practices were affected by cultural norms, parental influence, personal preferences, economic status, and socioeconomic pressures. Vulvar disease is often multifactorial, and contact dermatitis of the vulva is frequently an important contributor. Skin is irritated by the remaining menstrual flow and sweat on sanitary napkin that has not been absorbed. Disposable absorbent hygiene products such feminine pads have evolved. A study is needed to compare a commonly used sanitary napkin by Indonesian women with the ones developed with new technology of 3D pores. Study design: Randomized, controlled, single blind, cross-over study. **Material and Methods:** 64 adult women, regular menstrual cycles, with mild to moderate irritation contact dermatitis on the vulvar area were included in this study. Subjects were divided into 2 groups; one group was given commonly used napkin and the other was given a new 3D pores napkin. Dermatologic evaluations were made by using a scoring for grading cutaneous symptoms. Evaluations were made at baseline, at the end of menstrual cycle, and 10 days after ending menstruation. **Results:** Total score from visit 1 to visit 2 shows a significant decline in both group A from 10.87 to 5.26 (p<0.0001) and group B from 11.12 to 7.38 (p<0.005). This translates into an improvement in clinical symptoms. Thus, both 3D-Pores napkin and comparator can reduce the vulvar skin irritation. In the next cycle, after switching sanitary napkin, both groups still show a declining score. From visit 2 to visit 4, group A shows a decreasing score from 5.26 to 2.84 (p<0.005). Group B shows a decline from 7.38 to 3.41 (p<0.0001). Both of these declines are statistically significant, however the decline in group B is more significant than group A. Thus, 3D-Pores napkin can further improve skin condition with reductions of all skin symptoms. Score at visit 2 shows a significant difference between group A and B. Therefore group A shows a better improvement after using 3D-Pores sanitary napkin compare to the comparator napkin. **Conclusions:** This study concludes that 3D-Pores sanitary napkins can significantly improved vulvar skin inflammation compared to comparator napkin. With its 3D-pores technology this new napkin can quickly absorb menstrual fluid, significantly reduced skin wetness, thus prevents skin irritation.

**Key words:** irritant contact dermatitis, external female genital area, menstruation, sanitary napkin, 3D sanitary napkin

**SANITARY NAPKIN LATEST TECHNOLOGY**
Ms. Mayuko Morota

**IRRITANT CONTACT DERMATITIS ON THE EXTERNAL GENITALIA**
Hanny Nilasari
MADAROSIS: A DERMATOLOGICAL MARKER OF MANY DISEASES AND MANAGEMENT
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Madarosis merupakan suatu keadaan hilangnya alis mata atau bulu mata. Tanda klinis ini menunjukkan adanya berbagai macam penyakit mulai dari kelainan dermatologis maupun kelainan sistemik. Berdasarkan patogenesisnya madarosis dapat terbagi menjadi madarosis tipe skar dan non-skar. Adapun etiologi dari madarosis ini dapat disebabkan karena adanya kelainan pada mata, kulit, sistemik, endokrin, nutrisi, infeksi, infestasi parasit, trauma, obat – obatan, radioterapi serta penyebab lainnya. Transplantasi unit folikel merupakan salah satu metode yang paling berguna untuk mengatasi madarosis tipe skar dan merupakan prosedur dalam rekonstruksi alis mata dan bulu mata.

FITUR FOLIKEL BULU MATA DAN KELAINAN NYA
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Anatomi bulu mata dan rambut memiliki karakteristik yang hampir sama. Kelopak mata bawah manusia terdiri dari 75-80 bulu mata yang tersusun dalam 3-4 baris, dimana kelopak mata atas terdiri dari 90-160 bulu mata yang tersebar menjadi 5-6 baris. Karakteristik mayor yang membedakan folikel bulu rambut dari folikel rambut kepala yakni mereka tidak memiliki otot arektor pili, yang bertanggung jawab dalam meluruskkan rambut sebagai respon terhadap dingin atau emosi hebat dan menghasilkan ‘goosebumps’. Folikel bulu mata berhubungan dengan 2 tipe kelenjar sekresi yakni Zeiss dan Moll yang menghasilkan beberapa substansi yang berbeda melalui saluran ke dalam folikel. Tingkat pertumbuhan bulu mata yakni 0,12-0,14 mm per hari. Kelainan pada bulu mata dapat disebabkan oleh kelainan genetik, didapat, dan infeksi. Beberapa kelainan ini diantaranya poliosis, trichiasis, trikomegali, madarosis, phthriasis palpebrarum. Selain itu, kelainan bulu matadapat juga disebabkan oleh tindakan kosmetik seperti memanjangkan dan menebalkan bulu mata, tanam bulu mata, danpenggunaan eyeliner. Diagnosis dan penanganan kelainan bulu mata ini membutuhkan kerjasama dari Departemen Oftalmologi dan Dermatologi agar didapatkan hasil yang optimal.

Kata kunci: folikel bulu mata, kelainan bulu mata
LASERS FOR EYEBROW TATTOO REMOVAL
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Backgrounds: Eyebrow tattoo is a permanent make up that is made by injecting pigments to the skin under the eyebrows and its use are increasingly popular. Although it is convenient to have eyebrow tattoos for most people, not few also requesting removal of the tattoo. One of the most used and convenient treatment to remove the eyebrow is by using lasers. Objective: This study aims to review the literature on eyebrow laser tattoo removal with further explanation regarding the theoretical basis, measurement tool, current laser devices, and treatment selections. Results: The literature supports Kirby Desai Scale as a measurement tools, and the use of Q-switched lasers for eyebrow tattoo removal. Q-switched lasers used for the treatment of superficial pigmented lesions include the 532 nm frequency-doubled Q-switched Nd-YAG laser, the 694 nm ruby, the 755 nm alexandrite lasers, and the Q-switched Nd:YAG 1,064 nm. The newer picosecond lasers also can be used because it cause the target to heat and expand more rapidly than Q-Switched lasers, resulting in more substantial locally destructive forces. Conclusion: Laser is one of the mainstay therapies for eyebrow tattoo removal. Q-switched lasers shown a good result for the tattoo removal, and proper understanding of the lasers can give a better treatment outcome. The more recent, picosecond lasers can also be used, but further research is needed regarding its safety and efficacy.
Onikomikosis adalah infeksi jamur pada kuku disebabkan dermatofita, non dermatofita yeas atau mold. Secara klinis onikomikosis dibagi menjadi tiga yaitu onikomikosis subungual, distolateral, subungual proksimal dan superfisial putih. Prevalensi di dunia mengenai 5,5% dari semua populasi dan dapat meningkat pada usia tua, sedangkan pada anak jarang sekitar 1,1%. Faktor risiko onikomikosis adalah trauma kuku, imunosupresi contohnya HIV, diabetes melitus, penggunaan kaos kaki tebal, riwayat tinea pedis dan insufisiensi vaskular perifer. Etiologi onikomikosis terbanyak adalah dermatofita sekitar 70% dan tersering adalah T. rubrum dan T. mentagrophytes. Gambaran klinis onikomikosis antara lain yellowish dyscoloration, onikolisis, hiperkeratosis subungual dan kerapuhan kuku. Diagnosis ditegakkan dengan pemeriksaan klinis dan dermoskopi, pemeriksaan langsung kerokan kulit dengan pewarnaan KOH, biakan, histopatologi dan PCR (polymerase chain reaction). Biofilm saat ini diketahui memegang peranan penting pada patogenesisis onikomikosis. Tatalaksana onikomikosis bergantung pada beberapa faktor antara lain derajat keparahan kuku yang terlibat, adanya tinea pedis, efikasi dan potensi efek samping obat. Tatalaksana terkini berupa terapi antimikosis topikal dan sistemik, laser, terapi plasma serta photodynamic therapy.

Kata kunci: onikomikosis, gambaran klinis, diagnosis, penatalaksanaan

BACTERIAL NAIL INFECTION : NEW UPDATES
Winsky Warouw

Kuku adalah bagian dari struktur kulit yang secara medis menunjukan indikasi kualitas hidup seseorang, kondisi kesehatan serta memiliki aspek estetik maupun kosmetik. Paronikia adalah infeksi yang berdekanan dengan kuku dan paling sering disebabkan oleh trauma, iritasi, kelembapan yang terus menerus, terutama pada pribadi yang mempunyai kebiasaan menggigit kuku. Paronikia yang sering ditemukan penyebab umannya adalah Staphylococcus aureus ataupun Streptococcus.1 Perkembangan teknologi kedokteran seperti yang di deskripsikan oleh Eckart Haneke (2018)2 menunjukkan pada kita bahwa selain Streptococcus ataupun Staphylococcus, pada kuku kaki ditemukan Enterobacteriae.2 Coccal infection pada kuku digolongkan pada impetigo bulosa yang tidak begitu nyeri.2 Di Indonesia diperkirakan terdapat 150.000 kasus per tahun yang pada dasarnya dapat ditangani oleh tenaga medis profesional, dapat didiagnosis sendiri, tidak memerlukan uji laboratorium, dan waktunya meredah dalam jangka pendek atau mingguan. Paronikia dapat dibagi atas paronikia akut dan paronikia kronis. Kajian terbaru memiliki variasi klinik berdasarkan adanya impetigo yang merupakan infeksi bakteri pada kuku, dengan adanya varian lain selain paronikia atau impetigo whillow/felon, atau Pseudomonas infection.2 Secara profesional paronikia di Amerika Serikat adalah tugas dokter keluarga, di kita pun demikian, tetapi mengingat erat kaitannya dengan kemungkinan atau bersama dengan infeksi virus, jamur, Candida serta penyakit degenerative sehingga ini merupakan ranah dematologi. Pengetahuan dokter umum/dokter keluarga sangat penting karena selain pengobatan yang perlu diketahui adalah pencegahan, penyulit, antara lain diabetes mellitus.3,4,5,6,7 Yang menjadi perhatian kita sekarang adalah adanya Methicillin Resistant Staphylococcus Aureus (MRSA) yang banyak ditemukan di rumah sakit, penjara atau rumah-rumah perawatan akibat luka-luka terbuka dan dapat juga disebabkan karena tindakan-tindakan antara lain kateter dan menurunnya sistem imun. MRSA semula didapatkan pada rumah-rumah sakit tapi kini telah merambah ke masyarakat dan kita kenal HA-MRSA (Healthcare-Associated or Hospital-Acquired MRSA), CA-MRSA (Community-Associated MRSA) dan LA-MRSA (Livestock-Associated). Secara klinis yang banyak dikaji sekarang adalah Coccal infection dan Pseudomonas infection.2 Prinsip pengobatan adalah antibiotika yang banyak dianjurkan adalah eritromicin, clindamicin, trimethoprim/sulfamethoxazole. Topical dianjurkan menggunakan fucidic acid, dalam perkembangan
NAIL DISORDERS DUE TO CHEMICAL AND PHYSICAL INJURY

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Kelainan kuku seringkali ditemui dalam praktik klinis sehari-hari, tetapi seringkali sulit untuk didiagnosis sehingga tidak mendapatkan penanganan secara adekuat. Untuk menegakkan diagnosis yang benar, diperlukan pemahaman yang baik tentang anatomii dan fisiologi kuku. Kelainan kuku yang disebabkan bahan kimia dapat menyebabkan perubahan warna dan kerusakan matriks kuku yang seringkali disebabkan oleh kemoterapi dan obat seperti isotretinoin, β- bloker, indinavir, tetrasiklin, quinolon dan produk kimia yang biasanya digunakan pada salon perias kuku. Cendera fisik seringkali berdampak pada perubahan anatomis terutama bila mengenai ujung jari tangan dan membuatkan penanganan lanjut baik flap maupun graft. Kerusakan kuku yang disebabkan oleh bahan kimia seringkali misdiagnosis oleh seorang dermatologis yang kompeten sekalipun. Perubahan kuku akibat bahan kimia dapat berupa perubahan pigmen yang secara teoritis dapat muncul sebagai warna apa pun, tetapi sebagian besar dilaporkan berwarna merah atau kuning. Manifestasi klinis lainnya yang terlihat adalah onikolisis, yaitu distrofi lempeng kuku median, dan elkonixis dimana terlihat pinched-out lunula dan bertumbuh secara progresif ke arah distal lempeng kuku. Trauma fisik umumnya terjadi akibat benturan benda tumpul hingga trauma benda tajam yang menyebabkan hilangnya jaringan lunak sekitar. Prinsip utama rekonstruksi pada deformitas area kuku akibat cedera fisik adalah pemulihan kondisi yang stabil dan memanipulasi bentuk fisik serta fungsional seperti sediakala. Teknik flap dan graft yang tepat dalam rekonstruksi unit kuku dapat meningkatkan kepercayaan diri dan mengembalikan fungsi estetika.

Keywords: Bahan Kimiawi, Kelainan Kuku, Trauma Fisik, Rekonstruksi Kuku.

SYMPOSIUM 12

PRP: NEW INSIGHT ON THEORY

Sri Ellyani

PERDOSKI Cabang Semarang

Platelet Rich Plasma (PRP) is a volume of plasma that has a platelet concentration well above baseline and contains at least seven growth factors. The major growth factors are: platelet derived growth factor (PDGF-AB), transforming growth factor beta-1 (TGF-B1), vascular endothelial growth factor (VEGF), fibroblast growth factor (FGF), and epidermal growth factor (EGF). Growth factors act locally to recruit undifferentiated cells to the site of injury and trigger mitosis in these cells. Upon activation, platelets also secrete stromal cell derived factor 1 alpha (SDF-1α). This factor supports primary adhesion and migration of progenitor cells. When used for local application, PRP must always be prepared from the patients’ own blood (autologous). This eliminates the possibility of transmission of blood-borne disease. So far, only the PDGF has been approved by US FDA and European EMEA for clinical application in patients. Growth factors are a group of soluble and diffusible polypeptide substances that regulate growth, differentiation, proliferation, and cellular metabolism of numerous cell types. They promote endothelial and epithelial regeneration, stimulate angiogenesis, collagen synthesis, soft tissue healing, and homeostasis. PDGFs also
play important role in regulating apoptosis/cell survival. Gaining deeper insight into the less well-characterized molecular mechanisms is necessary to develop new therapeutic platelet-based options.

**Keywords**: PRP, autologous, growth factor, PDGF

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**PRP FOR HAIR LOSS**
Silvia Veronica

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**PRP FOR ACNE SCAR**
Dian Pratiwi

Post acne hypotrophic scar (acne scar) often has negative impact on patient’s quality of life. Despite the array of treatments, literature suggests no single modality is capable of achieving complete resolution of acne scar. Procedures used all share the common endpoint of promoting collagen synthesis, such as chemical peels, resurfacing & fractional lasers, and percutaneous collagen needling. Appropriate topical skin care in conjunction with procedures, represents an important aspect by helping to minimize downtime and enhance outcome of the procedures. In recent years, PRP have emerged as an intriguing therapeutic modality through their potential to address acne scar by stimulating collagen regeneration and promoting wound healing. The clinical applications of PRP for acne scar are promising, and need to be further studied to established the safety and efficacy.

**Keywords**: PRP, post acne hypotrophic scar, acne scar

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**PRP FOR WOUND REPAIR**
Indah Julianto
CURRENT RESEARCH OF PROBIOTIC IN WOMEN REPRODUCTIVE HEALTH CARE
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Dermatovenereology Department,
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Probiotik merupakan mikroorganisme hidup, bersifat nonpatogen yang dalam jumlah adekuat mampu memberikan keuntungan bagi kesehatan pejamu. Bakteri yang biasanya terkandung dalam probiotik meliputi Lactobacillus spp. dan Bifidobacterium spp. Lactobacilli merupakan bakteri primer yang berkendali pada vagina. Bakteri ini dapat menghambat pertumbuhan mikroorganisme patogen serta berperan penting dalam mencegah infeksi genital dan meningkatkan pertahanan mikroflora genital terhadap infeksi bakteri. Lactobacillus yang terkandung dalam probiotik akan menurunkan pH intravagina sehingga tersedia sawar yang efektif terhadap berbagai patogen, sedangkan metabolit probiotik seperti hidrogen peroksida, protein ekstraselular, serta bakteriosin dapat membunuh dan menghambat pertumbuhan bakteri patogen. Probiotik yang ideal memiliki kemampuan berkoloni dan menempel pada mukosa vagina; menghambat pertumbuhan patogen penyebab vaginosis bakterial dan vaginitis, infeksi perinatal, infeksi saluran kemih rekuren, kandidiasis vulvovaginalis; persisten, bermultiplikasi dan menghasilkan substansi antagonis; koagregasi; aman, tidak invasif, serta bersifat nonkarsinogenik dan nonpatogenik. Dewasa ini, mulai banyak penelitian tentang manfaat probiotik untuk pemeliharaan kesehatan vagina sebagai upaya menjaga kesehatan reproduksi perempuan. Ditemukan bahwa probiotik berpotensi sebagai terapi tambahan pada infeksi genital rekuren maupun resistensi seperti vaginosis bakterial, kandidiasis vulvovaginal, infeksi saluran kemih, dan infeksi menular seksual lainnya. Meskipun demikian, masih diperlukan penelitian lebih lanjut dengan metode yang adekuat untuk mendapatkan formula terapi probiotik.

Kata kunci: probiotik, vagina, kesehatan reproduksi

Probiotics are non-pathogenic, live microorganisms which when administered in adequate amounts confer a health benefit on the host. The bacteria that are generally contained in probiotics include Lactobacillus spp. and Bifidobacterium spp. Lactobacilli is the primary bacterium that colonizes the vagina. These bacteria can inhibit the growth of pathogenic microorganisms and plays a significant role in preventing genital infections and increasing the defense of the genital microflora against bacterial infections. Lactobacillus that is contained in probiotics will lower intra vaginal pH so that an effective barrier to various pathogens becomes available while probiotic metabolites such as hydrogen peroxide, extracellular proteins, and bacteriocins can eliminate and inhibit the growth of pathogenic bacteria. Ideal probiotics have the ability to colonize and attach to the vaginal mucosa; inhibits the growth of pathogens that cause bacterial vaginosis and vaginitis, perinatal infections, recurrent urinary tract infections, candidiasis vulvovaginalis; persistent, multiply and produce antagonistic substances; coaggregation; safe, non-invasive, non-carcinogenic and non-pathogenic. Currently, there is an increasing amount of studies relating to the benefits of probiotics in maintaining vaginal health as an effort to maintain women’s reproductive health. It was found that probiotics have the potential to be an additional therapy for recurrent genital infections and resistance such as bacterial vaginosis, vulvovaginal candidiasis, urinary tract infections and other sexually transmitted infections. Nevertheless, further research with adequate follow-up is still needed to obtain a formulation of probiotic therapy.

Keywords: probiotics, vagina, reproductive health
VACCINATION FOR STI PREVENTION: IS IT NECESSARY?
Rasmia Rowawi

Infeksi menular seksual (IMS) masih menjadi permasalahan kesehatan karena meningkatkan morbiditas dan mortalitas terkait infertilitas, komplikasi, kehamilan, keganasan, dan secara tidak langsung meningkatkan penularan dan tertular infeksi Human Immunodeficiency Virus (HIV). Diperkirakan lebih dari satu juta kasus IMS ditemukan setiap harinya di seluruh dunia. Vaksin mengandung satu, atau beberapa antigen, atau yang menyerupai antigen dari suatu patogen, sebagai salah satu pencegahan primer IMS yang efektif dibandingkan dengan metode pencegahan lainnya. Adapun tujuannya untuk merangsang respons imun tubuh baik humoral atau seluler sehingga dihasilkan kekebalan terhadap patogen tertentu dalam jangka waktu yang lama. Sampai saat ini, vaksin IMS yang telah tersedia dan memiliki efikasi yang tinggi adalah vaksin untuk hepatitis A, hepatitis B, dan Human papillomavirus (HPV).

PrEP AND TESTING STI PUZZLE
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Pre Exposure Prophylaxis (PrEP) is the use of Anti Retroviral (ARV) drugs by HIV-uninfected people to block the acquisition of HIV before exposure to HIV. There are concerns that PrEP introduction and scale up may pose risks, such as sexual behavior change in specific populations, and have an impact on the budget in already constrained health systems. Therefore, public health measures for the prevention of HIV and other STIs need to be enhanced, such as the prioritization of PrEP, coupled with more effective STI screening and treatment. Integration of STI and PrEP programmes can be viewed bi-directionally (not only integrating STI services into PrEP services but also considering STI clients as people also at risk for HIV and therefore potentially eligible for PrEP). This approach fosters synergies and efficiencies from a public health perspective. However, there are many challenges to programmatic integration, including siloed funding streams and programmes, the availability and costs of expanded etiological STI testing, and gaps in capacity and training for STI management.

Keywords: PrEP, STI, services

METHISOPRINOL AND ITS ROLE ON PREVENTING RECURRENT OF VIRAL STI
Wresti Indriatmi


Penelitian yang sedang berjalan yaitu uji aktivitas antibakteri *Propionibacterium acnes* dari ekstrak biji markisa ungu (*Passiflora edulis Sims var.edulis*) secara *in vitro* dan efektivitas klinis serta keamanannya pada pasien akne vulgaris. Penelitian lain yaitu pengaruh ekstrak biji Labu kuning (*Cucurbita moschata*) terhadap xerosis pada pruritus senilis. Diperlukan upaya yang serius dan pemberdayaan yang lebih intensif untuk penelitian di bidang *herbal medicine* agar dapat berperan sebagai alternatif lain dalam pencegahan dan pengobatan di bidang kesehatan khususnya dermatologi.

**Kata kunci**: *herbal medicine*, ekstrak, efektivitas, keamanan.
DERMATOLOGICAL EVOLUTION: PAST, PRESENT, AND FUTURE
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Dermatology has longterm history since ancient time. Although the medical specialty was born in the modern times, but its practical application can be traced back to antiquity. This presentation will describe the history of dermatology in the world and Indonesia, the development of technology, and of drugs in dermatology. Finally, the challenges for future dermatology will also be discussed.

Keywords: dermatology – history – technology – development – artificial intelligence

SYMPOSIUM 14

PATHOGENESIS AND SURGICAL TECHNIQUES FOR INGROWN TOENAIL
Nugrohoaji Dharmawan

RECURRENT INGROWN TOENAIL: RISK FACTORS AND PREVENTION
Kuniaki Ohara

BLOCKADE OF THE CX3CL1-CX3CR1 PATHWAY INHIBITS THE PROGRESS OF SKIN INFLAMMATION, FIBROSIS, AND VASCULAR INJURY IN AN EXPERIMENTAL MOUSE MODEL OF SYSTEMIC SCLEROSIS
Vu Huy Luong1,5, Takenao Chino1, Noritaka Oyama1, Takashi Matsushita2, Takashi Obara3, Yoshikazu Kuboi3, Naoto Ishii3, Akihito Machinaga3, Hideaki Ogasawara3, Wataru Ikeda3, Toshio Imai4, Minoru Hasegawa1 (1Department of Dermatology, Fukui University, 2Department of Dermatology, Kanazawa University, 3Eisai Co., Ltd., 4KAN Research Institute, Inc., 5Hanoi Medical University)

Systemic sclerosis (SSc) is a collagen disease characterized by inflammation, fibrosis, and vascular injury. We previously reported that the expression of CX3CL1 and its unique receptor, CX3CR1 was augmented in patients with SSc. In this study, we investigated the efficacy of anti-mouse CX3CL1 monoclonal antibody (mAb) therapy for skin lesion in two different mouse models of SSc. In the first model, daily subcutaneous injections of bleomycin increased serum levels of soluble CX3CL1 and induced skin fibrosis subsequent to inflammation in C57BL/6 mice. However, administration of anti-CX3CL1 mAb or CX3CR1-deficient mice significantly reduced the skin inflammation and fibrosis. The dermal infiltration of CX3CR1+ cells, macrophages (especially CD11b+Ly6Cdim and CD11b+CD206+ subsets), and CD3+ cells was reduced by anti-CX3CL1 mAb or CX3CR1 deficiency. Results of RNA sequencing and qRT-PCR demonstrated that mRNA expression of fibrogenic molecules, such as osteopontin (Spp1) and TSLP induced by bleomycin injection was significantly suppressed by anti-CX3CL1 mAb therapy. Anti-CX3CL1 mAb administration protected the microvascular injury in bleomycin-injected skin. In the second model, BALB/c newborn mice received subcutaneous injections of TGF-β followed by that of CTGF. The mRNA expression of CX3CL1, CX3CR1, and macrophage markers increased during the fibrotic course. However, pre-treatment of anti-CX3CL1 mAb significantly inhibited the skin fibrosis and inflammation. No obvious side effects were found. Thus, blockade of the CX3CL1/CX3CR1 interaction can efficiently inhibit the inflammation, fibrosis, and vascular injury in the skin of SSc mouse models. Anti-CX3CL1 mAb therapy could be a novel approach for inflammatory-driven fibrotic skin disorders.
PATHOPHYSIOLOGY OF SKIN APPENDAGES CHANGES IN LEPROSY
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Kusta memiliki gambaran klinis yang bervariasi dan sangat dipengaruhi oleh sistem imunitas seluler penderitanya. Manifestasi klinis dari tipe tuberkuloid hingga lepromatosa dapat menyerupai berbagai penyakit kulit lain, sehingga diagnosis kusta seringkali luput dari pemikiran tenaga medis. Keterlambatan diagnosis atau salah diagnosis, dapat menyebabkan keterlambatan penanganan, dan berdampak pula pada kegagalan pemutusan rantai penularan. Berdasarkan hal tersebut, perlu dipahami patofisiologi penyakit kusta terkait manifestasi klinis yang muncul, walaupun hingga kini patofisiologi kusta masih belum sepenuhnya dimengerti.

Kata kunci: kusta, patofisiologi, manifestasi klinis

Leprosy or Hansen disease has a variety of clinical manifestation that is closely associated with the cellular immunity of the host. Ranging from tuberculoid to lepromatous form, the clinical manifestation of leprosy may mimic other skin diseases which could lead to misdiagnosed cases by health care providers. Delayed or missed diagnosis leads to postponed treatment, which negatively impacts the chain of infection. Therefore, the pathophysiology of leprosy related to clinical manifestations must be understood, although until now the pathophysiology is not entirely clear.

Keywords: leprosy, pathophysiology, clinical manifestation

LEPROSY ON THE SCALP
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Leprosy is a chronic infection of human caused by acid fact bacilli, Mycobacterium leprae, which affects particularly skin, mucous membrane and peripheral nerves. The reason for this predilection is that these areas have low temperature compared to other sites of human body. However, there have been some reports that unusual areas or “relatively spare areas”have demonstrated leprosy lesions including the scalp. This presentation will discuss some articles reporting cases of leprosy on the scalp, and a case from Yogyakarta that demonstrated leprosy lesions on the scalp.

Keywords: leprosy – M. leprae – skin lesions – unusual areas – scalp
TESTICULAR DYSFUNCTION IN LEPROSY

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Leprosy is a chronic granulomatous infectious disease caused by Mycobacterium leprae (M. leprae). This disease affects mainly the skin and peripheral nerves, but causing sequelae to a wide range of organs and tissues including eyes, muscles, bones, and testicles. M. leprae reaches the testicles via the lymphatic system, blood vessel, or by direct invasion through the adjacent skin tissue. An invasion of M. leprae to the testicles leads to gonadal hormone imbalance and testicular atrophy. There is great variability in the reported frequency of testicular dysfunction in leprosy, ranging from 10% to 50%. The clinical manifestations of testicular dysfunction include loss of libido, erectile dysfunction, female pubic hair pattern, gynecomastia, and infertility. Several factors may contribute to testicular dysfunction, including types of leprosy, duration of disease, early treatment, frequency of orchitis resulting from erythema nodosum leprosum, and the degree of testicular involvement. Testicular dysfunction in leprosy is often silent, underestimated, unreported, and remain undiagnosed. Although testicular involvement in leprosy has long been recognized, but the testicular screening in leprosy patients including sexual disability and infertility has not received much attention by many doctors, even by specialists. The aim of this paper is to emphasize the importance of knowledge of testicular involvement in leprosy.

NEW UPDATES ON LEPROSY VACCINE

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Kata kunci: kusta, rekomendasi, vaksinasi
SEBORRHEIC DERMATITIS AND ITS CORRELATION WITH HIV INFECTION
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As the largest and the most visible organ, skin is the most affected organ in patient with HIV infection. Almost 90% HIV patient experienced HIV related mucocutaneous disorder during their live. A wide range of disorder—infection and non infection—can develop during the course of the disease, manifest anytime in all stages of infection and may become the first sign of HIV infection. The one of the most skin related disorder in HIV patient is seborrheic dermatitis. It can happen anytime but the severity tends to get worse with declining of CD4 cell count. The prevalence of seborrheic dermatitis in immunocompromised patients is higher than normal population; about 40-80% in HIV-AIDS patients compared with 1-5% in adult healthy people. Clinical manifestation is more intense, extend and may involve almost of the body thus causing erythodema, more frequent relapsing and tends refracter to standart therapy. There is no difference of seborrheic dermatitis treatment in HIV patients and in healthy patients. Selecting the treatment to provide best clinical outcome should considered not only severity of the disease but also location of skin lesion, age, drug efficacy, safety, side effect, the availability, and accesability. Treatment of seborrheic dermatitis have to accompanied by HAART. Usually, the clinical improvement along with the increasing of CD4 cell counts. Only with HAART is possible to achieve increasing CD4, as well as improvement of immune function. Education for the pasien also important, cause the course of this disease is chronic residif and the worse of condition should be awarned because it may predict the progression of HIV infection.

GAYA HIDUP DAN DAMPAKNYA PADA DERMATITIS SEBOROIK
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Dermatitis seboroik merupakan peradangan kulit dengan gejala klinis berupa eritema, kulit berminyak, tampak terpecah, terutama pada bagian yang banyak mengandung kelenjar seasea, tanpa sebab yang jelas dan mengenai 1-10% populasi. Dapat mengenai semua usia, mulai bayi yang baru lahir sampai usia lanjut. Berbagai gaya hidup dapat berperan sebagai faktor pemicu atau faktor pemberat, termasuk jenis jamur Malassezia, androgen — salah satu hormon seks, kadar sebum, respons imun, faktor neuron dan stres - dapat diterapkan sebagai etiopatogenesis dermatitis seboroik. Sebagai tambahan, mikroorganisme kulit yang berbeda kolonisasinya pada berbagai individu dan bagian tubuh dapat memengaruhi pertumbuhan bakteri patogen serta berdampak terhadap ketidaksesuaian kesehatan secara keseluruhan. Meski umumnya berderajat ringan atau bahkan tidak memberi gejala, dermatitis seboroik dapat memberi dampak besar pada kualitas hidup, menyebabkan hilangnya percaya diri, dan memberi kesan negatif secara sosial, terutama pada kelompok usia muda, perempuan, dan lesi di kepala.

Kata kunci: dermatitis seboroik, gaya hidup, jamur Malassezia, kualitas hidup
LIFESTYLE FACTORS & IT’S IMPACT ON SEBORRHEIC DERMATITIS
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Seborrheic dermatitis is a form of skin inflammation (dermatitis) that causes a red, oily, flaking skin rash in areas of the body where glands the sebaceous glands are most abundant, with an unclear caused and affects 1-10% of the general population. It could affect all age group, from infant to adolescent even on old age. Numerous lifestyle factors could act as the triggering factors that aggravate seborrheic dermatitis including Malassezia yeasts, sex hormones like androgens, sebum levels, immune response, neurogenic factors and stress have been implicated in the etiopathogenesis of seborrheic dermatitis. In addition, skin microorganisms, which are divergently colonized among patients from different region, may effect on the growth of potential pathogens and contribute to the discrepancy of the health outcome. Although usually performed as mild and asymptomatic, seborrheic dermatitis can have a great impact on quality of life and lead to loss of self-esteem and a negative social image, especially in young age group, female gender and scalp lesions.

**Key words**: seborrheic dermatitis, lifestyle, *Malassezia* yeast, quality of life

ANTIFUNGAL PROPHYLAXIS IN RECURRENT SEBORRHEIC DERMATITIS: IS IT REALLY BENEFICIAL?
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Seborrheic dermatitis (SD) is chronic, recurrent and skin inflammation that can be happened in all ages. Clinically there is erythema patches with yellowish scales on the scalp, face, ears, chest and intertriginosa areas. Etiology is still unknown, however fungal infections such as *Malassezia Sp* is suspected to be the cause of Seborrheic dermatitis. Corticosteroid is the best choice to treat seborrheic dermatitis, but the prolonged use of it can cause many adverse effect, such as hipertrichosis, skin atrophy, telengatexis, peri-oral dermatitis and etc. The use of antifungal therapy against seborrheic dermatitis is very effective. For severe seborrheic dermatitis, Itrakonazole can be used as a oral antifungal therapy and for mild and moderate seborrheic dermatitis isazol ciclopirox. Antifungal often used to treat and as a prophylaxis in dermatitis seborrheic. The use of anti fungal can reduce proliferation of *Malassezia Sp* and sebum production so that it will lower the symptoms and recurrences of seborrheic dermatitis. Antifungal therapy is not only potent and no-harmful, but also can be used to prevent seborrheic dermatitis relaps and as a maintenance to decrease the clinical symptoms of SD.

**Keywords**: seborrheic dermatitis, treatment, antifungal
NEW INDONESIAN GUIDELINES ON SEBORRHOEIC DERMATITIS
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Dermatitis seboroik (DS) merupakan penyakit inflamasi kronik pada kulit yang bermanifestasi sebagai plak eritematos berbatas tidak tegas dengan skuama kuning berminyak atau putih kering. Puncak insidensi DS terbagi menjadi tiga periode yaitu saat 3 bulan pertama kehidupan, pubertas dan dewasa (usia 40-60 tahun). DS terutama ditemukan di daerah seboroik antara lain batas rambut, alis dan bulu mata, lipatan nasolabial, liang telinga luar, daerah post-aurikula, daerah presternal dan lipatan tubuh seperti aksila, inguinal, inframammary dan anogenital. Prevalensi DS pada populasi umum di seluruh dunia berkisar antara 1-5%. Beberapa studi di Asia menunjukkan prevalensi DS yang bervariasi pada individu berusia 12-20 tahun yaitu sekitar 2,7%-26.5%. Seiring dengan meningkatnya jumlah kasus immunokompromais contohnya infeksi Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), tren jumlah kasus DS juga meningkat. DS yang berat diketahui merupakan salah satu penanda infeksi HIV. Di Korea, Thailand dan Malaysia prevalensi DS pada pasien HIV dilaporkan berturut-turut sebesar 17%, 19,2% dan 47%. Dengan berkembangnya ilmu pengetahuan bahwa Malassezia spp. erat kaitannya dengan DS, saat ini terdapat perubahan prinsip tatalaksana DS di pedoman nasional terbaru yaitu golongan azol sebagai lini pertama dan penggunaan kortikosteroid topikal dan inhibitor kalsineurin sebagai alternatif yang cukup efektif. Adapun tatalaksana DS harus disesuaikan dengan derajat keparahannya. Kata kunci: dermatitis seboroik, tatalaksana, pedoman nasional

SYMPOSIUM 17
HOW TO AVOID AND MANAGE COMPLICATIONS IN BOTOX
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Neurotoksin botulinum merupakan strain Clostridium botulinum yang terdiri dari rantai polipeptida berukuran 150-kDa dengan rantai berat dan rantai ringan yang dihubungkan oleh ikatan disulfida. Selama biosintesis, molekul A dan B dikelilingi oleh protein dalam pembentukan kompleks neurotoksin, mulai dari 500-900 kDa. Botulinum toksin A (BTX-A) mulai digunakan untuk indikasi estetika pada tahun 1990 untuk mengurangi kerutan yang disebabkan oleh kekuatan garis-garis otot. Efek mulai terlihat tiga hingga empat hari setelah aplikasi dan menetap selama empat hingga enam bulan dan diyakini dapat meregenerasi atau proliferasi terminal saraf baru, mempromosikan dan membangun kembali motor end plate. Injeksi eksotoksin C. botulinum merupakan pendekatan yang aman, cepat, dan nontraumatik yang digunakan dalam dermatologi kosmetik terutama untuk pengobatan garis/kerutan dinamis di sepertiga bagian atas wajah (alur alis glabellae, garis dari frontalis horizontal dan kerutan pada periokular (Crow’s feet), platysmal band pada area leher, kerutan pada area perioral, garis marionnettedi sudut mulut dari regio depressor anguli oris, membentuk wajah bawah dengan pengurangan volume masseter, sinkinesis pasca bedah di wajah bagian bawah, dan hiperhidrosis palmar/plantar dan dah/ kulit kepala sertaarea aksila. Kontraindikasi penyuntikan BTX antara lain adalah gangguan dismorfik tubuh, dermatosis di area perawatan, kelemahan otot motorik kasar (mis., Bell palsy), status immunokompromais, infeksi pada area perawatan, jaringan parut keloid, gangguan autoimun yang terkait dengan kondisi neuromuskuler, kehamilan atau menyusui, hipersensitivitas terhadap produk dan harapan yang tidak realistis. Dosis yang lebih rendah dan injeksi intrakutan dapat menurunkan efek samping. Namun, efek samping yang terjadi pada penyuntikan BTX umumnya bersifat ringan dan tidak permanen.

Kata kunci: Botulinum Toksin A, Clostridium botulinum, Komplikasi.
**Background:** Fillers are an effective means of rejuvenating and reshaping facial features. The increasing number of procedures are followed by adverse reactions including complications. Dermatologists need to be aware and be able to avoid and manage the complications. **Method:** An update of the systematic reviews of worldwide literature was done, focused on the most devastating cases – blindness due to fillers. **Results:** From 2 reviews a total 146 cases documented from 1906-2018. The first leg of the review was 1906-2015 with 98 cases, fat transfer as the main cause (47.8%). The update from 2015-2018 showed that the main culprit to be hyaluronic acid fillers in 81% of the cases. The sites of fillers injection also shifted from the glabella 38.8% to the nose 56.3%. Most case reports were from Asia, mainly Korea. Good knowledge of anatomy, knowing which filler to choose and other preventive measures must be installed in the injector. The authors state that the current cultural view in Asia which prefers a diamond shaped face has driven injectors to create anterior projections on the midface, including the nose. With various treatments, a very small number of patients regain their vision. **Summary:** Dermatologists should have an excellent grasp of anatomy and be able to manage the complications. **Keywords:** filler complications, blindness, hyaluronic acid

**HOW TO AVOID AND TO DEAL WITH LASER / ENERGY BASED DEVICE COMPLICATIONS IN DERMATOLOGY**

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The popularity of dermatologic laser surgery has skyrocketed in the past decade, as have the number of indications for its use and the types of lasers. As with all surgical modalities, excellent results are tempered by complications. Any undesired effect of a laser intervention is considered a complication, regardless of its frequency. For example, purpura following short-pulsed, pulsed dye laser therapy of telangiectasia or erythema following carbon dioxide laser resurfacing is expected in 100% of patients treated; nevertheless, these problems are still noted as "complications". The difference between the fair skin and the dark skin in terms of the light or laser tissue interaction is an important determinant for the possible complications and good understanding of the potential problems and ways to avoid it is mandatory for any laser practitioner. Potential complications of laser surgery can often be predicted if laser surgery principles are understood.

**HOW TO AVOID AND MANAGE COMPLICATION AND EMERGENCY DURING DERMATOLOGIC SURGERY**

Susanti Budiamal

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TELEMEDICINE DI INDONESIA
Daryo Soemitro
Konsultan Bisnis Analis Kesehatan


IMPLEMENTATION OF TELEDERMATOLOGY IN DAILY PRACTICE
Henry Foong
TELEDERMATOLOGY IN INDONESIA: Where Are We?
Diah Puspitosari, Srie Prihianti Gondokaryono
International Affairs and Integrated Information System
Indonesian Society of Dermatology and Venereology

Teledermatology essentially is dermatology at a distance, using one of many communication technologies to broaden the dermatologist’s knowledge for those in need. Interaction programs could be between doctor to doctor, the doctor directly to the patients, and it also serves as educational tools for the public. As one of the earliest telemedicine specialties, today, teledermatology is performed by one of two methods. First, as a real-time video consultation (RT), and the second as an asynchronous store-and-forward (SAF) service. Teledermatology is also one of the most popular and frequently used forms of telemedicine service because of the visual character that makes it well-suited. Most of the teledermatology studies were published in the United States, United Kingdom, and Europe, several studies were conducted in Brazil, Australia, New Zealand, Turkey, and fewer elsewhere in the world. Currently, most teledermatology in Indonesia also using SAF method. Even though research and publication in Indonesia are still limited, but in daily practice, it is very common for a health worker or general doctor to use smartphone application as a popular tool for doing a consultation to the dermatologist. Smartphone application, especially instant messaging, could be a better and faster solution to get advice from the expert, compared to a conventional consultation. Teledermatology could be a good solution for the distribution problem of dermatologist service and a promising way for geographically underserved patients in Indonesia. Indonesian Society of Dermatology and Venereology (INSDV) has initiated a strategy for providing contribution to skin health in Indonesia by digital platforms (website and social media) to deliver educational materials for the public. INSDV also provides e-consultation through the website. It will also make INSDV as a trusted source for dermatology and venereology informations. Teledermatology holds a great potential for revolutionizing the delivery of dermatology services. However, some barriers in teledermatology remain, so, more research is needed to ensure that teledermatology services reviewed as beneficial from the patient perspective.

Keyword: teledermatology, telemedicine, communication technology

RECENT TRENDS IN TELEDERMATOLOGY : ATOPIC DERMATITIS MANAGEMENT
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There is a rising epidemiological trend of Atopic Dermatitis (AD) around the world over the past four decades. As chronic disease, AD requires regular follow up. However, there is not enough dermatologist that can always be in contact whenever patients’ require further follow up. The availability of teledermatology may bridge the knowledge between dermatologist and parents. The availability of internet access and the improvement of camera or build in phone camera nowadays has made teledermatology as a robust solution. Teledermatology can be done by family physician through storing the image of patients’ condition and forward it affiliated dermatologists or direct access from patient to dermatologist. In fact, various researches have proved that teledermatology helping providing necessary diagnosis and management for the patient. The direct access dermatology offers flexibility of time and history sharing. However, the 2D imagemay not well represent the 3D features of the skin condition, making store and forward teledermatology a preferable method to report patient’s condition. To date, there is no standardized method of teledermatology that can ensure proper management of AD.

Keywords: teledermatology, atopic dermatitis, management
TREN TERBARU DALAM TELEDERMATOLOGI : MANAJEMEN DERAMITIS ATOPIK
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Tren epidemiologis dari Atopic Dermatitis (AD) meningkat di seluruh dunia selama empat dekade terakhir. Sebagai penyakit kronis, AD perlu ditindak lanjuti secara teratur. Namun, kesediaan dokter kulit yang dapat selalu berhubungan kapan saja pasien seringkali tidak memadai. Teledermatologi dirasa dapat menjembatani dokter kulit dan pasien ataupun pemberi layanan kesehatan. Ketersediaan akses internet dan peningkatan kamera atau kamera ponsel saat ini telah menjadikan teledermatologi sebagai solusi yang baik. Teledermatologi dapat dilakukan oleh dokter keluarga dengan menyimpan gambar kondisi pasien dan meneruskannya ke dokter kulit yang berafiliasi (store and forward teledermatology) atau akses langsung dari pasien ke dokter kulit (direct access online care). Bahkan, berbagai penelitian telah membuktikan bahwa teledermatologi membantu dalam menyediakan diagnosis dan manajemen yang diperlukan untuk pasien. Direct access online care menawarkan fleksibilitas waktu dan berbagi sejarah. Namun, gambar 2D mungkin tidak mewakili fitur 3D dari kondisi kulit, menjadikan store and forward teledermatology sebagai metode yang lebih baik untuk melaporkan kondisi pasien. Sampai saat ini, tidak ada metode standar teledermatologi yang dapat memastikan manajemen AD yang tepat.

Kata kunci: teledermatologi, dermatitis atopik, tatalaksana

SYMPOSIUM 19

ALGORITMA DIAGNOSIS KELAINAN RAMBUT
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Kata kunci: kelainan rambut, kerontokan rambut, kebotakan, pertumbuhan rambut berlebih, kelainan batang rambut.

**Kata kunci :** alopesia sikatrisialis primer, diagnosis, penatalaksanaan

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**BEST STRATEGIES FOR MANAGING TELOGEN AND ANAGEN EFFLUVIUM**

Satya Wydya Yenny

**PERKEMBANGAN TERKINI ALOPECIA ANDROGENETIK**

PADA LAKI-LAKI DAN PEREMPUAN

Lili Legiawati

Departemen Ilmu Kesehatan Kulit dan Kelamin

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biasanya ditegakkan secara klinis. Pada wanita diagnosis membutuhkan evaluasi diagnostik yang lebih kompleks. Kebotakan fase awal dapat diperlambat atau diatasi dengan obat minoksidil dan finasterid yang sudah direkomendasikan oleh FDA. Pada kebotakan yang sudah lanjut biasanya resisten atau tidak responsif terhadap terapi medis dan membutuhkan tindakan transplantasi rambut. Berbagai modalitas lainnya adalah platelet rich plasma, low level laser therapy, non permanent hair replacement therapy dan lain-lain.

Kata kunci: alopecia androgenetik, male pattern hair loss, female pattern hair loss, minoksidil, finasterid

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**SYMPOSIUM 20**

**SOCIAL ASPECT IN LGBT PATIENTS WITH HIV/AIDS**
Dewi Inong Irana

**DERMATOSES CAUSED BY THERAPEUTIC CULTURAL PRACTICES**
Hendra Gunawan

**QUALITY OF LIFE IN VARIOUS SKIN DISORDERS**
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Penyakit kulit dapat memberikan dampak negatif pada kualitas hidup seseorang, baik mempengaruhi fisik, fungsional, maupun kesejahteraan emosional penderita. Tujuan pembahasan ini menjelaskan pentingnya konsep Quality of Life (QoL) yang berhubungan dengan keberhasilan dan kualitas hasil terapi secara holistik. Regimen terapi biasanya hanya berfokus pada gejala penderita dan bagaimana memilih terapi yang tepat untuk menghilangkan keluhan utama, namun mengesampingkan derajat kualitas hidup penderita pascaterapi. Pemahaman Quality of Life (QoL) diperlukan untuk klinisi dan peneliti dalam layanan kesehatan, serta penting dalam evaluasi terapi obat baru. Metode pengukuran dan penanganan kualitas hidup pasien (QoL) dalam dermatologi menggunakan langkah-langkah kesehatan umum serta langkah-langkah spesifik dermatologi seperti Dermatology Life Quality Index (DLQI), Dermatology Quality of Life Scales (DQoLS), Dermatology Specific Quality of Life (DSQL), dan juga Skindex. Serta langkah-langkah spesifik penyakit seperti Psoriasis Disability Index (PDI), Psoriasis Life Stress Inventory (PSLI), dan Acne Disability Index (ADI). Sedangkan, metode pengukuran yang digunakan untuk mengukur kualitas hidup pada anak menggunakan Children's Dermatology Life Quality Index (CDLQI). Prinsipnya adalah mengidentifikasi kondisi kesehatan pasien dengan menggunakan kuesioner yang terukur mengenai kesehatan fisik, gejala, perasaan, aktivitas fisik, perawatan, status psikologis, tingkat kemandirian, hubungan sosial, kepercayaan, kebudayaan setempat, hubungan dengan lingkungan, yang ditentukan dengan teknik perhitungan dan pembobotan yang telah ditelaah dari berbagai penelitian. Penerapan studi kualitas hidup mestinya menjadi perhatian khusus di bidang dermatologi, karena seringkali memiliki dampak yang kuat pada kehidupan sosial, psikologis, dan kegiatan sehari-hari, sehingga klinisi dapat memberikan pelayanan yang berorientasi pada pasien dan mengetahui perbandingan kualitas terapi baru untuk memberikan pelayanan kesehatan yang optimal.

Kata Kunci: Penyakit kulit, Quality of Life, Terapi

**Kata kunci** : Kesehatan Mental-Infeksi Menular Sexual

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**SYMPOSIUM 21**

**MANIFESTASI KELAINAN KUKU PADA PENYAKIT SISTEMIK**

Yuli Kurniawati, Cyntia Sari, Suroso Adi Nugroho

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**Kata kunci**: kuku, penyakit sistemik
NAIL LICHEN PLANUS AND ITS TREATMENT
I Gusti Ayu Agung Elis Indira
Departemen/KSM Dermatologi dan Venereologi FK Universitas Udayana/RSUP Sanglah Denpasar


Kata Kunci: liken planus kuku, gambaran klinis, terapi

MANIFESTASI KELAINAN KUKU PADA PENYAKIT LUPUS DAN PENYAKIT-PENYAKIT KOLAGEN
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\textbf{Kata kunci}: manifestasi kelainan pada kuku, LE, penyakit jaringan ikan

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**SYMPOSIUM 22**

**TATALAKSANA HEMANGIOMA INFANTIL**

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Hemangioma infantile (HI) merupakan tumor vaskular yang paling sering dijumpai pada anak, dengan insidensi pada populasi umum sekitar 5%. Berbeda dengan tumor lainnya, HI mempunyai kemampuan unik untuk involusi setelah fase proliferasi. Fenomena ini sering menyebabkan dokter berasumsi bahwa HI akan menghilang tanpa intervensi atau tanpa konsekuensi. Padahal, beberapa bentuk HI dapat mengalami komplikasi, yang menyebabkan nyeri, gangguan fungsional, atau kecacatan bentuk yang menetap. Oleh karenanya dokter mempunyai kewajiban untuk mampu melakukan deteksi dini dan menatalaksana HI serta perlu bekerjasama dengan para pakar hemangioma dari berbagai bidang untuk menentukan lesi mana yang memerlukan tatalaksana mendesak. Terapi medis untuk HI meliputi topikal maupun sistemik. Bila terdapat indikasi untuk terapi sistemik, propranolol adalah terapi pilihan, yaitu dengan dosis 2-3 mg/kg BB perhari. Timololtopikal dapat digunakan untuk terapi HI superfisial. Pembedahan dan/ atau terapi laser berguna apabila terdapat perubahan kulit residual setelah HI mengalami involusi. Tujuan presentasi ini adalah untuk mengulas tentang dasar membuat keputusan klinis tatalaksana HI, pilihan terapi, dan beberapa penelitian penulisan tentang topik HI.

\textbf{Kata kunci}: tumor vaskular, hemangioma infantil, tatalaksana klinis
Epidermolysis bullosa (EB) is a group of genodermatoses which is characterized by spontaneous blistering due to minor trauma. EB is divided into 3 classic subtypes: simplex, junctional and dystrophic. Management of EB is difficult and complex. Supportive wound care management is a mainstay in treating EB patients. We have performed two studies in EB patients, namely wound treatment in infected wounds and another in non-infected wounds comparing modern wound dressing with commonly used traditional wound dressing. In infected EB wound a study was done on clinical efficacy of dialkylcarbamoylchloride coated cotton acetate (DACC) dressing versus combination of normal saline dressing and 2% mupirocin ointment. Moreover, another study was done in the non-infected EB wound on clinical efficacy of biocellulose wound dressing, carboxymethylcellulose wound dressing and normal saline wound dressing.

**Keywords:** epidermolysis bullosa, modern wound dressing, traditional wound dressing

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### MICROBIOME STUDY OF PEDIATRIC ATOPIC DERMATITIS : THE ROLE OF MOISTURIZER IN SWITCHING DYSBIOSIS OF STAPHYLOCOCCUS SP.

Reiva Farah

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### COMPARISON OF 1% AND 5% PERMETHRIN LOTION IN TREATING PEDICULOSIS CAPITIS

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Pedikulosis kapitis (PK) dapat menimbulkan gangguan kualitas hidup, tekanan sosial, dan gangguan belajar. Faktor risiko PK antara lain kontak langsung kepala atau melalui barang yang dipakai bersama. Hal ini dapat terjadi di sekolah, asrama, atau pada pesantern. Menurut CDC, losio permetrin 1% merupakan pilihan pertama untuk PK dan disetujui FDA untuk anak di atas usia 2 tahun. Laporan mengenai resistensi *Pediculus* belum ada di Indonesia, namun resistensi terhadap permetrin 1% telah dilaporkan di beberapa negara. Permetrin 5% dapat diberikan untuk PK yang resisten terhadap permetrin 1%, tetapi hanya tersedia dalam bentuk krim di Indonesia. Penelitian ini membandingkan losio permetrin 1% (LP1) dan losio permetrin 5% (LP5) pada siswi pesantern di Bogor, Jawa Barat dengan rancangan uji klinis acak terperinci ganda. Pengobatan dilakukan pada hari ke-0 dan ke-7, sedangkan evaluasi dilakukan pada 10 menit setelah pengolesan di hari ke-0, hari ke-7, dan hari ke-14. Sebanyak 48 siswi ikut serta dalam penelitian dengan rerata usia 13,3±1.167. Pada hari ke-7, kesembuhan di kelompok LP1 sebanyak 62,5% dan kelompok LP5 65,2%. Pada hari ke-14, kesembuhan di kelompok LP1 sebanyak 95,8% dan kelompok LP5 95,7%. Tidak terdapat perbedaan kesembuhan yang bermakna pada hari ke-7 maupun hari ke-14 antara kedua kelompok. Keluhan terbanyak pada 10 menit setelah pengolesan obat di hari ke-0 adalah rasa panas yang diikulah oleh 12,5% siswi kelompok LP1 dan 8,3% siswi kelompok LP5, namun tidak didapatkan perbedaan bermakna. Kesembuhan dan efek samping losio permetrin 1% dan 5% untuk pengobatan PK tidak berbeda bermakna. Berdasarkan hal tersebut, saat ini pengobatan PK menggunakan losio permetrin 1% yang dioleskan 2 kali dengan jarak 1 minggu.

**Kata kunci:** pedikulosis kapitis, pengobatan, permetrin 1% dan 5%
HIRSUTISME PADA PASIEN SOPK : PATOGENESIS DAN PENATALAKSANAAN
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Latar Belakang: Hirsutisme berasal dari bahasa latin hirsutus yang mempunyai arti berbulu atau berambut. Secara definisi hirsutisme adalah pertumbuhan rambut yang berlebihan pada wanita di tempat yang seharusnya tidak ada atau minimal jumlahnya yang biasanya tumbuh pada laki-laki dewasa. Pertumbuhan rambut ini biasanya tumbuh pada area yang dipengaruhi oleh hormon androgen. Tujuan: Tinjauan pustaka mengenai patogenesis hirsutisme pada SOPK, sehingga diperoleh penatalaksana berdasarkan penyakit dan mendasari, menurunkan gejala serta berbasis bukti. Tinjauan Pustaka: Hirsutisme dapat disebabkan oleh produksi hormon androgen yang berlebihan dari ovarium, kelenjar adrenal atau produksi ektopik, peningkatan konsentrasi dari testosteron bebas, peningkatan aktivitas dari enzim 5α-reduktase atau bisa juga peningkatan sensitivitas dari folikel rambut terhadap hormon androgen. Sekitar 95% dari para penderita ini mengidap SOPK atau hirsutisme idiopatik. Sebagian besar hirsutisme merupakan manifestasi gangguan fungsional yang jinak namun tidak menutup kemungkinan penyebabnya dari suatu keganasan, diperlukan pemeriksaan untuk mencari penyebab yang mendasarinya. Kesimpulan: Penatalaksana hirsutisme pada SOPK memerlukan multidisiplin termasuk perubahan gaya hidup, farmakologis dengan pil kontrasepsi kombinasi, dan mekanik seperti hair removal mekanik

Kata Kunci : Hirsutisme, SOPK, PKK, Metformin

CAUSES AND MANAGEMENT OF HYPERTRICHOSIS
Abraham Arimuko

MELASMA : USE OF PICOSECOND LASER
Henry Foong

CURRENT TREND IN VITILIGO TREATMENT OF KOREA
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Skinda Clinique Asia

In Korea, vitiligo is one of the most common chronic skin disease and it involves more than 1% of the general population. For the treatment doctors can use topicals, oral medication and device treatment including excimer laser. The trend can vary among countries according to its socio-economic situations. Decades ago doctors in Korea preferred topicals with UVB therapy but now we are willing to treat vitiligo in more active manners. I will introduce medical, device and surgical treatment methodologies which is being commonly done in most of the private dermatologic clinics in Korea.
Herpes simpleks (HS) merupakan infeksi yang disebabkan oleh *Herpes simplex virus* (HSV), yang dikategorikan menjadi HSV-1 dan HSV-2. HSV-1 lebih sering menyebabkan lesi oral, HSV-2 lebih sering menyebabkan lesi genital, walaupun dapat terjadi infeksi HSV-1 dan HSV-2 secara bersamaan baik di area oral maupun genital. Penyakit ini ditularkan melalui kontak langsung dengan kulit, mulsa, atau sekresi genital/oral dari pasien yang telah menderita HS. Rekurensi infeksi HSV-2 sangat tinggi sekitar 80-90% pasien mengalami rekurensi dan biasanya terjadi 4-6 kali dalam setahun, sedangkan HSV-1 sekitar 35-50% pasien dengan frekuensi yang lebih jarang dibandingkan HSV-2. Beberapa faktor yang memengaruhi rekurensi HS adalah kondisi imunitas pejamu (terutama sel T CD8+, Sel T CD4+, NK cells, interferon-γ, TNF-α), stres emosional, demam, suhu dingin, menderita penyakit lain, pilihan sinar matahari, trauma, kelelahan, menstruasi, cuaca, pemberian nervus trigeminal, pemberian morfin epidural, pemberian bahan atau tindakan abrasif, laser, peeling wajah dengan bahan kimia, kehamilan. Terapi dan pencegahan HS rekurgen melalui terapi suportif, episodik, atau terapi supresif. Pemilihan terapi yang dipilih ditentukan oleh frekuensi rekurensi, beratnya gejala, faktor-faktor lain yang berhubungan, dan faktor pasien termasuk dampak penyakit terhadap pasien, biaya, dan kenyamanan pasien. Terapi supresif dengan asiklovir, valasiklovir, atau famsiklovir. Terapi supresif yang diberikan cukup lama terbukti menurunkan frekuensi dan kearahan rekurensi secara bermakna. Diperlukan rejimen dosis yang sederhana dan nyaman untuk mencapai kepatuhan pasien yang maksimal. Efek samping terapi supresif pada umumnya tidak terjadi. Pilih terapi HS yaitu episodik atau supresif perlu memperhatikan kenyamanan pasien, beratnya penyakit, dan potensi penularan ke pasangan seksual. Selain terapi supresif juga tetap memperhatikan pencegahan penularan infeksi melalui A (abstinensi), B (*be faithful* setia kepada pasangan), C (penggunaan *condom*), D (*drug/treatment* yang baik), dan E (edukasi).

*Kata kunci:* *Herpes simplex virus*, rekurensi, faktor risiko, terapi supresif
Herpes Simplex Virus (HSV) type 1 and 2 infection are highly prevalent worldwide. Genital herpes most commonly caused by Herpes Simplex Virus (HSV) type 2, is almost exclusive sexually transmitted, but HSV type 1 cause this disease tend has increased during the past years. Genital lesions may be primary, recurrent or initial. Many site can be involved which include the prepuce, scrotum, penile shank, vulva, vagina, anus, cervix, urethra, bladder, perineum, thigh, the sacral nerve roots. During pregnancy the risk of transmission of primary genital herpes is higher than that of recurrence genital herpes. Maternal infection with HSV before and during childbirth can cause neonatal infection. Both primary and recurrence herpes infection can be symptomatic or asymptomatic. Laboratory tests should be performed if genital herpes infection is suspected. Management of pregnant women with primary genital herpes depend of weeks of gestations (first or second trimester acquisition or third trimester acquisition) and recurrent genital herpes in pregnant women.

**HERPES VIRUS INFECTIONS IN IMMUNOCOMPROMISED PATIENTS:**
**MANAGEMENT AND CARE**
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**Latar belakang:** Beberapa tahun terakhir jumlah pasien immunocompromised terus meningkat akibat peningkatan penggunaan terapi imunosupresan dan epidemi HIV. Pasien immunocompromised memiliki defisiensi sistem imun sehingga rentan terkena berbagai macam infeksi dan seringkali memberikan manifetasi yang berbeda, salah satunya adalah infeksi virus herpes. **Tujuan:** Memaparkan manifetasi klinis infeksi virus herpes, utamanya herpes genitalis pada pasien immunocompromised dan manajemennya. Diharapkan menjadi referensi bagi klinisi sehingga mampu mengenali dan melaksanakan tata laksana infeksi virus herpes khususnya herpes genitalis pada pasien immunocompromised dengan tepat. **Telaah keputskatakan:** Herpes genitalis disebabkan oleh infeksi herpes simplex virus (HSV) baik HSV-1 maupun HSV-2. HSV-2 merupakan penyebab terbanyak meskipun saat ini di negara maju HSV-1 disebutkan menjadi penyebab terbanyak infeksi primer herpes genitalis. Mekanisme imun pada infeksi HSV diperankan oleh sistem imun bawaan dan sistem imun adaptif. Sistem imun bawaan utamanya diperankan oleh sel NK dan plasmacytoid dendritic cell yang berperan dalam produksi IFN tipe I. IFN selanjutnya akan memodulasi sel T naif menjadi sel Th 1 yang berperan dalam sistem imun seluler. Infeksi HSV pada individu dengan defisiensi sistem imun menyebabkan manifestasi klinis yang atipik, generalisata, peningkatan rekurensi dan angka resistensi obat antivirus. Manifestasi klinis atipik meliputi bentuk verukosa, ekzofitik, dan ulserasi kronis. Tingkat keparahan dan durasi manifestasi klinis berhubungan dengan derajat defisiensi sistem imun. Penanganan pada pasien immunocompromised sedikit berbeda dengan pasien immunocompetent. ** Kesimpulan:** Manifestasi klinis infeksi herpes genitalis pada pasien dengan defisiensi sitem imun berhubungan dengan bentuk yang lebih atipik, generalisata, peningkatan rekurensi dan resitensi obat antivirus. Perlu penanganan yang berbeda.

**Kata kunci:** herpes genitalis, immunocompromised, HSV.
PHARMACOLOGICAL ASPECT OF IMMUNOSUPPRESSIVE DRUGS
Aznan Lelo
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Immunosuppressive agents have important role in treatment of immune disorders, including the reduction of immune response in autoimmune diseases and organ transplantation. Apart from glucocorticoids (methylprednisolone, prednisolone, prednisone), immunosuppressive agents consist of calcineurin inhibitors (cyclosporine, tacrolimus), antiproliferative and antimetabolic agents (sirolimus, azathioprine, mycophenolate mofetil, methotrexate, cyclophosphamide), monoclonal antibodies: anti-CD3 antibody (muromonab-CD3), anti-CD25 antibody (daclizumab), anti-TNF-alpha antibody (infliximab). Cyclosporine blocks the transcription of cytokine genes in activated T cells and then decreases IL-2. Sirolimus binds to same cytoplasmic FK-BP as Tacrolimus, but instead of forming a complex with calcineurine, sirolimus binds to mTOR. Azathioprine is prodrug, coverted to 6-mercaptopurine and then to thionosonic acid that inhibit DNA synthesis. Mycophenolate mofetil is converted into mycophenolic acid that inhibit inosine monophosphate dehydrogenase. Basiliximab and daclizumab are both IL-2 receptor antagonist, basiliximab 10 fold mor poten than daclizumab. Steroids are able to rapidly reduce lymphocyte populationby lysis or redistribution. They involve in inflammatory responses. Antimetabolites generally used in combination with corticosteroids and calcineurin inhibitors. Immunosuppressants require therapeutic drug monitoring because of their narrow therapeutic index and significant variability in blood concentrations between individuals. The variability in blood concentrations can be because of factors likedrug-nutrient interactions, gender influence and polymorphism. Drug monitoring is widely practised especially for cyclosporine, tacrolimus, sirolimus and mycophenolic acid. Methotrexate, mycophenolate, and le- and teri-flunomide, cyclophosphamide, mitoxanthrone are contraindicated if pregnancy is desired due to their teratogenic effects, as well as gonadotoxic effects in the case of cyclophosphamide. Azathioprine, glucocorticoids, mesalazine, anticalcineurins such as cyclosporine and tacrolimus, β-interferon, glatiramer-acetate and chloroquine can be used during pregnancy.

SYSTEMIC CORTICOSTEROID USED IN HERPES ZOSTER
Erdina H.D. Pusponegoro
CORTICOSTEROID USE IN PEDIATRIC DERMATOLOGY
Filiandini Prasanti
SMF Ilmu Kesehatan Kulit dan Kelamin
RSUD Embung Fatimah-BATAM

Corticosteroids are the mainstay of therapy for many pediatric disease, especially for dermatology field. However, despite their proved and known efficacy, corticosteroid show a lot of side effects, among which growth retardation in pediatric age. The aim of this review is to discuss the mechanism of action of corticosteroid, and how their genomic effects have both beneficial and adverse consequences. This review will focus in corticosteroid use in vary pediatric dermatology cases which most common in clinical practice.

Key words: corticosteroid, pediatric dermatology, side effect, mechanism of action of corticosteroid.

Kortikosteroid adalah andalan terapi pada berbagai penyakit pediatrik, terutama di bidang dermatologi. Namun, meskipun khasiatnya telah terbukti ampuh, kortikosteroid dapat menimbulkan banyak efek samping, di antaranya retardasi pertumbuhan pada usia anak. Tujuan dari tulisan ini adalah untuk membahas mekanisme aksi dari kortikosteroid, dan bagaimana efek genomiknya memiliki konsekuensi yang menguntungkan dan merugikan. Tulisan ini akan memfokuskan penggunaan kortikosteroid pada berbagai kasus dermatologi anak yang paling sering dijumpai pada praktik klinis.

Kata kunci: kortikosteroid, dermatologi anak, efek samping, mekanisme aksi kortikosteroid.

NEW TOPICAL MODALITIES IN TREATING SCALP PSORIASIS
Oki Suwarsa

NEW NON-TOPICAL MODALITIES IN TREATING SCALP PSORIASIS
Benny E. Wiryadi


**Kata kunci:** skincare, akne, dermocosmetics, cosmeceuticals

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**EXPLOITING MEDICINAL PLANTS AS POSSIBLE THERAPY FOR ACNE**

Sjarif M. Wasitaatmadja


**Kata kunci:** herbal, terapi akne
Botanical is a major part of the cosmetic additives category in the cosmetics market today. Botanical used as a medical ingredient (medical plant), flavoring and fragrance is referred to as herbs (medicinal plants). Indonesia is one of the richest tropical forest country in the world with around 30,000 types of herbs which are only partially used as traditional medicine. Unfortunately until today it has not been explored and developed broadly and further into a meaningful herbal therapy. The role of herbs in acne therapy are in its ability such as: skin cleansing (jojoba oil), sebum-controlling (green tea, serena repens), anti microbial (Tea Tree Oil/TTO), anti inflammatory (green tea, tea and TTO), corneolytics (TTO, glycolic acid, malic acid). Herbs can also be amooisturizer agents, photo protective agents and camouflage. Various in vitro and in vivo studies with evidence level category IB-III have been reported as evidence based on the efficacy and safety of its usage in acne therapy. As far as I know, there is none of medical trial of herbs for acne in Indonesia, although some of them traditionally and historically have been used for acne therapy.

**Key words:** herbs, acne therapy.

### ORAL ANTIOXIDANTS FOR ACNE
Lilik Norawati

### SYMPOSIUM 27

**HAIR TRANSPLANTATION : CURRENT CONCEPTS AND TECHNIQUES**
Gunawan Budisantoso

Transplantasi rambut adalah tindakan restorasi rambut untuk mengatasi kebotakan karena faktor androgenetik baik pada pria maupun wanita, parut luka akibat luka bakar, luka operasi. *Frontal fibrosing alopecia, Brocq’s pseudopelade,* dan juga untuk menambah rambut pada alis, janggut/kumis maupun area pubis. Pada kelainan-kelainan tsb pengobatan apapun tanpa ada tindakan khusus tidak akan memberikan hasil memuaskan. Tindakan yang berupa tindakan bedah maupun tindakan invasif minimal non-bedah. Tindakan bedah yang berupa ekspansi jaringan scalp, flaps, flap dan reduksi scalp sudah ditinggalkan, sedangkan transplantasi rambut dengan berbagai varian teknik tetap merupakan pilihan yang dilakukan hingga saat ini. Dua teknik konvensional dari transplantasi rambut yang masih dilakukan hingga saat ini adalah teknik strip (*Strip technique/FUT/Follicular Unit Transplantation technique*) dan teknik ekstraksi unit folikular (*FUE/Follicular Unit Extraction technique*). Kendala skar yang selalu terjadi pada teknik strip dapat diatasi dengan *Trichophytic Closure Technique* atau *FUE* pada skar. Sedangkan teknik ekstraksi unit folikuler (*FUE*) yang manual terus berkembang menjadi *NeoGraft*, *Direct Hair Implantation technique* (*DHI*), *Robotic Hair Transplantation technique*. Namun sekarang telah terdapat teknik transplantasi yang dapat memberikan hasil lebih maksimal khususnya untuk kebotakan yang luas dengan rambut donor yang terbatas, adalah *Partial Longitudinal Follicular Unit Transplantation* atau disebut pula *Hair Stem cell Transplantation* knn menggunakan sel punca folikuler sebagai donornya. Teknik ini merupakan teknik invasif minimal non-bedah yang tidak mengurangi jumlah rambut di area donor yang dipakai, tidak ada parut luka sedikitpun, dan dapat dilakukan beberapa kali khususnya untuk pasien dengan kebotakan yang sangat luas namun memiliki rambut donor yang terbatas, serta rambut akan tumbuh sangat alami.

**Kata kunci:** transplantasi rambut, *FUT, FUE, NeoGraft, DHI, robotic – hair stem cell transplantation*
EYEBROW AND EYELASH HAIR TRANSPLANTATION
Sinta Murliystarini
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Alis dan bulu mata merupakan salah satu fitur estetik pada wajah. Alis dan bulu mata yang rontok sebagian atau seluruhnya dapat menyebabkan perubahan pada wajah, dan dapat mempengaruhi rasa percaya diri pasien. Transplantasi rambut dapat menjadi alternatif terapi untuk membuat alis dan bulu mata tampak lebih penuh, atau untuk memperbaiki penampilan estetik akibat kecelakaan. Terdapat berbagai prosedur transplantasi folikel rambut yang dapat dilakukan, namun yang sering dikerjakan diantaranya teknik follicular unit transplantation (FUT) dan follicular unit extraction (FUE). Walaupun transplantasi alis dan bulu mata merupakan teknik yang aman, namun resiko komplikasi tetap dapat terjadi. Skrining awal pasien yang teliti untuk menghindari ketidakpuasan dan ekspektasi yang tidak realistis dari pasien merupakan hal yang sangat penting.

Keywords: eyebrow hair transplantation, eyelash hair transplantation, follicular unit transplantation, follicular unit extraction

CONCEPTS AND UPDATES IN HERBAL-DERIVED AGENTS FOR HYPERPIGMENTATION (KONSEP DAN PERKEMBANGAN TERKINI BAHAN HERBAL UNTUK HIPERPIGMENTASI)
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Kata kunci: herbal, hiperpigmentasi, kosmetik, penelitian
FAT TRANSPLANTATION FOR DERMATOLOGIC DEFECT
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Autologous fat transplantation (AFT) has been used to correct unaesthetic depressions caused by dermatologic diseases of various body parts since 1893. In the early stages, the success rate was very low since fat tissue was transplanted en bloc and, therefore, subject to ischemic necrosis. However, since 1980s when Dr. Fournier used syringe-aspirated fat and microlipoinjection to correct facial contour changes induced by aging, AFT has become a very popular technique to correct aging changes as well as unwanted depressions resulting from various diseases such as scleroderma, lupus panniculitis, and idiopathic lipodystrophy. Fat cells have been considered fragile but, in reality, they are robust enough to endure harvesting, washing, and injection by syringe and they also survive freezing and thawing necessary for long-term storage. Harvesting of fat is done with an aspiration cannula attached to a 10 ml syringe and filtered, transferred to 1 ml syringes, and injected with an appropriate cannula. Transferred fat cells survive by diffusion from surrounding tissues until angiogenesis occurs and, therefore, they should be injected in small quantities (Pearls not lakes!). Transfer is done in multiple planes to enhance blood supply and survival. Injected fat is molded by pressing with fingers and movement is minimized for at least 2 weeks. Buttocks, thighs, inner knees, and abdomen are considered ideal donor areas for AFT. After initial injection, remaining fat is transferred to 1 ml syringes and stored in -70°C freezer. Fat injection is usually done at 3-month interval for 3 times and assessed after at least 6 months later for the necessity of additional injections since it is known that at best 50% of the injected fat survives after 1 year. Minor complications, e.g., temporary edema and purpura of the injection site are commonly seen but blindness or CNS damage can also rarely occur by accidental fat embolism. In order to prevent these fatal complications, use of blunt tipped cannula or careful withdrawal of the piston when using a large bore needle is recommended. When cost effectiveness and merits are considered, AFT can be considered a very safe and effective mean to restore depressions caused by various dermatologic diseases.

ALLERGIC CONTACT DERMATITIS FROM HAIR AND NAIL PRODUCTS
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Customer desires & marketing strategies have enabled changes in shape, colour & length of hair. There are a great variety of chemicals to fulfill stylist & customer desires. Hand eczema is a well-recognized and potentially severe drawback to the hairdressing profession. We will discuss contact dermatitis from hair product ingredients such as para-phenylenediamine, cocamidopropyl betaine, thioglycolates, persulfates, etc. Manicurists (nail technicians) perform manicures & pedicures. There have been many documented adverse reactions reported among consumers & manicurists. Nail allergens we will cover include toluene sulfonamide-formaldehyde resin, cyanoacrylates and (meth)acrylates.
MICROBIOMES OF ECCRINE & APOCRINE GLANDS
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Palembang

Microbiomes is defined as microbial communities inhabiting human. Microbiome is dynamic and
changes, consisting the most diverse communities of bacteria, fungi, and virus. The skin microbiota plays
a vital role in educating the immune system as the cutaneous innate and adaptive responses can modulate
the skin microbiota. There are 3 different skin sites that show different microbiomes, oily area, moist area,
and dry area. Eccrine and apocrine glands mostly can be found in the moist area, such as axilla. Eccrine
gland produced liquid cooling of the body, mainly composed of water and salt. Apocrine gland drains
milky, colorless, and odorless liquid, until it contacts with bacteria. Microbiome of eccrine and apocrine
such as Corynebacteria sp. and Staphylococci sp. process the sweat results in the characteristic malodor
associated with sweat in human. The use of deodorant may change the microbiome of the axilla.

Keywords: microbiome, eccrine glands, apocrine glands

CURRENT NAIL PSORIASIS : PROBLEMS AND SOLUTIONS
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National Skin Centre, Singapore

3 types of nail conditions is associated with Psoriasis: 1) Nail changes as part of skin scalp and joint
involvement, 2) Pustular psoriasis with nail involvement and 3) Acrodermatitis continua of Hallopeau.
Nail changes occur up to 50% of patients with psoriasis and adds to the cosmetic and functional
disabilities experienced by the patients. Psoriasis may only affect the finger and toe nails without
evidence of diseases in other part of the body. Depending on the part of the nail apparatus, matrix,
hyponychium or nail bed, is involved in the disease process, the changes produced include Pittings ,Distal
onycholysis, Nail plate thickening and crumblings,Subungal hyperkeratosis Tranverse grooves. Oil drop
and Trachyonychia .Most of these changes are visible to naked eye and the use of Dermoscopy has
greatly help with clinical examination. The severity of involvement can be objectively measured using the
Nail Psoriasis Area And Severity (NAPSI) Score. Pustular psoriasis tends to involve the nail plate and
periungal skin. Acrodermatitis continua of Hallopeau classically involve one finger of either young or an
elderly patient and favours the female sex. The exact nature of these conditions are not well understood.
Progress of the nail diseases reflects the general condition of the patient and the existing nail plate turns
normal only when new the diseased plate is replaced by the new one in 6-9 months. Treatment of nail
psoriasis is difficult and only oral anti-psoriasis drug like Methotrexate, Ciclosporin and Anti-Interleukin
Biologics are known to useful .Topical therapy have proven to be of low efficacy, probably because of
poor drug absorption. Intraleosional steroid injection to nail matrix has not been popular and hence not
properly evaluated. Differential diagnosis of nail psoriasis include Onychomycosis. Lichen planus.
Eczema and nail dystrophy due to age and foot bone deformities.
ANHIDROSIS/HYPOHIDROSIS AND HYPERHIDROSIS DUE TO CONGENITAL DISEASES
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SYMPOSIUM 29
SURGICAL APPROACH TO SKIN APPENDAGES TUMOR
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Skin appendages can be found in the dermis area, there are several skin appendages related to epidermis such as hair follicle, sebaceous gland, erector pili muscle and sweat gland, they will join with apocrine gland to form a complex called pilosebaceous, while the eccrine gland are separate. Skin appendage tumors can be benign and malignant tumors. These tumors are classified according to the differentiation of normal skin appendage structures, namely follicular, sebaceous, eccrine and apocrine glands. Most benign appendage tumors and some malignant tumors originate from these structures. Benign skin appendage tumors have no malignant potential, whereas malignant tumors can be metatasis to the lymph nodes and viscera. These tumors can also be aggressive locally, non-metastatic. These tumors can also occur sporadically or are characterized by the presence of genetic syndromes, although they are rare such as: Muir-torre syndrome, Cowdwen syndrome, Birt-Hogg-Dube syndrome and Broke-Spiegler syndrome. Clinical features of skin appendage tumors can be papules, solitary or multiple nodules in the dermis with minimal thickening of the epidermis upper layer. The gold standard examination for the diagnosis of appendage tumors is histopathology examination with skin biopsy, even for cases that are difficult to group. The management of most skin appendage tumors is surgical excision, ablative techniques such as electrodessication, currates and cryotherapy, Mohs Micrographic surgery, and radiotherapy

Keywords: skin appendages, surgical approach

IS MOHS MICROGRAPHIC SURGERY REALLY NECESSARY TO TREAT SKIN CANCERS?
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Mohs micrographic surgery (MMS) is a microscopically controlled surgery used to treat skin cancers such as basal cell carcinoma (BCC), squamous cell carcinoma (SCC), and melanoma in situ. Currently, indications for MMS have been expanded encompassing dermatofibrosarcoma protuberans (DFSP), sebaceous carcinoma, microcystic adnexal carcinoma, extramammary paget’s disease (EMPD), angiosarcoma and atypical fibroxanthoma and many other benign and malignant lesions. The goal of MMS is to remove the skin cancer completely with free margins to maximize cure rates and also to achieve minimal surgical defects. This procedure therefore allows to achieve a high cure rate and excellent cosmetic result. The cure rate of MMS is superior to other treatment modalities and for cancers with indistinct margin, aggressive pathology, and for cancers that have recurred after a treatment must be managed using the Mohs technique. Although the cost of Mohs technique is a bit higher than conventional wide excision (CWE), the ability of Mohs to clear high risk tumors with a smaller margin is superior to CWE. Performing Mohs also entails more labor for the surgeon but the rate of tumor clearance and minimal scarring compensates for the hardship. This lecture will outline why MMS is necessary in surgically managing skin cancers as compared to conventional wide excision and introduce challenging cases that were successfully treated by MMS.
For most cases of alopecia, a clinical examination is often sufficient to yield a confident diagnosis. There are however instances when the diagnosis is more difficult to arrive at and the assessment would often require multiple modalities of evaluation including trichoscopy and histopathology. The primary focus of the discussion is on histopathology, with trichoscopy being secondary. A scalp biopsy is often needed in cases that are difficult; or atypical; when changes are subtle; or when scarring alopecia is being considered. To effectively evaluate abnormal hair pathology one must first understand normal cycling and normal hair follicle anatomy. This lecture will examine the histopathology and trichoscopic features of common hair conditions covering some non-scarring and scarring types of alopecia. Histopathology and trichoscopy can work hand-in-hand specially when faced with difficult cases. These two modalities of evaluation allow the clinician the opportunity not just to diagnose difficult cases but in some instances, it also provides an opportunity to better understand some of the processes involved.

DIAGNOSTIC IMMUNOCHEMISTRY IN CUTANEOUS NEOPLASIA: AN UPDATE
HM. Nadjib Dahan Lubis

SYMPOSIUM 30

PHYSIOLOGICAL REGENERATION OF SKIN APPENDAGES AND IMPLICATIONS FOR REGENERATIVE MEDICINE IN GERIATRIC POPULATION
Yulia Farida Yahya

MANAGEMENT OF XEROSIS IN GERIATRIC POPULATIONS IN CORRELATION WITH SKIN APPENDAGES
Shannaz Nadia Yusharyahya

Pemphigus name comes from the Greek word “pemphix” meaning blister or bubble. This disease has an interesting history with new advents in treatment over the years. Pemphigus is prevalent world-wide; however, incidence is quite high in Western India with variety of cases across all age groups. Pemphigus is an immune-bullous disorder, resulting in blistering of skin and mucous membrane. Essentially all patients with pemphigus vulgaris develop painful erosions of the oral mucosa. More than half of the patients also develop flaccid blisters and widespread cutaneous erosions. Pemphigus vulgaris is therefore divided into two subgroups: (1) the mucosal-dominant type with mucosal erosions but minimal skin involvement; and (2) the muco-cutaneous type with extensive skin blisters and erosions in addition to mucosal involvement. The disease affects all age groups, however as the age advances, in geriatric age groups there are various skin changes resulting in varied manifestations of the disease. Clinically, these patients present with flaccid vesicles on erythematous or normal skin which breaks easily to form erosions and crust and ecchymosis.

Paraneoplastic pemphigus is associated with underlying neoplasms, both malignant and benign. The most commonly associated neoplasms are non-Hodgkin lymphoma and chronic lymphocytic leukemia, followed by Castleman disease, malignant and benign thymomas, sarcomas, and Waldenström macroglobulinemia. Non-Hodgkin lymphoma and chronic lymphocytic leukemia together account for two-thirds of patients and its association with paraneoplastic pemphigus is strikingly disproportionate to its general occurrence. The absence of common tumors, such as adenocarcinomas of the breast or colon and squamous cell carcinomas, is notable. The most constant clinical feature of paraneoplastic pemphigus is the presence of intractable stomatitis. Severe stomatitis is usually the earliest presenting sign and, after treatment, it is the one that persists and is extremely resistant to therapy. This stomatitis consists of erosions and ulcerations that affect all surfaces of the oropharynx and characteristically extend onto the vermilion lip. Most patients also have a severe pseudomembranous conjunctivitis, which may progress to scarring and obliteration of the conjunctival fornices. Nasopharyngeal, esophageal, vaginal, labial, penile and perianal lesion becomes essential to consider various para-neoplastic conditions.

The diagnostic approach includes routine hematological and biochemical investigations, biopsy from fresh bullae. In advanced age, X-ray and ultra-sonography of affected part is essential. Skin biopsy shows the classical supra-basal cleft and acantholysis. Anti-desmoglycin antibody 1 and 3 were also advocated using ELISA test. Various immune mechanisms lead to increased immune cells response in advancing age.

Treatment must be tailored for each patient, taking into account pre-existing and coexisting conditions. It involves the systematic steroids which can lead to worsening of old age disorders such as Hypertension, Diabetes Mellitus or osteoporosis. Various other second line drugs are being used as an adjuvant to steroid. However, the side effects of drugs with advancing age pose a serious issue. Azathiaprine, Intravenous immunoglobulin, MMF, cyclophosphamide plasmapheresis are the various drugs used with steroids variable results. Many references suggest rituximab as first- or second-line therapy. Rituximab (monoclonal antibody presumably targets B cells, the precursor of (auto) antibody-producing- plasma cells. Given as intravenous therapy, it shows dramatic effect in some and at least partial remission in other patients. Plasmapheresis reduces pemphigus antibody. Immunosuppression by these drugs causes an increased risk of secondary infections such as viral, fungal and bacterial infection, bacteria like staphylococcal aureus lead to septic shock in severe cases. In such cases fluid and electrolyte balance to be maintained. Herpes simplex infections are commonly seen associated with Pemphigus. Treatment must be tailored for each patient, taking into account pre-existing and coexisting conditions Pemphigus Vulgaris geriatric patients due to risk of various complications and side effects of various drugs. Our observations suggest that prognosis for older patients with PV is not worse in all cases. In several older patients, PV was controlled by lower doses of systemic corticosteroids. Adjuvant therapeutic agents should be used cautiously and judiciously. Supportive measures should be offered frequently and aggressively.
THE BASIC MECHANISM OF GRAYING HAIR AND PHARMACOLOGIC INTERVENTIONS IN PREVENTING GRAYING HAIR

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Kata kunci: hair graying, stres genotoksis, rambut beruban prematur
TRIPLE ELIMINATION PROGRAM
P2PML (KEMENKES)

POC TEST UNTUK INFEKSI MENULAR SEKSUAL
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Infeksi menular seksual (IMS) masih merupakan masalah kompleks dalam dunia kesehatan dengan sekitar 450 juta kasus baru tiap tahunnya. Hal ini menjadi masalah terutama karena penyebabannya yang terjadi tanpa disadari (insidious) dan menyebabkan berbagai masalah kesehatan ibu dan anak seperti kematian janin, berat badan lahir rendah (BBLR), kelahiran preterm, gangguan pertumbuhan, infeksi neonates dan kematian. Sebuah metode diagnostik yang cepat dan akurat dibutuhkan agar terapi yang tepat dapat diberikan secara dini serta mengurangi risiko penyebarannya. Metode diagnostik yang tersedia saat ini memiliki kelemahan berbasis laboratorium, mahal dan sulit diakses oleh semua fasilitas kesehatan. Hasil dari pemeriksaan tersebut juga tidak langsung didapat sehingga pasien perlu kembali ke fasilitas kesehatan tersebut di lain waktu untuk mendapatkan hasilnya. Hal ini meningkatkan risiko loss to follow up serta tertundanya terapi. Point of care (POC) testing adalah sebuah metode diagnostik yang dilakukan di (atau dekat) tempat atau waktu yang sama dengan tempat pemeriksaan pasien. POC yang baik adalah yang dapat memenuhi kriteria berikut: haraga terjangkau, sensitif, spesifik, mudah digunakan, cepat dan tepat, bebas dari peralatan tambahan serta mudah dibawa. POC untuk IMS yang saat ini sudah ada menggunakan metode antigen-antibody detection assay atau nucleic acid amplification test. Artikel ini bertujuan untuk memaparkan kemajuan POC untuk IMS yang sudah ada ataupun yang sedang dikembangkan serta bagaimana metode tersebut dapat membantu menurunkan prevalensi IMS.

Kata kunci: antibody-antigen detection assay; nucleic acid amplification tests; point-of-care; POC; STI
KEMAJUAN BARU DALAM DIAGNOSIS INFEKSI MENULAR SEKSUAL
Richard Hutapea
SMF / Divisi Ilmu Kesehatan kulit dan Kelamin FK-USU / Rumah Sakit Umum Pusat
H.Adam Malik ,Medan

Diagnosis infeksi menular seksual (IMS) memerlukan anamnesis, pemeriksaan fisik dan pemeriksaan laboratorium untuk mengetahui penyebab IMS. Pemeriksaan laboratorium yang ada sekarang (konvensional) memerlukan tenaga keahlian khusus, ruangan khusus, hasil 1-3 hari bahkan bisa 1 minggu, biaya pemeriksaan cukup tinggi sehingga pasien terkadang mangkir dari pemeriksaan tidak mendapat pengobatan segera karena menunggu hasil akibatnya komplikasi penyakit bisa terjadi atau membeli obat sendiri untuk mengobati IMS-nya. Pemeriksaan laboratorium konvensional ini selalu tersedia di rumah sakit besar dikota atau pusat laboratorium jarang dijumpai di klinik, pusat kesehatan masyarakat dan didaerah yang terbatas sumber daya. Sekarang dengan adanya teknologi baru dalam diagnosis laboratorium, pasien atau masyarakat yang berobat tidak perlu lagi mengadakan pemeriksaan dikota atau di pusat laboratorium dengan adanya tes cepat multiplex (immunochromatographic assay) hasil pemeriksaan bisa diketahui dalam waktu 10-15 menit dapat mendeteksi dua penyakit atau lebih dari satu spesimen seperti Dual Path Platform (DPP) sifilis non treponema dan treponema dan Dual rapid HIV (antibodi HIV1/2) dan sifilis test, dengan sensitivitas dan spesifitas tinggi mendekati pemeriksaan gold standard (konvensional) dan tes cepat molekuler seperti rapid multiplex NAATs dapat mendeteksi dua penyebab penyakit dalam satu spesimen C.trachomatis dan N.gonorrhoeae dalam waktu 90 menit dengan spesifitas dan sensitivitas tinggi dibanding tes NAAT konvensional memerlukan waktu 24-72 jam. Tes ini selain digunakan untuk mendiagnosis dapat juga digunakan sebagai skreeing. Tes cepat multiplex dapat digunakan sebagai tes pendamping pasien atau disebut Point of care (sekalii konsultasi segera mendapat pengobatan/perawatan dapat mencegah kemungkinan komplikasi penyakit lebih lanjut atau penularan ke orang lain.Tes ini dapat digunakan sebagai program pencegahan penyakit menular IMS dari ibu ke anak (MTCT).

STI IN SEXUAL ABUSE
Melani Marissa
UPDATES OF TRICHOSCOPY
Adolfo Bormate Jr.

Trichoscopy or dermoscopy of the hair and scalp has gained tremendous popularity in the past several years. Progress has been gained in many aspects such as: new findings being described; refinements and clarifications of previously described findings; the recognition of features as clues to disease activity, chronicity and even the chance of treatment success; and the emergence of new applications and technology. Most clinicians however use dermoscopy mainly for diagnosis. With this in mind, concepts and findings relevant to diagnosis will be given priority in this discussion. The best way to appreciate the usefulness of trichoscopy in clinical practice is to see this technique applied to specific disease conditions. Familiarity with both the basic and new developments in the field would be most helpful to clinicians. The lecture will use current knowledge in discussing trichoscopy of some scarring and non-scarring alopecias along with an example of a hair shaft disorder. It must be stressed however that trichoscopic findings should not be taken in isolation but rather the bigger picture should always be kept in mind - and that is the whole patient.

DERMOSCOPY IN NAIL MELANOMA
Kuniaki Ohara

ROLE OF DERMOSCOPY IN ASSESSING SURGICAL MARGIN
Adhi Mukti

SYMPOSIUM 33

UPDATES ON PATHOGENESIS OF PSORIASIS
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Departemen Ilmu Kesehatan Kulit dan Kelamin
FK USU/RSUP Haji Adam Malik Medan


Kata kunci : psoriasis , keratinosit , faktor lingkungan , peradangan kulit , imunitas bawaan , imunitas didapat
PENGARUH PSORIASIS MATERNAL TERHADAP KEHAMILAN DAN HASIL KELAHIRAN
Tjut Nurul Alam Jacoeb
Kelompok Studi Psoriasis Indonesia Jakarta


Kata kunci: psoriasis, kehamilan, hasil kelahiran

EFEECTS OF MATERNAL PSORIASIS ON PREGNANCY AND BIRTH OUTCOMES
Tjut Nurul Alam Jacoeb
Indonesian Study Group on Psoriasis Jakarta

During pregnancy there is a fluctuative change of immune system that affects the severity of psoriasis. Although many experts assume that pregnancy improves the state of psoriasis, but in fact it is found that changes in cellular immunity are different in the three trimesters of pregnancy. These events are related to the cellular immune system in the pathogenesis of psoriasis. Determining safe treatment of psoriasis during pregnancy is difficult because pregnant women are not permitted to be the subject of research. The chance of psoriatic pregnant women to deliver premature and low baby weight babies is significantly higher compared to normal pregnant women. The clinical impact of psoriasis on pregnant women and their birth outcomes will be explained in this presentation.

Keywords: psoriasis, pregnancy, birth outcomes

Kata kunci: agen biologik, psoriasis, terapi

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**SYMPOSIUM 34**

**ROSASEA: FAKTOR PENCETUS DAN TATA LAKSANA TERKINI**

Sarah Diba

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Kata kunci: rosacea, eritem persisten, telangiektasis, tatalaksana rosacea
Dermatitis perioral is chronic dermatosis characterized by erythematous papules or papulopustules in the perioral (most often site), nasolabial and periorbital areas which commonly occurs in young women. The pathogenesis of perioral dermatitis is still not well understood but is most often triggered by the use of topical corticosteroids. Other factors that can trigger the onset of lesions are infection, drugs, and hormones. Acne therapy that can trigger perioral dermatitis includes topical corticosteroids and the use of sunscreen, especially those with high sun protection factor (SPF). The use of topical corticosteroids is thought to induce an increase in free fatty acids which results in an increase in Propionibacterium acne (P. acne) colony in the pilosebaceous unit. The breakdown of free fatty acids by P.acne is thought to trigger the formation of inflammatory papules. On the other hand, high SPF sunscreen is thought to induce perioral dermatitis through the occlusive nature of mineral and base micropigments. Treatment options for perioral dermatitis include topical, such as metronidazole, erythromycin, pimecrolimus, trachrolimus, and azelaic acid, and systemic, such as tetracycline, ertiooxylin, minocycline, doxycycline, and oral isotretinoin. In conclusion, there are some treatment options in acne vulgaris that may trigger perioral dermatitis. However, majority can instead be used as a treatment for perioral dermatitis.
MALASSEZIA FOLLICULITIS
Lukmanul Hakim Nasution
RSUP Haji Adam Malik, Medan


Kata kunci: folikulitis Malassezia, diagnosis, tatalaksana

Malassezia folliculitis is inflammation of sebaceous gland caused by Malassezia infection. Humidity and high sebum content can be risk factor for this disorder. Clinical manifestations are usually chronic monomorphic pruritic papules and follicular papulopustules with perifollicular erythema on upper body, back, neck and upper arm. Malassezia folliculitis is often difficult to differentiate with acne vulgaris. Diagnosis can be done with clinical findings and supported by other examination such as KOH of pustules swab, methylene blue staining, culture, and skin biopsy. Treatment consists of topical or oral antifungal to accelerate healing and prevent recurrence.

Keywords: Malassezia folliculitis, diagnosis, treatment

SYMPOSIUM 35

PATHOGENESIS OF ALLERGIC CONTACT DERMATITIS - LASTEST CONCEPT
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Allergic contact dermatitis is a T cell-mediated, delayed type hypersensitivity (DTH) reaction. Skin contact elicits reaction in previously-sensitized individuals. We will discuss the roles of CD4+ and CD8+ T cells; as well as other cells e.g. NKT cells, NK cells, innate lymphoid cells and T-regulatory cells. Newer concepts include : Elicitation phase: Langerhans cells role in the development of immune tolerance vs. hypersensitivity reaction (as previously thought) During initiation of ACD. NKT cell-derived IL-4 → B cells secrete IgM → complement activation & immune cell chemotaxis. The role of innate immunity in the pathogenesis of ACD will also be covered.
Contact dermatitis, usually of the hands, is the most common occupational skin disease. More than 50% of patients with occupational contact dermatitis (OCD) severe enough to require a referral to a dermatologist, have persistent disease. The most important risk factor for OCD is exposure to irritants, including water, detergents, hand cleansers, cutting fluids, and abrasives. However, some improvement occurs with appropriate treatment in more than half of these patients. Clinical evidence suggests that abnormal barrier function resulting from damage of the keratinocytes that activates a cascade starting with arachidonic acid release, which is followed by secretion of various cell surface molecules, chemokines, lymphokines, cytokines such as IL-1, GM-CSF, leukotriene, and also from the T cells like IL-2, IL-4, IL-8, IFN-γ, TNF-α. Irritant contact dermatitis (ICD) predisposes the patient to the induction of skin sensitization, potentially leading to the development of ACD. Therefore, early use of a comprehensive treatment regimen is recommended. Although OCD could be prevented by applying an array of occupational control measures [i.e. hazard elimination, substitution, engineering controls, safe work practices and, where this is not possible, personal protective equipment (PPE)], the problem remains significant, affecting workers across a range of industries and activities. There have been a number of publications emphasizing appropriate treatment for OCD. These include the use of a soap substitute at home and work, nightly use of a lipid-rich moisturizing cream or lotion and the use of topical corticosteroid paint for areas of active skin inflammation. Some existing publications showed natural bioactive compound may provide an anti-inflammation properties for preventing contact dermatitis. Coconut oil and other lipid–rich which is rich of lauric acid and phenol, nicotinamide, and poly-unsaturated free fatty acids such as eicosapentaenoic acid have been shown to reduce the inflammatory effect and macrophage accumulation. With such knowledge, it may be suggested that natural bioactive compound could be manufactured as active ingredients in preventing occupational dermatitis. Hand eczema may often take a chronic course with a tendency to frequent relapses. A history of earlier hand eczema is a major indication of vulnerable skin, predisposing the individual to the development of hand eczema. Even short episodes of eczema may predict a tendency to future disease, and the most important risk factor for development of hand eczema seems to be previous episodes of hand eczema earlier in life. As such, a suitable measure of prevention in the form of topical treatment comprising natural ingredients that is readily available would certainly be useful among occupational workers. **Keywords:** anti-inflammation, bioactive compound, occupational contact dermatitis

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**PERAN APENDIKS KULIT PADA DISFUNGANSAWAR KULIT PASIEN DERMATITIS ATOPIK**

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Kulit bersama dengan apendiks nya merupakan organ pemisah antara tubuh dengan fungsi faali yang kompleks dengan lingkungan luar, yang sering tidak ramah, dan sawar kulit yang bersifat semi-permiabel dapat mencegah penunjang kelembaban serta masuknya bahan penyebab infeksi atau bahan toksik. Beberapa apendiks kulit yaitu folikel rambut, kelenjar sebacea, kelenjar keringat, dan kuku. Kelenjar sebacea dan kelenjar keringat berperan penting sebagai penunjang fungsi sawar kulit. Penyakit kulit dengan dasar inflamasi, misalnya dermatitis atopik, derajat keparahan kerusakan sawar kulit sesuai dengan derajat keparahan kelainan kulitnya dan dapat diukur dengan beratnya reaksi inflamasi atau intensitas dermatitis nya. Stratum korneum epidermis mempunyai peran penting sebagai pelaksana fungsi
THE ROLE OF SKIN APPENDAGES IN SKIN BARRIER DYSFUNCTION OF ATOPIC DERMATITIS PATIENTS
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Skin is at the interface between the complex physiology of the body and the external, often hostile, environment, and the semi-permeable epidermal barrier prevents both the escape of moisture and the entry of infectious or toxic substances, together with its derivative appendages. The commonly seen skin appendages are hair follicles, sebaceous glands, sweat glands, nails and the most important for barrier integrity is sebaceous and sweat glands. For inflammatory skin disorders including atopic dermatitis, the degree of epidermal barrier disruption correlates with severity of presentation, as measured by degree of inflammation or state of dermatitis. The corneal layer of epidermis has a particularly important function to perform the role of epidermal barrier. The surface of the cornified layer is covered by a lipid film, comes from two sources: upmost from sebum secreted by the sebaceous glands, and the epidermal lipids, forming a part of the cornified layer of the epidermis. Like other organs, there are some related stem cells in the skin and its derived appendages, which have the capacity to maintain homeostasis, self-renew tissue, and contribute to wound healing. Skin wound healing is a highly organized and coordinated series of processes that leads to the restoration of tissue integrity and function. Stem cells residing in the epidermis and skin appendages are imperative for skin homeostasis and regeneration. These stem cells also participate in the repair of the epidermis after injuries, inducing restoration of tissue integrity and function of damaged tissue. Skin appendage-derived progenitor/stem cells could also reduce the immune response and promote repair. **Keywords:** cell biology, skin appendages, skin barrier, stem cells, wound healing

SKIN APPENDAGEAL IMMUNE REACTIVITY IN CUTANEOUS LUPUS
Miranti Pangastuti
SERIAL ELLIPTICAL EXCISIONS OF NEVUS SEBACEOUS OF JADASSOHN UNDER TUMESCENT SURGICAL ANESTHESIA ON THE NOSE, LEFT CHEEK, LEFT EYEBROW, LEFT UPPER PALPEBRAL, LEFT FOREHEAD AND LEFT SCALP

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Background: The nevus sebaceous of Jadassohn (NSJ) is a hamartomatous disorder of the skin and its adnexa pertaining to the group of organoid nevi, most frequently involving the face and scalp. The definitive treatment of nevus sebaceous is full-thickness excision. The decision to excise the lesion should be made in individual patients, based upon age, extension and location of the lesion, and the patient's or parents' concern about the cosmetic appearance and/or risk of malignancy. We did serial excision because multiple and big lesions, and the patient’s skin is still tight. Case: A case of nevus sebaceous Jadassohn on the nose, left cheek, left eyebrow, left upper palpebral, left forehead and left scalp in 21 years old woman was reported. Patient wanted to remove the lesions because she felt ashamed. The diagnosis of nevus sebaceous is made by physical examination and histopathology examination. We did serial excision under tumescent surgical local anesthesia solution on the nose first, followed every 2 weeks later on the left eyebrow, left cheek, and half part lesion on forehead. Topical antibiotic applied on the lesion post surgery and patient was given oral antibiotic and analgetic. We performed five serial elliptical excisions. There were improvement post surgery and patient was satisfied with the result. Discussion: It’s needed to perform the next surgery onto the lesion and follow up to detect scars and recurrences or new lesions and also the risk of malignancy. Key words: nevus sebaceous of Jadassohn, serial elliptical excision

A CASE OF BASAL CELL CARCINOMA ON THE ALA OF NOSE IN A 74-YEAR-OLD WOMAN, RECONSTRUCTED WITH BILOBED FLAP DESIGN UNDER TUMESCENT LOCAL ANESTHESIA

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Background: Basal cell carcinoma (BCC) accounts for 70–80% of all cutaneous malignancies in the head, face and neck regions. The bilobed flap is most useful in patients with ala of nose defects and those having thin nasal skin. Case: A case of BCC, size 0.8cmx0.8cmx0.3cm on ala of the right nose in 74-year-old woman was reported. Diagnose was made based on clinical features and physical examination. Patient was treated with surgical excision under tumescent surgical local anesthesia. After performed the aseptic antiseptic procedure we injected 20cc tumescent surgical solution (Field’s formula) using cannula infiltrator. We removed the tumor and closed the defect by performing bilobed flap. Histopathology
showed nodular type of BCC feature and the borders of excision were free from tumor cells. The post-operative result were satisfying. Discussion: We did an excision to remove the tumor on ala of the right nose in a 74-year-old woman. The defect was reconstructed using bilobed flap without nasal alar margin displacement. The healing was uneventful and the flap survived completely without any complications. The nasal contour was good, resulted an appropriate symmetry of the ala of nose and there was no retraction or inferior displacement of the alar. Excellent functional and aesthetic results were achieved in the distal nasal area of patient. Keywords: basal cell carcinoma, bilobed flap design, tumescent surgical local anesthesia

MISDIAGNOSED AS LEPROSY: A CASE REPORT
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Introduction: Leprosy is a chronic infection disease, caused by Mycobacterium leprae, obligate intracellular, that affects peripheral nerves, skin and other body-tissues except central nervous system. Delayed diagnosis and misdiagnosis in leprosy often occur, but are rarely reported. Case: A 54-year-old man came to H. Adam Malik General Hospital Medan, presented with reddish spots accompanied by dry and itchy skin on the right and left forearms, right and left legs, and back since 2 months ago. One month ago, the patient went to hospital abroad and was performed histopathological examination with lepromatous leprosy result and was given drugs that were unknown, the complaints were not subsided, but skin became black and dry. History of other diseases and history of leprosy in the family was not found. On dermatological examination, found hyperpigmentation and erythematous, rough, dull skin accompanied by fine scales in the vertebral region, antibrachial region dextra et sinistra, cruris region dextra et sinistra. Sensibility, sensory and motor nerve function and POD test have no abnormalities, BTA bacterial index negative. Temporary diagnosis was xerosis cutis, moisturizer treatment was given. PGL-1 IgM & IgG serological tests were done with seronegative results. Discussion: Leprosy is the great imitator disease. The patient was diagnosed with lepromatous leprosy, supported by histopathological examination. From dermatological and anti PGL-1 serological examination, the diagnosis of leprosy was ruled out. Accuracy is very important in diagnosing leprosy, so there is no misdiagnosis. Conclusion: Leprosy resembles many other diseases, so it often causes misdiagnosis. Keywords: misdiagnosis, leprosy, xerosis cutis

STEROID-INDUCED ROSACEA IN SYSTEMIC LUPUS ERYTHEMATOSUS
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Background: Rosacea is characterized by erythema of the central face with flushing, papules, pustules, and telangiectasia. It is induced by chronic, repeated exposure of triggers such as sunlight, temperature, exercise, menopausal flushing, spicy food, alcohol, emotions, cosmetics, topical irritants, and medications. Case: A 59-year-old female, visited dermatology and venereology outpatient clinic, with chief complain of redness and flushing all over the facial area for more than one year that currently become worse. She was previously diagnosed with systemic lupus erythematosus with malar rash three
years ago and treated with topical corticosteroids since then with no clinical improvement. She currently diagnosed with rosacea based on the erythematous facial lesion and multiple discrete telangiectasias on physical examination. The patient was advised to taper off the use of topical corticosteroids, then treated with topical metronidazole 0.75%, topical nicotinamide 4%, and topical tretinoin 0.025%. The improvement was shown after one month of treatment and the lesion cleared after five months. **Discussion:** Rosacea commonly mimics many diseases including photosensitivity in lupus erythematosus. The steroids was given for the vasoconstrictive and anti-inflammatory effect in treating lupus erythematosus flushing. Initial usage of steroids result in clearance of the primary lesion. However, persistent usage caused epidermal atrophy, degeneration of dermal structure, and collagen deterioration leads to rosacea with a flaming red, scaly, and papule-covered face. Considering the side effects of long term corticosteroids use, after years of treatment without any improvement, other diagnosis and treatment must be thought of. **Conclusion:** Rosacea with facial erythema as a common presentation is very challenging to diagnose. Careful clinical judgments and considerations of therapy must be made before giving long term corticosteroids therapy due to the possible following adverse effect such as steroid-induced rosacea. **Keywords:** Facial erythema, rosacea, steroid-induced rosacea, telangiectasia, topical corticosteroids.

**THE EVALUATION OF TREATMENT RESPONSE AND CHRONIC URTICARIA QUALITY OF LIFE IN DR. CIPTO MANGUNKUSUMO NATIONAL CENTRAL GENERAL HOSPITAL YEAR 2016–2018**

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Chronic urticaria (CU) is defined as urtica that persists for longer than 6 weeks. The first line treatment is 2nd-generation of H1-antihistamine (AH-1) at licensed dose. After two weeks, treatment response were evaluated and unresponsive patients were given the second line treatment, which is up-dosing the 2nd-generation AH1 up to fourfold, and then added with cyclosporine, omalizumab, and leukotriene receptor antagonist (montelukast). Although not life threatening, it may cause severe discomfort and alter patients’ quality of life (QoL). Chronic Urticaria Quality of Life Questionnaire (CU-Q2oL) is specifically developed instrument to assess the QoL in CU patients. Considering the high volume and burden of QoL caused by CU, this study aims to evaluate the treatment response and the QoL in CU patients 2 weeks after treatment. This retrospective analytical study involving all new chronic urticaria patients visited the Dermatovenereology Allergy-Immunology Clinic from the last 3 years period. The CU-Q2oL scores were assessed before and 2 weeks after treatment. All data were collected from medical records and analyzed using Statistical Programme for Social Science (SPSS®) 20.0. From 121 patients, 105 subjects had complete electronic medical records and enrolled in this study. Most subjects were female, aged between 20 to 39 year-old, and. Reduction of CU-Q2oL scores after 2 weeks of treatment achieved 93.3% of subjects treated with AH1 according to European Academy of Allergy and Clinical Immunology/World Allergy Organization (EAAC)/ World Allergy Organization (WAO) and Indonesian Society of Dermatology and Venereology (INSDV) guidelines. Cetirizine is the most common therapy given and 16.4% of subjects had updosing of 2nd generation AH1. **Keywords:** chronic urticaria, EAACI/WAO guidelines, therapy, quality of life.
UNCOMMON PREDILECTION OF CHILDHOOD MOLLUSCUM CONTANGIOSUM WITHOUT SEXUAL HISTORY: A CASE REPORT

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Background: Molluscum contagiosum is a common skin disease caused by the DNA of the molluscipox virus genus. This disease is common among children, sexually active adults, and immunocompromised individuals. The mode of transmission is through direct skin contact or indirect skin contact via contaminated items. The predilection area of molluscum contagiosum are the facial area, as well as the neck, armpit, trunk, and the extremities; however in adult population, pubic and external genital area are the most common predilection area. The lesion may fade away after several months, but on other cases it could stay. Case: A nine-year-old boy came with the chief complaint of multiple papules appeared in his left and right buttocks since 2 years ago. Physical examination showed multiple white and shiny papules, with a dome-shaped form and redness on the gluteal region. He was treated with electrocauterization and comedo extractor. Discussion: Upon finding a molluscum contagiosum lesion in the gluteal region, there is a possibility that it may be caused by sexual abuse to the child even though autoinoculation is the most common cause of anogenital viral infection in children. Most molluscum contagiosum cases are self-limiting, however treating the skin lesion may stop any future transmission possibilities and prevent autoinoculation. The main principle of treating molluscum contagiosum is to remove the molluscum body, by using either a mechanical device or topical medication. Keywords: Molluscum Contagiosum, Perianal, Autoinoculation

A CASE OF SECONDARY SYPHILIS WITH FOURTH STAGE HIV INFECTION ACCOMPANIED WITH TUBERCULOUS LYMPHADENITIS IN BISEXUAL MAN

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Sexually transmitted infections (STIs) is still a major health issue nowadays. Several studies have shown increased incidence of STIs in the group of man who have sex with man (MSM) and bisexuals when compared to heterosexual men or women. This is inseparable from risky sexual behavior practiced by this population, so it is not impossible for individual in this population to be suffering from more than one STI. We report one case of secondary syphilis with fourth stage HIV infection accompanied with tuberculous lymphadenitis in a bisexual man. Keywords: Syphilis, HIV, Tuberculous lymphadenitis, Bisexual
TUBERCULOSIS VERRUCOSA CUTIS MIMICKING HYPERTRHOPIC LICHEN PLANUS

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Tuberculosis verrucosa cutis (TVC) is also known as warty tuberculosis, prosector's wart, butcher's wart, anatomist's wart, and postmortem wart. The incidence of TVC varies but is seen frequently in Asia. The clinicopidemiological study conducted in Nepal by Dwari et al, obtained TVC (48%) as predominant type of cutaneous tuberculosis. In Indonesia, Cipto Mangunkusumo hospital Jakarta, TVC is the second most common form (13%) after scrofuloderma (84%). Tuberculosis verrucosa cutis is commonly found on the hands in adults and the lower extremities in children. Tuberculosis verrucosa cutis usually presents as a verruous or hyperkeratotic plaque that slowly develops for several months to years. The various clinical features of TVC can resemble other skin diseases, may frequently misdiagnosed. A 19 year old male, who presented with pruritic pink violaceous hyperkeratotic plaques on the dorsum manus sinistra since 2 years and dermoscopic examination showed white reticular striae on a surrounding pink base mimicking Wickham striae on hypertrhopic lichen planus. However, histopathological features were diagnosed with TVC. We report TVC case that was undiagnosed, resembling hypertrhopic lichen planus. Keywords: Tuberculosis verrucosa cutis, hypertropic lichen planus, clinical features

MULTIPLE GENITAL ULCER ON A MALE PATIENT DUE TO FUNGAL BALANOPPOSTHITIS SUSPECT OF CANDIDA ALBICANS INFECTION MIMICKING GENITAL HERPES: A CASE REPORT

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Genital ulcer can be caused by an infectious or non-infectious diseases. The appearance of genital ulcer can mimick one to another causative etiologies, so it becomes difficult to differentiate. We report one case of 34-year-old male, uncircumcised, with a painful multiple genital ulcer, he only have a sexual intercourse with his wife, but conduct an oral sex. So our working diagnosis was genital herpes and we treated the patient with valacyclovir 500 mg, twice daily, for 7 days. But turns out, the result of the culture for microorganism was shown an unspecified fungal colonies growth, instead of bacteria. And also, after one-week treatment, the ulcer became more profound and felt itchy rather than pain. We changed our working diagnosis to balanopposthitis due to fungal infection with a suspicion of Candida albicans and treated the patient with fluconazole 150 mg, single dose, bifonazole 1% cream and hydrocortisone 1% cream twice daily. After 5 days with new regimen of treatment, almost all the ulcer was healed, no itchy or pain sensations. With this case report, we hope that as a clinicians, we can be more careful and thorough in examining a patient with a genital ulcer. A KOH examinations can be a consideration for an additional diagnostic tools. Keywords: genital ulcer, balanopposthitis, case report, candida albicans
Background: Melasma is an acquired, irregularly patterned, light to dark-brown hypermelanosis, with symmetric distribution mostly over the face. Objectives: The aim of this study was to evaluate clinical characteristics and factors related to melasma in Medical Cosmetic Division of Dermatology and Venereology Outpatient Clinic Dr. M. Djamil hospital padang during January 2016 until December 2018.

Methods: Retrospective study performed in Medical Cosmetic Division of Dermatology and Venereology Outpatient Clinic Dr. M. Djamil hospital padang during January 2016 until December 2018. Data was taken from medical records. Results: Melasma was more prevalent in women (96.6%) and in Fitzpatrick skin phototypes IV (60 %) and III (40 %). Among 60 patients, centrofacial melasma was most common (48.3 %), Family history (58.1%) and sun exposure exceeding 1 hour (61.3%) were among the factors contributing to melasma development. Conclusion: The incidences of melasma in 2016-2018 were variable in every year, the most affected was in female 44-64 years old, the most clinical type is Centrofacial, and epidermal type from Wood's lamp examination. Keywords: Melasma, profile

PROFILE INCIDENCE OF TINEA CAPITIS IN POLICLINIC OF DERMATOLOGY RSUD DR RM DJOELHAM BINJA PERIODE 1 JANUARY 2014- 1 SEPTEMBER 2018

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Introduction: Tinea capitis (ringworm of the scalp) is a disorder of the skin and the hair of the head caused by a species of dermatopitita. This disorder is characterized by scaly lesions, reddish tint, alopecia to kerion. Tinea capitis usually occurs especially in children, although there are also cases in adults are usually infected with Trichophyton tonsurans. Tinea capitis can also be seen in adults with AIDS. Objective: To determine the overall incidence of Tinea Capitis in the general hospital DR. RM. DJOELHAM THE CITY OF BINJAI. Research method: This research uses descriptive method with retrospective approach. Data obtained from the medical records of patients of Tinea Capitis the period 1 January 2014 – 1 November 2018. Result: On 1 January 2014 – 1 September 2018 in the polyclinic of the health of the skin and venereal Hospital DR RM DJOELHAM the City of Binjai an incident the highest incidence of Tinea Capitis at the age of 1-20 years (52.4%), and to incidence of most common of Tinea Capitis occurs in women that is of 66.7% compared to men of 33.3%, based on the work, student / school have a high risk factor to be exposed to Tinea Capitis i.e. 61.9%. Conclusion: Based on the results of the research overview of the incidence of Tinea Capitis in the Polyclinic of the Health of the Skin and Venereal Hospital DR. RM DJOELHAM the City of Binjai much happens in women that is of 66.7% compared to men of 33.3%, at the age of 1-20 years (52.4%), based on the work, student / school have a high risk factor to be exposed to Tinea Capitis 61.9%. Keywords: Tinea Capitis, risk factors
CUTANEOUS LARVA MIGRANS IN A GIRL
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Background: Cutaneous larvae migrans (CLM) is a skin disease which is a linear or winding and progressive winding inflammation caused by invasion of hookworm larvae originating from dogs and cats. Cutaneous larvae migrans (CLM) are skin disorders caused by larvae hookworm. The main causes are hookworm larvae originating from dogs and cats, namely Ancylostoma braziliense and Ancylostoma caninum. In East Asia, CLM is generally caused by gnatostomas in pig and cat animals. Case: An 18-year-old girl came to the skin clinic and sex center at the DR. R.M Djoelham Binjai with complaints of red pimples forming an elongated line that meanders in the skin accompanied by itching, this has been experienced since ± 1 month ago. Discussion: This skin disorder is also known as creeping eruption, creeping verminous dermatitis, stray larvae, migraine dermatosis, sandworm disease, plumber ‘s itch, duck hunter’s itch. CLM has a wide distribution, mostly in warm and humid tropical and subtropical climates. One case of CLM has been reported based on clinical findings in the form of very itchy lesions on the surface of the abdomen and upper thighs with tunnel-shaped images of serpiginous papules similar to the skin. Patients were given single dose of albendazole 400 mg for 3 days and oral antihistamines. On the fifth day after therapy, the lesion undergoes spontaneous resolution and symptoms disappear. Keywords: cutaneous larva migrans, a girl, 18-year-old

PATCH TEST RESULT OF HAND DERMATITIS IN BEAUTICIAN: A CASE SERIES REPORT
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Background: Hand dermatitis (HD) is a common skin condition related to occupational exposure. Patch test (PT) is a diagnostic method to confirm the aetiology of HD. Aim: To report serial cases of patch test results of HD in beauticians. Case 1: a 36-year-old woman, with recurrent redness and peeling skin on both hands since 1.5 years ago. She has atopy history and has worked as a beautician since 2 years ago. Examination on palmar manus and digits I-V of manus dextra et sinistra showed erythematous patches, ill-defined margin, some areas of erosions covered with thin scales. PT result showed positive reaction to paraphenylenediamine (PPD) and fragrance mix (FM) I. Case 2: a 24-year-old woman, with recurrent redness and peeling skin on both hands since 6 months ago. She has atopy history and has worked as a beautician since 1 year ago. Examination on palmar manus, digits I, II, IV of manus dextra, and digits I, III of manus sinistra showed erythematous patches, ill-defined margin, some areas of erosions covered with thin scales. PT result showed positive reaction to PPD, FM I, and myroxylon pereirae resin. Discussion: Risk factors for HD in our cases were female sex, genetic factor (atopy history), wet work, and contact with chemicals during work as beauticians. PT results in our cases were PPD, FM I, and myroxylon pereirae resin, appropriate with previous studies. Conclusion: Patch tests are essential to determine the underlying causes and to prevent recurrence of HD. Keywords: hand dermatitis, patch test, beautician, hairdresser
THE IMPACT OF PRURITUS IN SCABIES ON THE QUALITY OF LIFE OF STUDENTS IN A PUBLIC BOARDING SCHOOL IN WEST JAVA

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Scabies is a neglected tropical disease, in which people affected primarily presents with intense pruritus. The disease is often recurrent, especially in people living in close contact and adversely impacts their quality of life. In this mixed method study, we analyzed quality of life using Dermatology Life Quality Index (DLQI) in 39 subjects from a public boarding school (PBS) in West Java. We also conducted in-depth interview to have deeper perspective on five selected subjects. Most subjects were female, grade 9 students, with duration of symptoms between six months to one year, frequency of disease of more than twice and not having an affected family member. We found that sex, duration of symptoms, frequency of disease and affected family members did not significantly affect subjects’ quality of life. In-depth interview revealed that pruritus affected the social relationship and the quality of learning and sleep of subjects. Therefore, a holistic and comprehensive management is needed to reduce the impact of scabies symptoms on quality of life. Keywords: scabies, pruritus, quality of life, public boarding school

CLINICAL PATTERNS AND TRIGGER FACTORS IN LEG ULCER AT SANGLAH GENERAL HOSPITAL, DENPASAR

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Leg ulcers refer to full thickness skin loss on the leg or foot due to any cause. They occur in association with a range of disease processes, most commonly with blood circulation diseases. Leg ulcers may be acute or chronic. Acute ulcers are sometimes defined as those that follow the normal phases of healing; they are expected to show signs of healing in less than 4 weeks and include traumatic and postoperative wounds. Chronic ulcers are those that persist for longer than 4 weeks and are often of complex poorly understood origin. The most common underlying problem causing chronic leg ulcers is disease of the veins of the leg, beginning with static dermatitis. Venous disease is the main reason for over two thirds of all leg ulcers. Venous Disease about 70% of leg ulcers, Injury and infection about 20 %, Neuropathic ulcers form as a result of peripheral neuropathy, typically in diabetic and leprosy patients. Local paresthesias, or lack of sensation, over pressure points on the foot leads to extended microtrauma, breakdown of overlying tissue, and eventual ulceration. Other causes, includes systemic diseases and malignancy.
Efficacy of Calcipotriol 0.005% Ointment for Uremic Xerosis and Uremic Pruritus in Chronic Kidney Diseases Patients Undergoing Hemodialysis: Randomized Double Blind Clinical Trial

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Uremic xerosis (UX) is a chronic cutaneous complication among patients undergoing hemodialysis (HD). Uremic xerosis level is directly related to uremic pruritus (UP) severity or vice versa. Uremic xerosis and UP cause discomfort and negative psychological effect. Ethopathogenesis still unknown. Until now, there is no effective and safe therapy. There is some report about efficacy of topical vitamin D in xerosis and chronic pruritus. We evaluate the efficacy of calcipotriol 0.005% ointment for UX and UP in chronic kidney disease (CKD) patients undergoing HD. Sixty two patients with UX and UP were enrolled, randomized double blind study. Patients were divided to two group, calcipotriol 0.005% ointment or placebo. In baseline, patients were instructed to apply twice daily for four weeks. We evaluated efficacy and safety after 2nd and 4th weeks treatment using overall dry skin score (ODSS), visual analog scale (VAS), corneometer and sebometer. We assessed adverse effect using visual assessment scale. Overall dry skin score and VAS significantly decreased in calcipotriol 0.005% ointment than placebo (p<0.05). Skin hydration level based on corneometer score and skin surface lipid (SSL) based on sebometer score was significantly increased in calcipotriol 0.005% ointment than placebo (p<0.05). Cure rate and clinical improvement for calcipotriol 0.005% ointment was significantly higher than placebo. There was no adverse effect after treatment. Calcipotriol 0.005% ointment is effective and safe than placebo as a treatment of UX and UP in CKD patients undergoing HD. Keywords: calcipotriol, uremic xerosis, uremic pruritus, chronic kidney diseases

Probable Dress Syndrome, A Case of Drug Hypersensitivity in Young Man

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Drug reaction with eosinophilia and systemic symptoms (DRESS) is one of drug hypersensitivity reaction. This condition shows a broad spectrum of clinical manifestations and severity. RegiSCAR scoring system is one of the diagnostic criteria exist for the diagnosis DRESS syndrome. The objective of this case report is to present a case of Probable DRESS syndrome without eosinophilia as one of Drug induced Severe Cutaneous Adverse Reactions (SCARs) in a young man. A 23 years old man admitted to hospital with generalized cutaneous rash and blood laboratory abnormality after consumed cefadroxyl, paracetamol and allopurinol for 2 weeks. Diagnosis Probable DRESS syndrome was made using RegiSCAR scoring system. Treatment with prolonged steroid systemic showed good clinical and laboratory result. Keywords: DRESS syndrome, RegiSCAR, steroid systemic
SUCCESSFUL TREATMENT OF AMOXICILLIN-INDUCED TOXIC EPIDERMAL NECROLYSIS WITH PLASMAPHERESIS

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Toxic epidermal necrolysis (TEN) is an acute, life-threatening cutaneous drug reaction that predominantly involves the skin and mucous membranes. It is a rare disorder and treated as a medical emergency, due to its fatal outcome. The principles of management include immediate removal of culprit drug(s), supportive management and specific drug therapies or procedures, of which plasmapheresis is one treatment modality. We report patient of severe TEN (100% body skin surface involvement) treated unsuccessfully with corticosteroids followed by plasmapheresis. A 42-year-old female was admitted to the hospital after administration of amoxicillin. She developed sloughing of the total epidermis which rapidly extended over the trunk and limbs. The presumptive diagnosis was drug-induced TEN. Despite the treatment with glucocorticoid and N-acetylcysteine, the skin lesions extended over the entire body. The progression of blistering was stopped by therapeutic plasmapheresis. Plasmapheresis was discontinued after the signs of skin inflammation had been overcome. She recovered in 37 days of hospitalization. **Keywords:** Toxic Epidermal Necrolysis, amoxicillin, plasmapheresis

A CASE OF LARGE BASALIOMA ON LEFT CHEEK IN A 76-YEAR-OLD WOMAN, RECONSTRUCTED BY INFERIORLY BASED ROTATION/ADVANCEMENT FLAP UNDER TUMESCENT LOCAL ANESTHESIA

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**Background:** Basalioma is the most common skin cancer. Removing tumor gave a quite defect in face which could be repaired either with local flap or skin graft from other part of body. Check defects are commonly repaired with advancement flap, take to their advantage the relative mobility and elasticity of the skin and soft tissue of the check. **Case:** A case of large basalioma on left cheek in 76-year-old woman was reported. The diagnosis of basalioma was established by physical examination and histopathological finding. We performed wide excision under tumescent surgical local anesthesia and closed the defect by rotation/advancement flap. The tumescent surgical solution was up to 150cc. During operation the bleeding could be covered by electrocoagulation. After closing the wound by sutured it using chronic 4.0 and polypropylene 5.0, topical antibiotic was been given. **Discussion:** Skin defect in cheek could be repaired with rotation/advancement flap. Undermining from the left cheek to left jawline and left temple was needed and tacking sutures were done to avoid placing tension on the eyelid. The advancement flap gives good result cosmetically for repairing wide defect on cheek. **Keywords:** basalioma, rotation/advancement flap, tumescent surgical local anesthesia
A CASE OF UPPER BLEPHAROPTOSIS BILATERAL IN 49 YEAR OLD WOMAN OPERATED BY BLEPHAROPLASTY WITH LOCAL ANESTHESIA

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Background: Blepharoptosis is an uncommon disorder characterised by recurrent, non-painful, nonerythematous episodes of eyelid edema. It must be distinguished from dermatochalasis, which is an involutional change of eyelids and is associated with loose, redundant skin. It has been divided into hypertrophic and atrophic forms. We did blepharoplasty on upper eyelids bilateral with exicid under local anesthesia because the upper eyelids disturbed vision of patient. Case report: A case of upper blepharoptosis bilateral was reported in a 49-year-old woman, with a chief complain feeling of heavy eyelids and restriction of visual fields especially on looking upwards. On the dermatological state we found there were ptosis in upper eyelids with no edema, no erythema, and painless. The patient has done blepharoplasty on upper eyelids with exicid under bilevel local anesthesia using lidocaine HCl + epinephrine. Conclusion: The patient had done upper blepharoplasty on eyelids under local anesthesia, patient felt satisfied cosmetically, she have no complaint about her vision, no distortion and symmetrical of eyelid, minimal pain, and minimal bleeding. Keywords: Blepharoptosis, blepharoplasty, local anesthesia

MULTIBACILLARY LEPROSY WITH TUMOR LIKE NASAL DEFORMITY

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Leprosy is a chronic granulomatous infection caused by Mycobacterium leprae which affects skin, peripheral nerves, and other body parts including bone, ear, eye, and nose. Nasal manifestation of leprosy may be found in the early stage with nonspecific symptoms such as nasal congestion. In advanced stage, destruction of bone structures and cartilages may result in deformities. However, nasal manifestation as the only symptom in early stage can lead to delayed diagnosis. We reported a case of multibacillary leprosy in a 26-year-old male with tumor like nasal deformity for 1 year and lump in the ear lobes since 8 year ago. Initially, there was nasal discharge, unfrequent epistaxis, followed by loss of smelling perception, without associated pain or numbness since childhood. Lesions on the trunk, palms and soles were also noted since two years ago. Physical examination revealed tumor with crusts and fissures on the nasal tip; accompanied by saddle nose. Slit skin smear revealed acid-fast bacilli with bacteriological index of 4+ in solid form. Hence, he was diagnosed as multibacillary leprosy with grade 2 disability. The prognosis was poor due to permanent deformities. Early diagnosis and initiation of treatment are crucial in the management of this debilitating and stigmatized disease. Keywords: leprosy, Mycobacterium leprae, multibacillary, nasal deformity
A CASE OF RECESSIVE DYSTROPHIC EPIDERMOLYSIS BULLOSA
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Epidermolysis bullosa (EB) is a genetic skin disorder characterized by skin layer disorder attached to underlying connective tissue and manifested as bulla and/or vesicles after encounter trauma/mild abrasion, therefore often called as mechanobullous disorder. Generally, EB can be classified based on which layer the bulla forms, inheriting pattern, clinical appearance such as presence of scar or other cutaneous and extracutaneous manifestation, immunohistochemical or electron microscopic examinations. This study will report a case of dystrophic epidermolysis bullosa on a stunted 10-years-old child, with vitamin D deficiency and recurrent anemia. Keywords: epidermolysis bullosa, mechanobullous disorder, dystrophic epidermolysis bullosa

USE OF HONEY DRESSING FOR WOUND CARE OF NONHEALING WOUND: CASE SERIES
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Introduction. A non-healing or chronic wound is defined as a wound that does not improve after four weeks or does not heal in eight weeks. They often result from severe underlying conditions such as diabetes mellitus, chronic venous insufficiency, peripheral artery disease, immobility and cancer, genetic. Honey has been used as a treatment for wounds and other health conditions for thousands of years. The ancient Greeks and Chinese used honey for both its medicinal and health properties. It has come to the forefront of wound care in recent years as it is believed that bacteria are unable to develop a resistance to honey due to its ability to block bacterial communication. We here in report two case of 44th year women, presenting more than 1.5 years have a persistent chronic ulcer in right dorsum pedis and 13 year girl Ehler Dahllos Syndrome (EDS) patient presenting multiple leg ulcer was successfully treated by honey gel. Keywords: Medical honey, non healing wound
SINGLE AND MULTIPLE TOPICAL CURCUMIN APPLICATION OF DIFFERENT CONCENTRATIONS INHIBIT APOPTOSIS IN UVB-INDUCED MICE

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Ultraviolet (UV) exposure may lead to acute and chronic cutaneous side effects such as sunburn, photoaging and cancer. In order to prevent these adverse effects, non-toxic natural ingredients with protective effect are needed. Curcumin is one of the natural ingredients that is known to have anti-oxidant effects and has been used for various cancer therapies. This study aims to assess the effect of topical application of curcumin on apoptotic cell death in mice induced by a single UV-B exposure. This post-test only true experimental controlled study with control group was conducted in the Universitas Hasanuddin animal laboratory using two research models; a one-time application of various curcumin concentrations before a single UVB exposure and daily application of various curcumin concentrations for seven days followed by a single exposure to UVB on the seventh day. Apoptotic cell count was examined using a tunnel system kit. Data analysis was tested by ANOVA test (α ≤0.05). Both models showed an apoptotic inhibitory effect (p=0.000). Increasing the concentration of curcumin was found to increase apoptosis inhibitory effect. Increasing the frequency of application of those with higher concentrations (10μM and 100μM) was followed by an increase in the apoptosis inhibitory effect whereas those with lower concentrations (100 nM and 1μM) increased apoptotic cell count. **Keywords:** apoptosis, curcumin, inhibit, ultraviolet B

HAIR DISORDERS AND ITS RELATED FACTORS AMONG STUDENTS IN PUBLIC BOARDING SCHOOL, WEST JAVA

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A research has been done, involving 127 students as occupants of a public boarding school (PBS) in West Java, which consist of 85 boys and 42 girls, age range from 11 until 15 years old. This study was part of a large study of skin diseases in two PBS. This was a cross sectional study which aimed to observe the prevalence of hair disorders and its related factor in children and teenagers in specific population, also to know the dermoscopic description. The most hair disorders finding was pediculosis capitis, as much as 86 students (67.7%). This pediculosis capitis high incidence was not in line with multiple predisposing factors such as poor hygienity (longer duration of hijab, taqiyah, prayer dresses changing and sharing towel or bath tools habit), dense occupants in one bedroom, also longer duration of a student living in PBS, except longer duration of towel changing. Another kind of hair disorders which found were scar alopecia 4 students (3.2%), seborrheic dermatitis 1 student (0.8%), and nevus sebaceous 1 student (0.8%). Beside anamnesis and physical examination, in this study diagnosis was also determined by using dermoscopy tool. **Keywords:** alopecia, children, dermoscopy, hair disorders, pediculosis capitis
NEVUS SEBACEOUS OF JADASSOHN-RARE CUTANEOUS HAMARTOMA: A CASE REPORT  
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Nevus sebaceous also known as nevus sebaceous of Jadassohn (NSJ) is a relatively uncommon epidermal nevi, predominantly congenital sebaceous hamartoma. It is composed of sebaceous glands and commonly presents as single yellowish-orange plaque over the head, face, or neck. The morphology of the lesion changes around puberty when it becomes thickened and nodular. NSJ is a rare congenital anomaly that can lead to cosmetic deformity, alopecia, or malignant transformation in rare circumstances. Therefore, prophylactic surgical excision is recommended in childhood. We report this case in a twelve-year-old boy with a plaque over the parietal region of the scalp which soft digitate projections since birth. This unusual case was found when we’ve done a research about hair disorders and its related factors among students in a public boarding school (PBS) in West Java. Keywords: congenital, cutaneous hamartoma, dermoscopy, hair disorders, nevus sebaceous of Jadassohn

PROFILE OF PSORIASIS VULGARIS PATIENTS TREATED WITH METHOTREXATE  
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Psoriasis is a chronic inflammatory skin disease, that affects patients’ quality of life. Methotrexate is the first line and effective systemic therapy in psoriasis vulgaris management. This study was a descriptive retrospective study. The objective of this study was to evaluate the effectivity and adverse effect of methotrexate therapy in psoriasis vulgaris management. The medical records of psoriasis patients who were gotten methotrexate therapy in the period of January 2017 until June 2018 in Kemuning Ward-Dr. Soetomo General Hospital Surabaya were retrieved, and 22 subjects were collected. The majority age group was 25-59 years-old (63.6%), the average age was 40.5±17.2 years-old. Good clinical improvement were found in all patients. The adverse effects of methotrexate were evaluated from the elevation of liver and renal function test level. The elevation of aspartate aminotransferase (AST) level were found in eleven patients (50%), and the elevation of alanine aminotransferase (ALT) level were found in thirteen patients (59.1%). The elevation of blood urea nitrogen (BUN) level were found in eight patients (36.4%), and the elevation of serum creatinin level were found in four patients (18.2%). Methotrexate is an effective therapy for severe psoriasis vulgaris management, if patients are selected carefully and monitored regularly. Methotrexate therapy according to the guidelines still has place in the systemic treatment of psoriasis vulgaris, with considering the adverse effects of methotrexate. Keywords: psoriasis vulgaris, methotrexate, effectivity, adverse effect.
APLASIA CUTIS CONGENITA: REPORT OF THREE CASES WITH COMPLETELY DIFFERENT PRESENTATIONS
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Aplasia cutis congenita (ACC) is a rare malformation characterized by localized congenital absence of the skin. ACC represents a heterogeneous group of disorders that may occur in isolation or in conjunction with various syndromes. Frieden (1986) classified patients with ACC into nine different groups according to the location of skin absence, causes, associated anomalies, and type of inheritance. This study presented three cases of ACC with completely different presentations that were defined as ACC type I, type VI and type IX. ACC type I is the most common type of ACC but type VI and type IX are the rarest form of ACC. Comprehensive examination, diagnosis and management of ACC require multi-disciplinary approached. **Keywords:** aplasia cutis congenita, Bart syndrome, Patau syndrome

KNOWLEDGE AND ATTITUDE OF SEXUALLY TRANSMITTED DISEASES AMONG MALE INDONESIAN ADOLESCENTS: SENIOR HIGH SCHOOL VS ISLAMIC BOARDING SCHOOL STUDENTS
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Adolescents is a heterogeneous developmental period in terms of sexual behavior and therefore increases the risk of acquiring STDs. In Indonesia, students can choose to study in a senior high school or in an Islamic boarding school. Students who studied in an Islamic boarding school are being restricted to the use of cellular phone that can cause difficulties in getting the information related to Sexually Transmitted Diseases (STDs). Therefore, the aim of this study was to investigate whether there are some differences between senior high school students and Islamic boarding school students regarding their knowledge and attitude towards STDs. This is a descriptive study with data collected by an assissted questionnaire. Fisher’s exact test was used to analyze the association between categorical variables. A total of 102 male students aged 14-17 years old were included in this study. A good knowledge of STDs was seen in all senior high school students compared to only 60.5% in Islamic boarding school students. Almost all students (93%) on both groups have a positive attitude towards STDs. In conclusion, senior high school students have better knowledge than Islamic boarding school students, but no significant difference was found in their attitude towards STDs. **Keywords:** knowledge, attitude, sexually transmitted diseases, male, adolescence
THE DIFFERENCE OF ANGIGENIC AGENT EXPRESSION IN VARIOUS SUBTYPES OF BASAL CELL CARCINOMA
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Basal Cell Carcinoma (BCC) is a non-melanoma skin cancer originating from the basal layer of the epidermis and cells that do not experience keratinization. Ultraviolet (UV) radiation is considered an etiological factor for the pathogenesis of BCC. Basal cell carcinoma is also first rank of all skin cancers. At dr. Moewardi General Hospital Surakarta BCC also first rank of all skin cancers. The prevalence of BCC in this study was more common in females than males, namely 68.4% compared to 31.6%. The aim of this study was to prove the differences in the expression of angiogenesis agents in various BCC subtypes. This study was an analytic observational study with a cross sectional collecting data that was assessed simultaneously in period from March 2018 to July 2018 at Moewardi General Hospital, while examining IL-6 protein, VEGF A, mast cells carried out at the Anatomy Pathology Laboratory, Faculty of Medicine, Sebelas Maret University. The result showed mast cell expression was increased in A BCC compared to NA BCC, whereas the expression of mast cells in various subtypes also found significant differences. (p=0.001). Keywords: BCC, IL-6, mast cell, VEGF-A

GIANT VERRUCA VULGARIS ON SCALP : A CASE REPORT
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Verruca Vulgaris (VV) or also called Common warts is a skin conditions that forms verrucose papules as a result of skin and mucosa proliferations that caused by Human Papilloma Virus (HPV). Authors reported a case of Giant Verruca Vulgaris on scalp in 18 years old male teenager, the lesion located in the left parietal that continuously increasing in size within two weeks. Lesion has a cauliflower-like appearance with nummular shape as big as 4x4x0.5cm and grayish-brown colored with verrucous surface on it. Histopathology findings’ showed that the tissue perform a papillomatosis growth, epidermal hyperplasia, acanthosis, hyperkeratosis and parakeratosis, hypergranulosis with rough clod of keratohyaline, it also showed the upper epidermis has small core of coil cell, and hyperchromatic that surrounded by empty cytoplasm. The diagnose of VV were based on the clinical and histopathology findings. The selected treatment was electrocauterization (scar tissue presence after healing process).
Keywords: verruca vulgaris, histopathology, electrocauterization.
ROLE OF GLUTATHIONE IN ACNE VULGARIS
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**Background:** Acne vulgaris is a chronic inflammatory disorder at the unit of pilosebasea which the etiopathogenesis is still unclear. Chronic inflammation in pilosebasea unit causes accumulation of ROS-producing neutrophils, causing disruption of the redox system. Glutathione is an endogenous antioxidant that plays a role in product detoxification from lipid oxidation by ROS. Glutathione levels that cause low processes in the body, especially in the pilosebasea unit. Some major roles in the severity of acne have never been corrected. **Objectives:** This study aimed to prove the role of plasma glutathione on the severity of acne vulgaris. **Methods:** This research was a cross sectional design. The number of samples were 52 people who fulfill the inclusion criteria. Examination of blood plasma levels from patients using ELISA techniques. Measuring the degree of severity was started based on the International Acne Expert Meeting 2012. **Results:** The results of the study obtained beta (β) regression coefficient of -0.63 which is related to the relationship between a decrease in glutation levels and severity of acne vulgaris. The coefficient of determination (adjusted R\(^2\) = 38.7%) shows the severity of acne vulgaris affected 38.7% by glutation levels while the remaining 61.3% can be caused by other factors. **Conclusion:** The conclusion of this study was a decrease in glutathione levels play a role in the severity of acne vulgaris. Further research is needed on glutathione as the target therapy for acne vulgaris. **Keywords:** acne vulgaris, severity, glutathione
RETICULATE FIXED DRUG ERUPTION CAUSED BY CHEMOTHERAPY AGENTS IN A NON-SMALL CELL LUNG CARCINOMA PATIENT: A NEW VARIANT
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Various side effects due to chemotherapy agents have been widely reported including Fixed Drug Eruption (FDE). The clinical manifestations of FDE are typically defined as erythematous, solitary, round or oval patches that appear repeatedly in the same place after the same drug exposure and are followed by hyperpigmentation resolution. There are various variants of FDE, but reticulate variant have never been reported. This paper reports a 62-year-old male suffering from a non-small cell lung carcinoma who was consulted to the Dermatovenereology Department of Sardjito Hospital with complaints of black spots in the form of nets on the chest after receiving chemotherapy agent paclitaxel-cisplatin and cisplatin-gemcitabine. The spots become increasingly black after the next chemotherapy. Dermatology examination shows almost all the chest until the upper abdomen appears reticular shaped hyperpigmentation patch. Histopathological examination shows that in the epidermis orthokeratosis is accompanied by degeneration of basal cell vacuoles, the dermis appears was spread evenly distributed dropping pigments suitable for FDE. The main therapy of FDE is the cessation of suspected drugs. But in this case, this cannot be done. Another therapy that can be done is giving systemic corticosteroids to reduce the inflammatory response when administering chemotherapy agents. The cause of FDE chemotherapy agents cannot be done because patch tests cannot be done. Keywords: reticulate fixed drug eruption, chemotherapy

A RARE CASE REPORT CLASSICAL TYPE OF EHLERS DANLOS SYNDROME IN THIRTEEN-YEAR-OLD GIRL
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Classic Ehlers–Danlos syndromes (EDS) are a clinically and genetically heterogeneous group of heritable connective tissue disorders characterized by joint hypermobility, skin hyperextensibility, tissue fragility and soft skin, delayed wound healing with formation of atrophoc scar, easy bruising and generalized joint hypermobility. It comprises EDS type I (gravis type) and type II (mitis type). Type II (mitis) is milder form type I. Type II (mitis) variant of EDS is an autosomal dominant with characterized by mild hypermobility, easy bruisability, poor wound healing with formation of wide atrophic fish mouthed scar with following minor trauma. The course of mitis type of EDS is benign and affected patients have normal life expectancy. That is clinical manifestation well recognized, such as smooth skin, velvety to touch, and hyperelastic, it extends easily and snaps back after release (unlike lax, redundant skin, as in cutis laxa). The skin is fragile, as manifested by splitting of the dermis following relatively minor trauma, especially over pressure points (knee, elbows) and area prone to trauma (shins, forehead, chin). We
HEMOGLOBIN AND ERYTHROCYTE SEDIMENTATION RATE AS PREDICTIVE PARAMETERS FOR THE PROGRESSION OF HIV/AIDS AND HIV/AIDS ASSOCIATED SYPHILIS

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HIV infection is associated with a wide range of hematological abnormalities. Anaemia is a frequent complication of infection with the human immunodeficiency virus (HIV) and may have multiple causes. The prevalence of syphilis is increasing especially in coinfection with HIV. This combination infection can lead to the severe manifestation, therefore we need a simple and an expensive parameter to predict the progression both diseases. This cross sectional was performed to investigate whether hemoglobin (Hb) and erythrocyte sedimentation rate (ESR) as predictive parameters for the progression of HIV/AIDS and HIV/AIDS associated syphilis. It was conducted in Dr. Moewardi General Hospital Surakarta, Central Java from November 2018 to December 2018 with the total number of patients was 100 people with HIV infection. The data were analyzed using Predictive Analysis Software, version 19.0 (SPSS). Spearman’s test was performed to determine the association. Male (60%) was more affected than female (40%), it commonly occurred at the age of 31-40 y.o (36%). This study found that there was no correlation between CD4, Duration of Anti-Retroviral Therapy (ART) with Hb and ESR (p>0.05). However, Hb and ESR correlated with VDRL and TPHA which were related to syphilis infection (p<0.05). Therefore it can be suggested that Hb and ESR can be used as simple and inexpensive laboratory parameters to monitor the progression of HIV/AIDS AND HIV/AIDS associated syphilis.

Keywords: erythrocyte sedimentation rate, hemoglobin, HIV/AIDS, HIV/AIDS associated syphilis, predictive parameters

COMBINED THERAPY OF FLUCONAZOLE AND VAGINAL GEL OF LACTOBACILLUS PLANTARUM 75B FOR RECURRENT VULVOVAGINAL CANDIDIASIS

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Recurrent vulvovaginal candidiasis (RVVC) is defined as vulvovaginal candidiasis (VVC) occurring for four times or more in a year. Fluconazole an antifungal therapy commonly used for RVVC. Recurrent infection and long-term treatment of azole recently become an issue. Probiotic serves as an adjuvant therapy in recurrent urogenital infection cases including RVVC, in order to stabilize the balance of vaginal microbiota and prevent any relapse. A 51 years old female patient coming to dermatology and venereology outpatient clinic dr. Saiful Anwar Regional General Hospital Malang with chief complaint of vaginal discharge for nine days, accompanied by itchiness, milky white color and odorless. The patient had similar symptoms for six times in a year. Venereological examination by speculum showed abundant viscous milky white vaginal discharge and cervical erythema. Gram staining from vaginal discharge
SUCCESSFUL TREATMENT OF AMOXICILLIN-INDUCED TOXIC EPIDERMAL NECROLYSIS WITH PLASMAPHERESIS
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Toxic epidermal necrolysis (TEN) is an acute, life-threatening cutaneous drug reaction that predominantly involves the skin and mucous membranes. It is a rare disorder and treated as a medical emergency, due to its fatal outcome. The principles of management include immediate removal of culprit drug(s), supportive management and specific drug therapies or procedures, of which plasmapheresis is one treatment modality. We report patient of severe TEN (100% body skin surface involvement) treated unsuccessfully with corticosteroids followed by plasmapheresis. A 42-year-old female was admitted to the hospital after administration of amoxicillin. She developed sloughing of the total epidermis which rapidly extended over the trunk and limbs. The presumptive diagnosis was drug-induced TEN. Despite the treatment with glucocorticoid and N-acetylcysteine, the skin lesions extended over the entire body. The progression of blistering was stopped by therapeutic plasmapheresis. Plasmapheresis was discontinued after the signs of skin inflammation had been overcome. She recovered in 37 days of hospitalization. Keywords: Toxic Epidermal Necrolysis, amoxicillin, plasmapheresis

THE DIFFERENCE OF TRANSEPIDERIMAL WATER LOSS (TEWL) ON THE APPLICATION OF MICONAZOLE AND KETOCONAZOLE CREAM
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Miconazole and ketoconazole are the widely used imidazole antifungal agents. Damage to skin barrier from irritant contact dermatitis (ICD) can be measured through transepidermal water loss manifestation (TEWL). Research on the degree of irritation to the use of cream of miconazole and ketoconazole cream has not been reported. Therefore this study investigated the difference TEWL on the use of miconazole versus ketoconazole creams. Experimental analytical study was conducted in 30 subjects in Dermatovenereology Department of Dr. Moewardi general hospital Surakarta. The inclusion criteria were healthy males and females, aged between 20-35 years old. Subjects with skin disorders (xerotic and atopic dermatitis) were excluded from the study. All subjects received miconazole cream smeared on the right lower forearm volar and ketoconazole cream on the left arm's lower volar. The outcomes were measured
by TEWL on the 7th day. Statistical analysis using Wilcoxon Signed Ranks Test, there was significant outcome ($p < 0.05$) in the use of ketoconazole cream while miconazole cream did not give significant result ($p > 0.05$). There was a difference in TEWL between miconazole and ketoconazole creams. **Keywords:** ketoconazole, miconazole, TEWL

**DISCORDANCE OF HUMAN GENOTYPE OF PAPILLOMA VIRUS IN MOTHER AND TODDLER WITH CONDYLOMA ACUMINATA**

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Condyloma acuminata (CA) is a Human Papilloma Virus (HPV) infection that is rarely found in children. Transmission can be through vaginal contact, sexual abuse, auto or heteroinoculation or fomites. Polymerase Chain Reaction (PCR) examination is the gold standard for determining the cause of HPV genotype. This case report aimed to trace CA transmission to toddlers (ages <3 years). A female toddler has warts around the anus with a history of vaginal delivery and no sign of sexual abuse. The mother has warts on the genitals and between the fingers in pregnancy. The CA diagnosis were based on toddler’s physical examination, acetowhite tests and perianal biopsies. The endocervical smear from the mother was in accordance with the CA and the wart biopsy from the mother's fingers appropriate for verruca vulgaris. PCR was examined 39 HPV genotypes in the mother and the child. In the child showed HPV genotype 11, from mother’s cervical swab samples showed HPV genotype 87 and undetermine result from the mother’s fingers. The discordance of HPV genotypes in the mother and the child is likely due to heteroinoculation transmission from the family who took care the child, or still possible from the mother but not detected on PCR examination because it only can examine 39 types of HPV. Identification with whole PCR is needed to ensure the source of transmission. **Keywords:** Human Papilloma Virus, Condyloma Acuminata, PCR, Genotype

**CLINICAL EFFICACY OF BIOCELLULOSE WOUND DRESSING, CARBOXYMETHYLCELLULOSE WOUND DRESSING, AND NORMAL SALINE WOUND DRESSING FOR WOUND CARE MANAGEMENT IN EPIDERMOLYSIS BULLOSA**

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Wound care is the cornerstone of treatment for epidermolysis bullosa (EB). To date, there were no controlled studies of the wound dressing in EB. The aim of this study was to assess the effectiveness of biocellulose wound dressing (BWD), carboxymethylcellulose wound dressing (CWD), and normal saline wound dressing (NSWD) in EB. The subjects were 36 wounds from 4 patients, divided into three groups: group I (BWD), group II (CMD), and group III as a control (NSWD). Observations were conducted every three days until complete wound closure or up to one month. The complete healing times in group I: 7 days, group II: 8 days, and group III: 14 days. There were significant differences between group I and group III ($p=0.0001$) and between group II and III ($p=0.003$). The results showed a significant reduction in the percentage of wounds area in each group. Group I obtained 51.7%, Group II obtained 51.9%, and
Group III obtained at 26% on day 3. All the lesions healed at day 12 (100%) in Group I and II, and at day 24 (100%) in Group III. There were significant differences in the reduction of percentage wound area between group I and group III on the 3rd day (p=0,044) and on the 6th day (p=0,000), between group II and III on the 6th day (p=0,003). In conclusion, the study demonstrated that BWD and CWD significantly reduced percentage wound areas and complete healing times than NSWD. BWD and CMD are equally good for wound care management. **Keywords:** biocellulose wound dressing, carboxymethylcellulose wound dressing epidermolysis bullosa, normal wound saline dressing

**GENERALIZED PUSTULAR PSORIASIS IN CHILDHOOD WITH EXOGENOUS CUSHING’S SYNDROME**
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Pustular psoriasis is characterized clinically by yellowish sterile pustules surrounded by erythema. Pustular psoriasis in children is very rare and could be appear following steroid withdrawal in psoriasis vulgaris. Psoriasis in children usually mild and can be managed with topical treatment, which is considered as the first-line therapy. Misuse of topical and systemic steroid in children could lead to Cushing’s syndrome. It is a multisystem disorder resulting from prolonged exposure to excess glucocorticoids, both systemic or topical. Children could easily develop systemic reactions to topical steroids due to their higher ratio of total body surface area to body weight. Here we reported a case of generalized pustular psoriasis (GPP) in a 14-year-old girl who had suffered from Cushing’s syndrome due to misuse of oral and topical steroid. **Keywords:** pustular psoriasis, childhood, Cushing’s syndrome, steroid misuse

**DIFFUSE CUTANEOUS MASTOCYTOSIS WITH GENERALIZED BULLAE MIMICKING BULLOUS PEMPHIGOID – A SINGLE CASE REPORT**
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**Introduction:** Mastocytosis is a rare disease, it is defined as mast cells infiltration in some organs. Skin is the most commonly involved organ. A diffuse cutaneous mastocytosis is a form of skin mastocytosis which can be manifested as bullous lesions. **Case:** A 3-month-old male infant is presented with generalized dermatosis, characterized by multiple blisters and brownish spots all over his body since 1 month ago. On dermatologic examination, multiple tense bullae of various sizes with brown macules and plaques are located throughout the body. Some bullae ruptures to form an erosion. Darier sign shows erythema/mild urticaria lesions (positive). Routine blood tests within normal limits. The histopathologic examination reveals sub-epidermal bullae with an inflammatory cell. The dermis is filled with inflammation cells and mast cells. Patients were diagnosed with diffuse cutaneous bullous mastocytosis. The patient was treated with 0.9% NaCl compresses, 2% mupirocin cream and 0.1% betamethasone cream. Monitoring therapy is done routinely to evaluate the prognosis of the disease. **Discussion:** Diffuse
cutaneous bullous mastocytosis is one of the rarest forms of skin mastocytosis. Cutaneous mastocytosis in children who persist until adolescence will develop systemic mastocytosis in 15-30% cases. Early diagnosis of mastocytosis in children is very important to get good prognosis. **Conclusion:** Diagnosis of diffuse cutaneous mastocytosis is not easy because the prevalence is difficult to determine and often misdiagnosed. Here, we report this case due to the similarity clinical manifestation of bullous diseases especially in a newborn with scattered blisters and erosions. **Keywords:** Diffuse cutaneous mastocytosis, mastocytosis bullous, bullous pemphigoid

**A CASE OF ALOPECIA UNIVERSALIS IN A CHILD INDUCED BY VIRAL INFECTION**
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Alopecia universalis (AU) is one of the subtypes of extensive alopecia areata (AA). The causes of AU are elusive; some cases are associated with thyroid disorders, autoimmunity, and infection. Occurrence in younger age carries a poorer prognosis; however, in our experience treating those with viral background seems to result in better outcome. We report a 4-year-old girl presented with hair loss of 7-month duration affecting the scalp, eyebrows and eyelashes. The medical history showed an episode of fever and skin rash at age two. Physical examination did not reveal abnormalities except for the stated lack of hair, with some vellus present, confirmed by dermoscopic evaluation. ANA was positive with 1:1000 titer, cytomegalovirus IgG was 162.4 AU/mL and rubella IgG 251.1IU/mL, while other parameters, including those for thyroid and ANA profile, were normal. We deemed viral infection was likely, without determination of the site of infection. Nevertheless, high titer IgG indicates an ongoing process. The assumption was supported by our experience that in such cases, treatment with antiviral agents like valacyclovir produced desirable results, even if achieved after months or years. Treatment with 2% minoxidil was discontinued as it led to contact dermatitis. Further treatment planned will be topical corticosteroids, low level laser light therapy combined with antiviral drugs and immunomodulators. This case report aims to highlight the approach in determining the infectious cause and its related AU treatment in children. **Keywords:** alopecia universalis, alopecia areata, antiviral agent, viral infection
LOW LEVELS OF 25-HYDROXYVITAMIN D ARE ASSOCIATED WITH HIGH LEVELS OF ANTI-PHENOLIC GLYCOLIPID-I IMMUNOGLOBULIN M IN SERUM MULTIBACILLARY LEPROSY PATIENTS

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The role of vitamin D in leprosy is as an immunomodulator. In multibacillary (MB) leprosy, there is increased expression of T-helper 2 cytokines which caused vitamin D intracrine system is corrupted. Thus, it reduces the serum level of 25-hydroxyvitamin D (25(OH)D). Therefore, it will reduce the induction of antimicrobial peptides, which eventually diminished the Mycobacterium leprae elimination process, characterized by the increased serum level of anti-phenolic glycolipid-I (anti-PGL-I) immunoglobulin M (IgM). The aim of this study was to assess a negative correlation between 25(OH)D levels and anti-PGL-I IgM levels in serum MB leprosy patients. We performed a clinical, observational, and analytical study with the cross-sectional method from 24 MB leprosy patients. Furthermore, the 25(OH)D serum levels were determined by competitive chemiluminescence immunoassay and the anti-PGL-I IgM serum levels were evaluated by enzyme-linked immunosorbent assay. The mean of 25(OH)D serum levels were 25.40 ng/ml, 16.81 ng/ml, and 13.35 ng/ml in mid-borderline (BB), borderline lepromatous (BL), and lepromatous leprosy (LL), respectively. Meanwhile, the mean of anti-PGL-I IgM serum levels were 681.22 u/ml, 1636.73 u/ml, and 23095.21 u/ml in BB, BL, and LL, respectively. The results of the Spearman test correlation analysis between 25(OH)D levels and anti-PGL-I IgM levels were r=0.531 and p=0.008 (p<0.05). Our results suggest that the increased of anti-PGL-I IgM serum levels indicates decrease of 25(OH)D serum levels in MB leprosy patients. **Keywords:** 25(OH)D, anti-phenolic glycolipid-I immunoglobulin M, multibacillary leprosy

RESPONSE OF CORTICOSTEROID THERAPY IN BORDERLINE LEPROMATOUS LEPROSY WITH SEVERE ERYTHEMA NODOSUM LEPROSUM

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Erythema nodosum leprosum (ENL) is a severe form of leprosy reaction with erythematous nodules, accompanied by constitutional symptoms and or neuritis. Corticosteroids is the drug of choice for ENL after thalidomide. The response to corticosteroids is individual and is related to the severity and trigger factors of the disease. A case of borderline lepromatous type of leprosy with severe ENL in a 22-year-old male who gave a less satisfactory response to high-dose corticosteroids for 6 weeks. He had oral co-infection with physical and psychological stress which is thought to be the trigger factor for ENL. Therefore, clofazimine is given 3x100 mg/day as an adjuvant therapy for corticosteroids. Clofazimine as an antireaction takes 4-6 weeks to develop its full effect. In this patient clofazimine had given for 6 weeks until the end of observation day with improvements. In patients with a less response to corticosteroids precipitation factors need to be sought and administration of adjuvant therapy can be considered. **Keywords:** corticosteroid, ENL, leprosy

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PLATELET-RICH PLASMA (PRP) THERAPY IN PATIENT WITH CHRONIC VENOUS ULCER AND HUMAN IMMUNODEFICIENCY VIRUS (HIV)
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Venous ulcers are caused by the inability of venous valves and insufficiency of veins in the legs leading to venous stasis and hypertension. Platelet-Rich Plasma (PRP) as chronic ulcer therapy has become the latest breakthrough to stimulate and to accelerate tissue healing. Wound healing process can be disrupted by several factors, such as human immunodeficiency virus (HIV) infection. This case report is aimed to determine the success of Platelet-Rich Plasma (PRP) therapy in patient with chronic venous ulcers and HIV infection. A 61-year-old HIV infected man came to Dermatovenereology outpatient Clinic of Dr. Moewardi General Hospital Surakarta with persistent widening wound on the left lateral malleolus. Based on history, physical, and laboratory examinations, this patient was diagnosed with chronic venous ulcer. The patient was treated with PRP. Medication was done once every 5 days was obtained after 2 weeks of treatment a significant reduction in ulcer size. PRP and PRP combined with antioxidant gel applied on chronic venous ulcer significantly improved the wound. Keywords: chronic venous ulcer, human immunodeficiency virus, platelet-rich plasma

A SUCCESSFUL THERAPY OF PROGRESSIVE MACULAR HYPMELANOSIS:
A CASE SERIES
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Progressive macular hypomelanosis (PMH) is an idiopathic acquired hypopigmentary disorder first described in 1988. The disorder is characterized by ill-defined, non-scaly, round to oval, hypopigmented patches symmetrically predominant on the trunk. No clinical symptoms have been observed. Currently, diagnosis is made on clinical grounds and any histological, laboratory investigations are not diagnostic. There are several treatment options available and its clinical course is variable. We experienced case series of PMH that was successfully treated with the combination of phototherapy narrow-band UVB (NB-UVB) with 5% benzoyl peroxide/1,2% clindamycin gel, phototherapy NB-UB, and 1,2% clindamycin gel are reported in view of the clinical rarity of this condition. Keywords: benzoyl peroxide, clindamycin, hypopigmentation macules, narrow-band UVB, progressive macular hypomelanosis.
A CASE OF STEATOCYSTOMA MULTIPLEX TREATED WITH ELECTROPUNCTURED, NEEDLE PUNCTURED AND PRESSURED UNDER GENERAL ANESTHESIA

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Background: Steatocystoma multiplex (SM) is an uncommon benign disorder typically manifest asymptomatic intradermal cysts. It can be sporadic, familial or a part of a syndrome. This is the 6th case of steatocystoma multiplex in Dermato-Venereology Department of Dr M. Djamil hospital since last 5 years. Treatment is needed if symptomatic or for cosmetic issues. There was no treatment modality has been reported. We did electropunctured, needle punctured and pressured procedures under general anesthesia which is often quick and simple with reassuring cosmetic results. Case report: A 20-years old man, with chief complain there were multiple asymptomatic skin colored nodules on the neck, chest, back and arms since 6 years ago. He wanted to remove it, because he felt ashamed. There was history of the similar disease of his father. Histologically, it appears as an epithelium-lined cystic wall associated with sebaceous lobules. All cystic nodules were successfully treated with electropunctured, needle punctured and pressured procedures under general anesthesia. The patient tolerated the procedure well and had a satisfactory cosmetic outcome. Discussion: Steatocystoma multiplex may heredity or more commonly sporadic or part of a syndrome. In this case, SM are typically inherited in an autosomal dominant pattern with onset in puberty and presents a cosmetic problems. Patient has been treated with electropunctured, needle punctured and pressured procedures. Key words: steatocystoma multiplex, electrodissication, needle puncture and pressured

CLASSICAL CLINICAL PRESENTATION OF SCROFULODERMA CONFIRMED WITH NOVEL LABORATORY WORKUPS : A CASE REPORT

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Scrofuloderma, can develop on the skin through direct extension from an endogenous source of tuberculosis such as lymph node. This report presents a case of scrofuloderma in its classical presentation in a 41-year-old man, who suffered from a three-week history of a painless swelling that ulcerated. Physical examination revealed two tender nodules on the left anterior neck and armpit. Diagnosis was confirmed by the presence of an underlying focus of infection tuberculous lymphadenitis, positive results of Mycobacterium tuberculosis interferon-gamma release assay (IGRA), Xpert MTB/RIF, and histopathological examination. Treatment with anti-tuberculosis regimen resulted in excellent outcome. Keywords: histopathology, IGRA, scrofuloderma, lymphadenitis, Xpert MTB/RIF
Acne vulgaris is a chronic inflammatory disease in pilosebaceous unit. Increased sebum production is one of the factors involved in the pathogenesis of acne vulgaris. Topical use of antibiotics is a standard therapy for mild to moderate acne. The addition of adjuvant therapy including lactic acid peel to standard topical therapy is expected to increase effectiveness with few side effects. The objective of this research is to determine the effectiveness of 40% lactic acid peel on sebum levels in mild to moderate acne vulgaris who received clindamycin 1% gel. This single blind randomized controlled study was conducted at SMK 3 Yogyakarta. The population study were all male students with mild/moderate acne vulgaris aged 18-19 years. Subjects were taken by consecutive sampling and division of research groups by simple randomization with computerization. Data analysis using SPSS 23.0 program. There was a significant decrease in sebum levels (p<0.05) in the group with an additional treatment of 40% lactic acid peel compared to the group only receiving 1% clindamycin gel at weeks 2 and 4. The conclusion of this study is adjuvant therapy with 40% lactic acid peel may increase the effectivity of 1% clindamycin gel therapy in lowering sebum levels without causing more side effects. Similar studies need to be perform in order to investigate the use of the above mentioned adjuvant therapy as monotherapy for mild to moderate acne vulgaris. **Keywords:** sebum levels, mild to moderate acne vulgaris, 40% lactic acid peel, 1% clindamycin gel

**Efficacy topical Tacrolimus 0.1% ointment for the treatment Lichen Amyloidosis**

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Lichen amyloidosis (LA) is a rare disease and the etiology is still unclear, presumably there is a relationship with repeated scratching and friction. Management is a challenge because various therapeutic modalities provide various results. Topical tacrolimus is one of choice therapeutic modality that can be used for cases which are unresponsive to corticosteroid. A 43 years old woman complained of a large number of black bumps and felt itchy on the shin area in both lower limbs since 3 years ago. Visual analogue scale (VAS) was 8. Physical examination showed multiple hyperpigmented papule with rough surface, discrete appearing to be rippled patterns. Histopathological examination using Congo red staining obtained amyloid body on the papillary dermis. The patient was treated with tacrolimus 0.1% ointment. After 6 weeks of treatment, there was 5 points decrease of VAS and skin lesion became thinner. The management of lichen amyloidosis is difficult and does not always work. There are repeated friction factors assumed to play a role in the underlying cause of the formation of amyloid deposits thus treatment of lichen amyloidosis should also be directed at reducing itchy and stop to scratching. Degeneration of keratinocyte epidermal through apoptotic process is one of the theory that play a role in the pathogenesis of LA. Tacrolimus act as anti apoptotic process and antihistamine release in this pathogenesis. **Keywords:** Lichen Amyloidosis, Tacrolimus 0.1%, anti apoptotic.
THE ASSESSMENT OF EFFECTIVENESS OF GALACTOMYCES FERMENT FILTRATE, DEXPANTHENOL AND CENTELLA ASIATICA COMBINATION TOWARDS POST ACNE VULGARIS HYPERPIGMENTATION: A PILOT STUDY

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Post-inflammatory hyperpigmentation (PIH) is generally caused by lesions of acne vulgaris, prominently seen in people with colored skin. Galactomyces ferment filtrate is known to reduce skin pigmentation by reducing melanin synthesis and oxidative stress in melanoocyte cells. Pantothenat acid in dexpantanol accelerates the epidermal regeneration process. Centella asiatica has a high antioxidant effect and induces the synthesis of type I collagen in human skin fibroblast cells. The study aims to evaluate the effectiveness of galactomyces ferment filtrate, dexpantanol and Centella asiatica combination towards post acne vulgaris hyperpigmentation. In this study, we included 10 women diagnosed with hyperpigmentation post acne vulgaris. Five participants completed all the follow up schedule while 5 others did not. All participants applied a serum containing all the active agents above to the entire face twice a day for 4 weeks and evaluated every 2 weeks. The clinical effects were evaluated using a mmadeparator and chromometer at baseline (T0), after 2 weeks (T1), after 4 weeks (T2), and the mean value was noted. We used this value to assess the skin brightness score and pigmentation intensity. The results showed that there was a difference of skin brightness and pigmentation intensity score at baseline, compare to 2 weeks and 4 weeks after treatment. We concluded that there is value in continuing this study with Randomized Controlled Clinical Trials (RCT). Keywords: Centella asiatica, dexpantanol, galactomyces ferment filtrate

DERMOSCOPY AS A DIAGNOSTIC AND EVALUATION TOOLS IN CHILDHOOD ALOPECIA TOTALIS

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Alopecia totalis is a manifestation of alopecia areata that is characterized by total scalp hair loss and have higher risk for poor prognosis and treatment failure. Early onset, nail involvement, history of atopy and long duration of disease are associated with poor prognosis. Total scalp hair loss in alopecia totalis might have sudden onset or following partial alopecia. In the case of diffuse scalp hair loss, the clinical finding might be similar with telogen effluvium and trichotillomania. Hence, biopsy is required to establish the proper diagnosis. However, this invasive diagnostic method is not favorable for most patients, especially children. Several studies have been done to show the reliability of dermoscopy to diagnose alopecia areata. Some dermoscopic features, such as yellow dots, black dots, broken hairs, tapering hair (exclamation marks), and short vellus hairs, are known as characteristic findings in this disease. Sign of hair regrowth might be detected earlier with this technique, even it is not yet visible with naked eyes. We are reporting an 8-year-old girl with history of recurrent total scalp hair loss for 4 years and clinical findings of diffuse hair loss on smooth surface scalp skin, nail pitting, and transverse leukonychia. Initial dermoscopy evaluation revealed characteristic findings of alopecia areata and regrow of short vellus hair was detected earlier with this examination. Therefore, we would like to report the use of dermoscopy as a diagnostic and evaluation tools in childhood alopecia totalis. Keywords: alopecia totalis, dermoscopy, alopecia areata, children
Cutaneous metastases (CM) is a rare condition. Breast cancer is the second most common cancer in women and the most common cancer leading to the appearance of skin metastases. The most common presentation in CM is asymptomatic papule and nodule which located in anterior chest wall, upper abdomen, and scar sites. Breast cancer was divided into 4 molecular subtypes, one of them is HER2 overexpressing. A case of nodular type of CM arising from HER2 type breast cancer in a 60-year-old female which had history of breast cancer since 4 years ago was reported. From history taking and physical examination, there were numerous painful papules, nodules, and crust on right chest, left breast, abdomen, and back. Histopathological examination revealed tumor masses that form glandular structure. On immunohistochemical (IHC) examination HER2 showed 3 positives. According to those circumstances, this patient was diagnosed as CM caused by HER2 type of breast cancer. The patient was given palliative therapy. The therapeutic approach is mainly based on appropriate management of the primary tumor. Early detection of CM lesion is very important to determine the primary tumor, staging of primary tumor, and predict the prognosis. **Keywords:** cutaneous metastases, breast cancer, HER2, nodular

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**SCLERODERMA OVERLAP SYNDROME**

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Scleroderma overlap syndrome (SOS) is a rare condition in patients with diagnosis of Scleroderma or Systemic Sclerosis (SSc) who also showed symptoms of other autoimmune conditions, e.g. Systemic Lupus Erythematosus (SLE). The exact relationship between SSc and SLE is still unclear. A 28-year-old woman complained about stiffness and tightness on her face since 7 months ago. The patient also complained about her hands and feet felt hardened, and then white spots appeared on her hairline, neck, back, feet and hands. She also complained about dark circle around her eyes, which then extends to the patient's cheeks and forehead. She also complained about hair loss, finger joint pain especially on the morning, mouth stiffness, weight loss, and wound on the fingers. Physical examination found a salt and pepper appearance on the neck, face, and legs, beak shape on the nose, microstomia, mask-like face, sclerodactyli, digitalis ulcers, and Raynaud's phenomenon is positive. Laboratory examination showed leukocytosis, monocytosis, transaminitis, negative rheumatoid factor, and positive ANA test. Histopathological examination revealed sclerosis on the dermis through subcutaneous layers. Patient was diagnosed as scleroderma and SLE. The patient treated with 10 mg/week of methotrexate, amlodipine 1x10 mg, ASA 1x8mg, folic acid 1x1, and emollient 2 times a day, followed up every 2 weeks. After 8 weeks there was clinical improvement. Both condition of Scleroderma and SLE were aggravate each other, and without the proper management it could worsening patient condition and prognosis. **Keywords:** Scleroderma Overlap Syndrome, Scleroderma, Systemic Lupus Erythematos
A VERY RARE CASE OF DE NOVO HISTOID LEPROSY WITH TYPE 1 REACTION
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Histoid leprosy (HL) is a distinct and rare type of leprosy with unique clinical manifestations and specific histopathology of multibacillary leprosy (MB). Histoid leprosy generally occurs in lepromatous leprosy patients (LL) or borderline lepromatous (BL). Often it occur after inadequate dapsone treatment despite sometime arise de novo as well. Histoid forms can ensue accompanied by reactions of erythema nodosum leprosum (ENL) and rarely reversal reactions. Diagnosis of HL based on clinical manifestations, bacteriological examination and histopathological examination. Clinical manifestations are typical such as coppery nodules, well-defined, might be soft or hard, shiny, with varying sizes. Histopathological findings showed a longitudinal or spindle histiocyte containing M. leprae. We report a rare case of histoid leprosy accompanied by reversal reactions. A 59-year-old Chinese woman, from West Borneo, complained of a painless nodules on the face and body since 2 months ago with swollen face and rashes. Patients never had leprosy treatment before. Histopathological shows some spindle cells. Patients is diagnosed histoid leprosy and reversal reactions. Diagnosis of histoid leprosy is made by history, physical examination and histopathology. Patients fall into the de novo category due to having never been treated with dapsone before. The therapy given to patients is multibacillary multidrugs therapy (MDT-MB) and corticosteroids. The patient showed improvement in lesions after 6 months of MDT-MB and corticosteroids for 3 months. Histoid leprosy is able occurred de novo and accompanied by reversal reactions. Early diagnosis and complete treatment is very important to achieve the goal of elimination of leprosy. Keywords: histoid, de novo, leprosy, reversal reaction

SCHIMMELPENNING SYNDROME
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Schimmelpenning syndrome is an spectrum of epidermal nevus syndrome, which is congenital syndrome, and characterized by presence of epidermal nevus, with sebaceous nevus as a hallmark of this syndrome, accompanied by abnormalities in central nervous system, eyes, skeletal, and cardiovascular. All epidermal nevus syndrome is a rare case. One case of Schimmelpenning syndrome was reported in a 2-year-old girl that has skin lesions as sebaceous nevus since birth. Sebaceous nevus appeared on frontal to temporal area of the scalp and face with verrucose epidermal nevus and epidermal nevus in almost all body parts with mosaic and streaking pattern. The skin disorders are suspected accompanied by mental retardation. On CT scan examination, there is no abnormalities in the cerebral structure and the results of examinations by various multidisciplinary found no other internal organ abnormalities. Patients with sebaceous nevus and extensive epidermal nevus need to be considered having any syndromes. Keywords: epidermal nevus, epidermal nevus syndrome, schimmelpenning syndrome
Efficacy of Addition of Sertraline Therapy to Antihistamine Therapy in Patient with Uremic Pruritus
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Uremic pruritus (UP) is pruritus caused by an end stage renal disease (ESRD), which is commonly found in patient underwent Hemodialysis (HD) therapy. UP can disturb the quality of life and the use of antihistamine as a single therapy is often unsatisfying. Efficacy of addition of sertraline therapy to antihistamine in patients with UP has never been reported. A 39-year-old man came to the outpatient clinic with chief complaints of itching on all over body. An itch sensation were felt since 1 year ago. The patient was diagnosed with ESRD since 13 months ago, and had already underwent HD and continued with the installation of continuous ambulatory peritoneal dialysis (CAPD). Dermatological examination showed xerotic skin on all over the body and multiple excoriation with erythematous base, irregular shape on the abdominal region, lower back, left forearm, and cruris area. To date there was no specific treatment for UP. Serotonin selective reuptake inhibitors (SSRIs), namely Sertraline, could be given to ESRD patients without the need for dose adjustments. Mechanism of Sertraline in UP is suggested through reduction of pruritic sensation’s threshold. Its other mechanisms as antidepressant agent might be beneficial in improving anxiety problem in UP patient. After 8 weeks of treatment, there was significant improvement in patient’s visual analogue score (VAS) and Dermatology Life Quality Index (DLQI).

Keywords: Uremic Pruritus, Sertraline, SSRIs

The Importance of Examining Bone and Joint Changes in Leprosy Patient: One Interesting Case That Decent to Be Shared
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Musculoskeletal involvement is the third most common manifestation in leprosy, after cutaneous and neurological manifestations. Bone changes in leprosy are divided into specific and non-specific changes. A case of lepromatous leprosy (LL) in 41-year-old male with destruction and autoamputation some of phalanx of hand, accompanied by resorption of phalanx of feet was reported. From physical examination, there were leonine face, madarosis, hyperpigmented macules on right back, and edema of hands and feet. We found numerous acid fast bacilli from slit skin smear and synovial fluid in interphalangeal joint of the hand. Radiological examination showed resorption of phalanx of feet. The patient was given multidrug therapy-multibacillary (MDT-MB), thus resulted a decrease of edema on hands and feet. Bone destruction can occurs in the early stage of disease and leprous bone diseases can progress even several years after having completed therapy. Therefore early detection and treatment of leprosy is the most important thing to prevent deformities. Keywords: bone and joint changes, deformities, leprosy
PROFILE OF IMMUNOGLOBULIN G ANTIBODIES AGAINST MAMMALIAN CELL ENTRY 1A (MCE1A) PROTEIN IN LEPROSY PATIENTS IN MAKASSAR: A PRELIMINARY STUDY
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Objective: to report the profile of immunoglobulin G antibodies against mammalian cell entry 1A (Mce1A) protein in leprosy patient in Makassar. Methods: a descriptive study involving 27 new leprosy patients was conducted at Wahidin Sudirohusodo General Hospital and Hasanuddin University Hospital, Makassar, from July to December 2018. Quantitative assessment of IgG antibodies against the Mce1A protein was performed by indirect ELISA. Results: From 27 patients, there were 13 (48.1 %) PB and 14 (51.9 %) MB. The maximum values anti Mce1A IgG protein was 0.80605 and minimum 0.2356. The median values anti IgG was higher in MB than PB group. Based on the Ridley-Jopling classification, the highest median values were found in Indeterminate group. Conclusion: antibody Mce1A responses against Mce1A protein in leprosy patients in Makassar, with the higher values were found in MB than PB group, so that it can provide an overview of whether this response can be used for the development of a new diagnostic approach. Keywords: ELISA, immunoglobulin G, leprosy, MB, Mce1A, PB

LAZARINE LEPROSY AND LEPROSY NEPHROPATHY IN MID-BORDERLINE LEPROSY
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Leprosy is a chronic infectious disease which is strongly influenced by the immune system. Immune system instability often occurs in mid-borderline leprosy affecting skin and systemic such as lazarine leprosy and leprosy nephropathy. Lazarine leprosy is rare ulcerating lesion that was firstly demonstrated in 1852. A 26-year-old man complained of redness and thickening in the face since 10 days. It was accompanied by weakness, fever, lost of appetite and joint pain. There were punch out lesions in the face and saucer lesions in trunks and extremities. Peripheral nerve examination showed thickening, pain and decreased motoric strength in some nerves. Acid-fast bacilli examination in the right and left ear lobe showed bacteria index +2 and +1, respectively. Histopathological examination demonstrated epidermal atrophy, foamy cells, epithelioid histiocyte cell, Langhans giant cell, small number of lymphocytes, supporting mid-borderline leprosy. There were anemia, azotemia, proteinuria, hematuria, leucocyturia. Ultrasonography examination showed acute nephritis. On the 10th day of hospitalization, hemorrhagic bullae and ulcers were suddenly appeared on the right foot. Histopathological examination demonstrated hyperkeratosis, dyskeratosis, subepidermal bullae containing small number of lymphocytes, supporting lazarine leprosy. Patient was diagnosed with mid-borderline leprosy, neuritis, leprosy nephropathy and leprosy lazarine. Leprosy and neuritis were treated with multi-drug therapy for multibacillary (MDT MB) without dapson, methylprednisolone 32 mg and paracetamol. Nephropathy was treated with pulsed dose of methylprednisolone 500 mg for 3 days. The wound care for
Psoriasis is a chronic inflammatory skin disease, characterized by complex alterations in epidermal growth, differentiation as well as multiple biochemical, immunologic, and vascular abnormalities. The prevalence of human immunodeficiency virus (HIV)-associated psoriasis and HIV-associated psoriatic arthritis may or may not be the same as in the general population. Misleading, unusual clinical presentations, severe disease, and frequent exacerbations are characteristic findings. Many effective drugs for psoriasis and psoriatic arthritis are immunosuppressive agents. Therefore, the treatment for the HIV-infected patient is more challenging. A 64-year-old female, HIV-infected patient, was hospitalized because of severe generalized skin rash (92% of BSA, PASI: 28.2) with scaling. She was diagnosed with HIV 7 years ago with CD4 count of 500 cells/mL. The patient took antiretroviral therapy (lamivudine, nevirapine, and tenofovir) regularly. She was diagnosed with erythrodermic psoriasis and psoriatic arthritis. After the risk of opportunistic infection was eliminated, she received methotrexate (MTX) 7.5 mg/week and the dose was increased into 10 mg/week. Two months following the treatment, there was clinical improvement (4% of BSA and PASI: 2), without presence of any opportunistic infections and MTX’s adverse events. Although there are limited data on the efficacy and safety of systemic immunosuppressive agents for the treatment of psoriatic disease in HIV-positive patients, adequate concomitant antiretroviral therapy and close monitoring for the signs and symptoms of infection might reduce the likelihood of serious infection. Keywords: psoriasis, erythrodermic, arthritis, HIV, methotrexate

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**ISLAND PEDICLE FLAP FOR DEFECT CLOSURE AFTER TOTAL EXCISION OF SEBORRHEIC KERATOSES ON THE FACE**

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Flap is a technique of soft tissue defect reconstruction due to trauma or surgical excision, which recreates natural contours, texture match, and good function. The Island pedicle flap (IPF) is a technique which has excellent vascular supply, thus it has low morbidity, with high survival rate. Seborrheic keratoses (SK) is a benign skin tumor, which resembles malignancy in atypical clinical presentation. Total excision can be considered under this circumstance, and flap performed due to the size of the primary defect and location of the tumor. A case of atypical SK in a 69-year-old woman was reported. The patient underwent a total excision of SK with IPF for the defect closure. During the observation days, trapdooring was noted,
reduction with stripe application was performed. The goal of reconstruction in this patient achieved, by the closure of the primary defect, by recreating natural contour, texture match, and good function. Further observations supposed to be performed to observe the wound healing. The IPF considered good for defect closure after total surgical removal of atypical SK especially on the face. This method does not significantly change the face structure, by utilizing cheek laxity. **Keywords:** flap, island pedicle flap, atypical seborrheic keratosis, trapdooring

**BULLOUS URTICARIA PIGMENTOSA IN AN INFANT: A RARE FORM OF BULLOUS DISORDER**

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Mastocytosis is a rare, sporadic, and a heterogenous group of haematopoietic disorder, characterized by an enormous number and accumulation of mast cells in one or more organ systems. The prevalence of mastocytosis is difficult to determine due to underdiagnosis. Pediatric-onset mastocytosis which was commonly diagnosed before 2 years of age is generally a benign disease. The course of pediatric-onset mastocytosis is variable, from birth to first year of life, with the average of 2.5 months. Cutaneous mastocytosis may manifest as urticaria pigmentosa, diffuse cutaneous mastocytosis and telangiectasia macularis eruptive perstans. Bullous urticaria pigmentosa is a rare variant of urticaria pigmentosa. Blistering is considered to be an effect of released mediator activity. The symptoms are mostly in proportion to the mast cell degranulating activities in tissues, which may appear at the first year of life. Although systemic involvement is rare in pediatric cutaneous mastocytosis, blistering may promote secondary infection and electrolyte imbalance. We report a four-month-old infant with bullous urticaria pigmentosa. The symptoms had appeared since the second day of life. Routine hematology examination revealed mild microcytic hypochromic anemia. Skin biopsy from the lesional skin revealed dermal diffuse infiltration of mast cells, some showing granules and scanty cytoplasm which supported the diagnosis of urticaria pigmentosa. Patient was managed with antihistamines. In two-month-period of follow up, the development of new lesions is slowing. **Keywords:** bullous urticaria pigmentosa

**GREEN NAIL SYNDROME SUCCESSFULLY TREATED WITH THE COMBINATION OF CIPROFLOXACIN AND APPLICATION OF POLYMIXIN B EYE DROP: A CASE REPORT**

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Green nail syndrome is one of the chromonychia caused by the *Pseudomonas aeruginosa* bacteria characterized by onycholysis and greenish-black discoloration of the nail. The incidence of green nail syndrome in Indonesia has never been reported. Predisposing factors for the occurrence of green nail syndrome include onychomycosis, nail disease, activity in moist and wet conditions, diabetes mellitus, and immunosuppression conditions. In our case a 51 year old man, complained about greenish black discoloration on the fingernails. Dermatological examination in first and third digit of the right hand as well as first digit of the left hand found multiple greenish black discoloration with onychodystrophy.
Dermoscopy examination of the affected nails showed greenish black pigmentation in the distolateral nails with faded peripher. Culture examination using mac conkey agar obtained colonies of greenish brown pigments. The patient was diagnosed with green nail syndrome then treated with ciprofloxacin 500 mg / day and topical polymixin B eye drops 2x / day for 3 weeks resulting in good outcome. In our case the predisposed factors were patient’s occupation as a farmer and the habit of frequent hand wash. Generally, green nail syndrome is treated with single therapy of ciprofloxacin oral, but here we gave polymixin eye drop due to its good penetration on the nail. **Keywords:** chromonychia, green nail syndrome, pseudomonas aeruginosa

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**EFFECTIVENESS OF PISANG RAJA BULU (MUSA PARADISIACA LINN.) LEAF IN FULL THICKNESS WOUNDS ON WISTAR WHITE RATS**

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Pisang raja bulu (*Musa paradisiaca Linn.*) is one of the plants that common in Indonesia. The intact *Musa paradisiaca Linn.* leaves known to have epicuticular wax that line the outermost part of the leaf and contribute to the wound healing process. Some secondary metabolites of *Musa paradisiaca Linn.* leaves extract also known to play roles in the wound healing. The aim of this study was to analyze the effectiveness of intact and methanol extract of *Musa paradisiaca Linn.* leaves on the healing of full thickness wounds based on the percentage of wound closure in male *Wistar* strain white rats. Thirty male *Wistar* rats were divided into three treatment groups of ten rats each; intact *Musa paradisiaca Linn.*, methanol extract of *Musa paradisiaca Linn.* leaves, and wet dressing using saline solution. Full thickness wound was done by a skin dermatome and minor set on the back of a rat with 2x2 cm in size. Observations were carried out for 14 days based on the percentage of wound closure. The result showed the intact leaves, methanol extract, and wet dressing were significantly (p = 0.0001) effective for full thickness wounds until the 14th day of observation. No significant differences (p>0.05) in wound healing between groups. Intact and methanol extract of *Musa paradisiaca Linn.* leaves are effective for full thickness wounds and have the same effectiveness with wet dressing until 14th day observation. Intact and methanol extract of *Musa paradisiaca Linn.* leaves can be considered as wound dressing material for full thickness wounds. **Keywords:** banana leaves, extract, full thickness, *Musa paradisiaca Linn.*, pisang raja bulu, wound healing
Linear Ig A dermatosis or CBDC is a rare non hereditary autoimmune disease, characterized by annular erythematous bullous, known as crown of jewels mostly found on lower trunk. Primarily on the thighs and the inguinals of the pre-school children. Mesenchymal stem cell is a novel breakthrough in regeneration cell therapy as it can proliferate and differentiate into other cell types depends on micro environment affecting it. A four years old girl presented with bullous all over her body since the past two months. Tension bullous were seen on all extremities and genital area. Histopathological examination obtained depositions of Ig G, Ig A and C3c in linear patterns with weak intensity in the basement membrane. We diagnosed this patient with CBDC. We treated her with 0.5 ml intramuscular HUVEC injection once and bullous aspiration as well as topical antioxidant gell applied on the aspirated areas twice daily. After one months of follow up her condition improved significantly and no more bullous appeared. One of endothelial progenitor cell sources, HUVEC is primitive in nature and easily obtained with less invasive procedure without bioethics problem. Endothelial progenitor cell plays important role in neovascularization of cell regeneration therapy. Thus HUVEC is a good choice for treating CBDC. Human umbilical vein endothelial cells is an alternative cell therapy for CBDC which has not been studied extensively but resulting in significant outcome. Keywords : cbdc, human umbilical vein endhotelial cells

MICROVESSEL DENSITY WITH CD34 METHOD AS A PROGNOSTIC FACTOR IN VARIOUS TYPES OF BASAL CELL CARCINOMA
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Tumor growth is associated with the increased of microvessel density (MVD), the histomorphological and also tumor angiogenesis. The amount of MVD is a predictor of tumor growth, metastasis and survival of patients and correlate with tumor aggressiveness. Basal cell carcinoma (BCC) is the most common skin tumor. This study was an observational analytic study with a cross sectional approach. The histopathologic examination used 22 samples from various types of BCC patients. The microvessels density CD34 stained vessel were successfully achieved, it was observed to be collapsed and small in comparison with the peritumor vessels. A high MVD is a predictor of poor outcome in certain tumors, including BCC. In this study we found that MVD increased in the peritumoral area more than in the tumor itself. Hence MVD is a prognostic factor in patients with various types of BCC using CD34 method. Further studies are required to understand metastatic mechanism of BCC better. Keywords: basal cell carcinoma, cd 34, microvessel density
SULFASALAZINE AS AN ALTERNATIVE THERAPY FOR GENERALIZED PUSTULAR PSORIASIS: CASE SERIES AND REVIEW OF LITERATURE

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Generalized pustular psoriasis (GPP), psoriasis of von Zumbusch, is infrequent and notoriously intractable skin disease, so as the treatments remain challenging. One of the treatments of choice for GPP is acitretin currently used by most countries. Unfortunately, our national health regulation prohibits acitretin and also other systemic retinoids. Thus, sulfasalazine has been given to our patients due to poor response of cyclosporine and methotrexate (MTX) in previous treatment. We aimed to evaluate the efficacy of sulfasalazine in GPP. Three patients affected by GPP and unresponsive to previous treatment, received sulfasalazine started at the dosages of 1 gram/day. The dose was increased related to the response. We observed one patient with good result after 4 months administration. The other two stopped the treatment due to lack of response and severe digestive side effect. There were varied results of sulfasalazine therapy in GPP. It is known to acts against molecular mechanism by inducing neutrophil apoptosis which is abundant in GPP pathogenesis. Sulfasalazine has warranty of its availability so far, affordable, and shares efficacy as well. Keywords: acitretin, methotrexate, psoriasis, sulfasalazine

BOURNEVILLE-PRINGLE DISEASE TREATED WITH ELECTROCAUTERIZATION AND TOPICAL TACROLIMUS 0.1% : A 1 YEAR OBSERVATION OF SEVERITY AND RECURRENCE

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 Bourneville-Pringle Disease (BPD) also known as tuberous sclerosis complex (TSC) is a rare autosomal dominant genodermatosis, which incidence varies from 1/12,000 to 1/14,000 live births. The genes implied to be mutated in this disease are tuberous sclerosis 1 (TSC1) and tuberous sclerosis 2 (TSC2). Diagnosis is made with two or more major features or one major plus two or more minor features of the disorder. Management of BPD is supportive and symptomatic. Prognosis depends on systemic involvement. We reported an 11-year-old boy with various size firm tumors on his face, hypomelanotic macule on his back and slightly elevated skin-colored patch on his right lateral thigh. History of neurological manifestation and systemic complaint were negative. Histopathological examination was in accordance with angiofibroma in BPD. Electrocauterization with general anesthesia combined with topical tacrolimus 0.1% were performed for the angiofibromas in this patient. The prognosis was qua ad vitam dubia ad bonam, quo ad sanationam and quo ad cosmeticam dubia ad malam. In this case, diagnose BPD was based on anamneseis, clinical features (three major symptoms; angiofibroma, ash leaf macule, shagreen patch), and histopathological examination. The aim of angiofibroma therapy is for cosmetic purpose. Electrocauterization and topical tacrolimus 0.1% yielded satisfactory result for the angiofibromas. Angiofibromas never worsen. There was an improvement in his FASI (Facial Angiofibroma Severity Index) score from severe to mild. Inhibitor mammalian of target rapamycin (mTOR) pathway might be considered. Proper therapy will improve patient’s quality of life. Keywords: BPD, angiofibroma, electrocauterization, topical tacrolimus, FASI score.
DIAGNOSING LEPROSY IN INFANTS: A HISTOPATHOLOGICAL CHALLENGE USING SEVERAL STAINING TECHNIQUE
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Leprosy in infants is a rare case compared to adults. There are great variety of the clinical cutaneous finding in leprosy. Leprosy diagnostic is based on the classical cardinal signs, the presence of acid fast bacilli which is obtained by slit skin smear and skin biopsy. The gold standard to diagnose leprosy is the identification of Mycobacterium leprae (M. leprae) bacilli using Hematoxylin and Eosin (H&E) and Fite Faraco (FF) stains. Periodic acid-Schiff (PAS) and Gomori (Grocott) methenamine-silver (GMS), known giving the positive result for fungal staining, revealed the other function becoming the alternative staining for M. leprae. Hereby, we report a case of a six-month-old male patient who presented unusual clinical findings that were never considered as leprosy initially. Histopathological examination with several stains was performed and a diagnosis of lepromatous leprosy was obtained. Keywords: leprosy, histopathology, infants, stains

COMPARISON OF SKIN LESION IMPROVEMENT IN PEMPHIGUS FOLIACEUS PATIENT APPLY WITH PLATELET RICH PLASMA (PRP) AND COMBINATION HYDROCORTISON POWDER 2.5% AND VASELINE ALBUM : CASE REPORT
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Pemphigus foliaceus is a chronic, autoimmune disease in which the body immune system produces IgG autoantibodies targeting desmoglein-1 (dsg-1). The disease starts with the onset of vesicles or bullae, scaly, crusted and a few exudates that rupture leaving erosion without mucosal involvement. This case report aimed to assess the improvement of skin lesions with topical Vaseline album therapy and hydrocortisone powder 2.5% compared to Platelet Rich Plasma (PRP) in pemphigus foliaceus. A 31-year-old woman with painless itchy scaly erythematous skin came to the Dermatovenereology outpatient clinic of Dr. Moewardi General Hospital Surakarta. The complain has occurred since 2 years ago and often relapsed and distributed throughout the body. Dermatology examination revealed some discrete multiple erythematous patches with erosion, crusting and scales. Histopathology examination obtain subcorneal bullae. Methylprednisolone 62.5 mg/12 hours and ranitidine 50 mg/12 hours were given intravenously. The combination of vaseline album and hydrocortisone powder 2.5% was applied on the left side of the body while PRP on the right one. Therapy for pemphigus foliaceus includes optimal systemic and topical corticosteroid use. Hydrocortisone powder 2.5% and Vaseline album are used because they are safe for long-term use. While PRP can trigger regeneration of epithelial and endothelial cells, angiogenesis, collagen deposition and accelerate wound healing as it contains various growth factors. Hydrocortisone powder 2.5% in combination with vaseline album give better improvement in skin lesion patient with pemphigus foliaceus. Keywords: hydrocortisone powder 2.5%, pemphigus foliaceus, Platelet Rich Plasma (PRP), vaseline album
Prurigo nodularis is a chronic, highly pruritic condition characterized by hyperkeratotics, excoriations, papules and pruritic nodules, with a tendency towards symmetrical distribution. The results of prurigo nodularis treatment are not satisfying and can be refractory. Cyclosporine can be used in refractory prurigo nodularis after a combination of previous therapies is unsuccessful. This cyclosporine usage must be accompanied by a serial evaluation for monitoring the possible occurrence of the side effects. The objective of this case report is to add insight into the use of cyclosporine in refractory prurigo nodularis patients who do not respond to a combination of previous therapies. We report a case of 61-year-old man with complaints of itchy bumps in almost entire body. The patient is diagnosed with prurigo nodularis with the results of biopsy support the prurigo nodularis diagnosis. Patients did not respond with a combination of previous therapies in the form of triamcinolone acetonide injection, NBUVB phototherapy, antihistamines, antidepressants/anti-anxiety and topical corticosteroids. The results of treatment with cyclosporine showed an improved response after administration of cyclosporine 50 mg once daily in the six weeks of therapy. Cyclosporine is an immunosuppressant agent that can be used in patients with refractory prurigo nodularis with a combination of previous therapies. Given the profile of cyclosporine side effects, patients must be chosen properly and willing to undergo routine monitoring. Keywords: refractory prurigo nodularis, cyclosporine

THE EFFICACY OF MOISTURIZER CREAM ON TRANSEPIDERMAL WATER LOSS (TEWL) POST HAND HYGIENE IN HEALTH WORKERS
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Health workers have a higher risk on skin irritation than general population do due to the need for frequent hand hygiene during patient care. Moisturizer is a component commonly used for improving skin barrier function results from irritation. Skin barrier damage can be assessed by an increase of transepidermal water loss (TEWL). This study to assess the efficacy of moisturizer cream on TEWL post hand hygiene in health workers. This is an experimental study was conducted in the Departement of Dermatovenereology Dr. Moewardi General Hospital. The study subjects were 30 health workers (14 men and 16 women) aged 22-39 years old. Transepidermal water loss measurements were carried out in the palmar region before and after hand hygiene using alcohol-based hand rubs (AHRs), post hand hygiene with and without moisturizers. The effectiveness of moisturizers is assessed from TEWL using TEWAMETER® TM-300 (Courage-Khazaka, Germany). This Study revealed that there are differences in TEWL before and after hand rub without applying moisturizer (P < 0.05). There is no significant difference in TEWL before and after hand rub with moisturizer application (P > 0.05). We conclude that moisturizer are effective in improving TEWL post hand hygiene for health workers. Keywords: hand hygiene, moisturizer, TEWL
EFFICACY OF TOPICAL $\beta$ BLOCKERS (0,25% TIMOLOL MALEATE EYE DROPS$^\circledR$) IN TREATMENT OF INFANTILE HEMANGIOMA

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**Introduction:** Infantile hemangioma (IH) is benign vascular tumor, that occurs several weeks after birth. Pathogenesis of IH consider an escalation of angiogenesis, vasculogenesis in proliferative phases and apoptosis in regression phases. Since 2010, topical timolol maleate has been used as treatment of superficial and non-ulcerated IH. **Case:** A 2 months 25 days infant was admitted to our hospital with history of bright red swelling on his left forehead. Lesion appeared first like a mosquito bite swelling when the patient was 3 weeks old, then lesion enlarged and the color became more erythematous. Dermatology examination indicated, solitary erythematous nodule, size 0,7x0,3x0,05 cm$^3$, stepping border and cobblestone surface, rubbery consistency, and warm on left temporal. The hemangioma severity scale (HSS) was 6 and hemangioma dynamic complication scale (HDCS) was 0. Patient was treated with topical $\beta$ blocker timolol maleat eye drop 0,25%$^\circledR$, one drop twice a day. 3 months after treatment the regression of the lesion was significant with size 0,5x0,1x0,01 cm$^3$. **Discussion:** Topical $\beta$ blocker indicated in our case to reduce the risk of functional compromise such as ulceration, scar and risk for residual skin development include telangiectasia, redundant skin, and fibrofatty tissue after involution phases. Timolol maleate 0.25% 1 drops 2 times a day resulted in regression of superficial IH, topical and lower concentration used reduces the risk of side effects. **Conclusions:** Importance to determine the effective treatment for IH based on some points, include anatomic depth, morphology, and risk for complication, functional compromise and permanent disfigurement. **Keywords:** infantile hemangioma, timolol maleate, eye drops, topical therapy

THE ACTIVE COMPOUND FROM CYPEROUS ROTUNDUS AN INTEGRATED IN SILICO ANALYSIS FOR THE TREATMENT OF PSORIASIS

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The choice of therapy in mild to moderate of psoriasis includes topical therapy. *In silico* is a computerized experiment which is similar to *in vivo* and *in vitro* biological study. *Cyperus rotundus* or *teki* grass (local name) has antipsoriatic activity so that it can be used as a herbal medicine in reducing psoriasis severity. This study aimed to evaluate the content of *cyperus rotundus* in treating psoriasis using in silico analysis. Active compound *cyperus rotundus* extracted from the knapsack database. The simplified molecular-input line-entry system (SMILE) format was taken from the pubchem database. The predictions on skin barrier repair, immunosuppressors, anti-inflammatory and antipruritic agents were performed by using a pass
server. The molecular mechanism of active compounds in the human body was taken from the search tool for interacting chemicals (STITCH) predicted experimentally, then computationally analyzed. Further pathway analysis used cytoscape software. There were 21 active compositions on *cyperus rotundus*. Computationally, the potential of *cyperus rotundus* as an immunosuppressor, anti-inflammatory, and antipruritus was predicted to have bioactivity but this have not been proven in laboratory experiment. The highest potential bioactivity of *cyperus rotundus* in improving skin barrier function was beta-selinene with an average value of probable to be active was (Pa) 0.715 predicted to have high potential with computational and laboratory tests. *Cyperus rotundus* is a good alternative for psoriasis in improving skin barrier function, immunosuppressors, anti-inflammatory and antipruritus because it has beneficial effectiveness in terms of availability and safety. **Keyword:** *Cyperus rotundus, In Silico, Psoriasis*

**MICROORGANISM COLONIZATION IN CHILDREN ATOPIC DERMATITIS IN MAKASSAR**

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Atopic dermatitis (AD) is a chronic recurrent skin disease that often occurs in infants and children which is characterized with abnormal skin barrier function and allergen sensitization. This disease clinically presents with dryness, erythema, and severe itching. Normal flora in humans consists of fungi and bacteria. The most common bacteria on normal human skin are *Staphylococcus epidermidis* and *Staphylococcus aureus*. This study is an exploratory study with inductive logic to determine microorganism colonization in children with AD aged 2 to 12 years according to William’s criteria who came to the dermatology and venereology outpatient clinic in Wahidin Sudirohusodo general hospital, Makassar, Indonesia. This study showed that Bacillus subtilis was the most commonly found bacteria (13 people, 43.3%). Interestingly, SA colonization was not found in any of the patients. Using the SCORAD index, mild atopic dermatitis was found in 17 people (56.7%). **Keywords**: Atopic dermatitis, *Bacillus Subtilis, staphylococcus epidermidis*

**IMPROVEMENT OF DRUG REACTION WITH EOSINOPHILIA AND SYSTEMIC SYMPTOM (DRESS) SYNDROME WITH A COMBINATION THERAPY SYSTEMIC CORTICOSTEROID AND N-ACETYLCYSTEINE**

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Drug reaction with eosinophilia and systemic symptoms (DRESS) is a number of symptoms characterized by skin eruptions, fever, hematological abnormalities especially eosinophilia and the involvement of internal organs. Liver damage is found in 70-95% of patients, and plays a role in the 10% DRESS mortality rate. The pathogenesis of DRESS is unclear, but it is thought that the offending drugs induces
an immune hypersensitivity via defect in metabolism. We report a 52 years old man who presented with fever and skin rash two weeks after starting phenytoin treatment for epilepsy. Diagnosis was made by definite score of registry of severe cutaneous adverse reactions (RegiSCAR). Phenytoin was discontinued and he was treated with corticosteroid and N-acetylcysteine combined therapy. **Keywords:** DRESS, combination therapy, N-acetylcysteine.

**THE SUCCESSFUL TREATMENT OF CHROMOBLASTOMYCOSIS CAUSED BY EXOPHIALA SPP WITH KETOCONAZOLE MONOTHERAPY**


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Chromoblastomycosis (CBM) is a chronic fungal infection of the skin and subcutaneous tissue caused by dematiaceous fungi traumatic inoculation. *Exophiala spp* are the rarest causative fungi, that can lead superficial skin infections and also fatal systemic infections. Chromoblastomycosis management is still a dilemma because of difficulties in diagnosis and no standard therapy is available, that cause high recurrence, long-term treatment and associated to quality of life. We reported a case of CBM case caused by *Exophiala spp* who was successful treated with ketoconazole monotherapy. A 72-year-old man was complaining thickening and easily bleeding of his lower left leg. The CBM diagnosis was based on clinical history, physical and laboratory examination. Clinical improvement was observed after itraconazole 200 mg/day for 6 months, but new lesions in the form of painful, easily bleeding and festering lumps re-appeared after 4 months of non-routine itraconazole therapy due to availability of the medicine. Re-biopsy was performed for histopathological examination and mycology culture. Ketoconazole monotherapy 200 mg/day was re-administered for 3 months and showed clinical improvement. In several studies itraconazole monotherapy showed highest effectiveness of 15-80%, while ketoconazole effectiveness only about 32-47%. In this case, there was clinical improvement without liver dysfunction found after 3 months ketoconazole monotherapy. **Conclusion:** Successful ketoconazole monotherapy for 3 months was reported in CBM by *Exophiala spp* infection. Ketoconazole monotherapy with tight liver function monitoring should be performed routinely. **Keywords:** Chromoblastomycosis, Ketoconazole, Itraconazole, *Exophiala spp*

**ERYTHROCYTE INDICES VALUE AS ANEMIA MORPHOLOGICAL PARAMETER OF HIV AND HIV CO-INFECTION SYPHILIS PATIENTS IN DR. MOEWARDI GENERAL HOSPITAL SURAKARTA**

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The study was conducted to learn about erythrocyte indices as anemia morphological parameter of HIV and HIV co-infection patients in Dr. Moewardi General Hospital from November 2018 until December 2018. This Retrospective-observational analytical study was conducted in 97 HIV patients from Voluntary counseling and testing (VCT) clinic then be examined for complete blood count including red blood indices (MCV, MCH, MCHC), venereal disease research laboratory (VDRL) and *Treponema Pallidum* particle agglutination assay (TPHA) then divided into two groups: HIV and HIV co-infection
A SUCCESSFUL OF ALTERNATIVE MODALITY WITH RED LIGHT LOW LEVEL LASER THERAPY FOR ACNE VULGARIS: CASE SERIES

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Introduction: acne vulgaris is a chronic inflammatory disease of pilosebaceous units where the key factors of pathogenesis including follicular hyperkeratinization, microbial colonization of Propionibacterium acnes, increase sebum production, and complex inflammatory mechanisms. Low level laser therapy (LLLT) has been proposed as an alternative therapeutic modality to treat acne vulgaris with less side effects compared to other treatment options. Case: 22- yo man and 28- yo woman, who were suffering from moderate acne vulgaris, treated with red light LLLT (655 nm, <5mW CW, 57 mrad) twice a week, interval 3 days, and 3 minutes duration per treatment area. Follow up was taken for 4 weeks by lesions count and photographs. Both patients got significant lesions reduction, with final total reduction after 8 sessions in 4 weeks for both patients were 63.3% and 74%, respectively. Final reductions of inflammatory lesions in both patients were 69.7% and 75.9%, respectively. And final reduction of non-inflammatory lesions (comedones) in both patients were 56% and 70.6%, respectively. Discussion: Red light LLLT plays roles in the pathogenesis of acne, through its mechanism of actions in interfere sebum secretion of sebaceous glands, change keratinocytes behaviors, modulate cytokines to reduce inflammations, and suppressing microbial colonization of Propionibacterium acnes. Conclusion: Red light LLLT was effective as an alternative modality in reducing both non-inflammatory and inflammatory type lesions in acne vulgaris. The mechanism of actions of LLLT as the treatment of acne vulgaris are through its roles in the pathogenesis of acne. Keywords : acne vulgaris, low level laser therapy, red light

sulphur group. The data were analyzed with t-test and Mann-Whitney test (P<0.05). Most of the subjects from HIV group are females (54.2%) and from HIV co-infection syphilis group are males (96%). The age varied from 18 to 60 years old. Most of HIV group subjects aged from 31-40 years old (29%) and from HIV co-infection syphilis group aged from 20-30 years old (56%). There was significantly lower mean hemoglobin value in HIV patients than in HIV co-infection syphilis group (p=.003) with normal erythrocyte indices in both groups. Haematological changes can be found in HIV and syphilis cases. Normocytic-normochromic anemia is the most common type of anemia usually occurred and correlate with disease progression, survival and mortality rate among HIV-infected individuals. Keywords: anemia, co-infection, erythrocyte indices, HIV, syphilis
A STUDY OF NEONATAL TRANSEPIDERMAL WATER LOSS (TEWL): CORRELATION WITH GESTATIONAL AGE, GENDER, BIRTHWEIGHT AND MODE OF DELIVERY IN DR. MOEWARDI GENERAL HOSPITAL SURAKARTA

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Tranepidermal water loss (TEWL) is one of the most notable skin barrier characteristic. The measurement of TEWL is essential for evaluating the integrity of stratum corneum barrier function. Normal TEWL value in healthy adults and children age 2 or older have been widely known and studied, but scarcely performed in neonates. Our study is the first TEWL investigation on neonates in Indonesia. This study aimed to evaluate TEWL in neonates and to assess the effect of gestational age, gender, birth weight and mode of delivery on TEWL. This observational analytical study with a cross-sectional design included 40 neonates treated in the neonatal intensive care unit (NICU) dr. Moewardi General Hospital, Surakarta. TEWL measured in the volar aspect of forearm under controlled condition. This study revealed there was a significant moderate positive correlation between neonatal TEWL and gestational age (p = 0.006, cc = 0.427), as the more premature the neonates, the higher TEWL value is. While birthweight and mode of delivery had a week correlation with TEWL and no statistically significant correlation with gender. These findings can be useful as a reference in future study and when comparing investigations on neonatal skin barrier function in the literature. The relevant and obvious clinical concerns of our findings include the application of emollient, skin-to-skin contact (kangaroo care), plastic heat shields or blankets and using a higher ambient humidity in the incubator to minimize TEWL in preterm neonates. Keywords: birth weight, gestational age, mode of delivery, neonates, TEWL

TWO RARE CASES: PRIMARY AND SECONDARY RAYNAUD’S PHENOMENON

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Raynaud’s phenomenon (RP) is the colour changes of the hand fingers and/or foot which turn into pale, bluish (cyanotic), and reddish skin lesion due to peripheral arterial spasm, or digital episodic ischemia after exposed to cold or stress. Raynaud's phenomenon is divided into primary idiopathic RP and secondary RP (Raynaud’s syndrome/RS), whereas the cause of vasospasm is known. Two cases were reported, primary and secondary RP. Case 1, A 54 years old male complained of intermittent pain in the toes and hand fingers since 1 year ago, exacerbated during cold weather. Patients smoked since the age of 20. Dermatological examination on digitii pedis dextra et sinistra and digitii manus dextra et sinistra presented macular violaceous. He was diagnosed as Raynaud's phenomenon and suspected for myeloproliferative disorder, polycythemia vera and essential thrombocytosis. Case 2, A 42 years old male complained of stabbing pain in the index finger of the left hand with blackened skin. The patient
MALIGNANT SYPHILIS IN AN HIV-NEGATIVE PATIENT RESPONDING TO DOXYCYCLINE: A CASE REPORT
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Malignant syphilis is a nodular variant of secondary syphilis with aggressive development. The severe appearance of the disease is due to depressed immunity of the individual. Currently, coinfection with HIV is the most frequent cause of the disease. We present an unusual case in which it occurred in an immunocompetent person. A 26-year-old male had suffered from multiple lumps starting on the forehead to the neck, trunk, limb, and genitalia on his forehead since 5 months ago. Besides nodules, physical examination revealed ulcers and masses on the aforementioned areas. The diagnosis of syphilis was confirmed by serologic test (RPR 1:64, TPHA >1:10,240), as well as histopathology (numerous plasma cells). However, his HIV test was non-reactive. Due to hypersensitivity to penicillin, the patient was given doxycycline for 2 weeks, resulting in satisfactory improvement. Our case met the diagnostic criteria by Fischer, which required strongly positive results for syphilis, characteristic pathologic findings, and response to appropriate antibiotic treatment. Keywords: malignant syphilis, doxycycline, immunocompetent

COMBINATION OF 80% TRICHLOROACETIC ACID CROSS AND PLATELET-RICH FIBRIN LYSON FOR IMPROVING ATROPHIC ACNE SCAR: A CASE SERIES
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Atrophy scar is a major complication of acne vulgaris. Therapy for atrophic acne scar is a challenge for dermatologists. The technique of chemical reconstruction of skin scar (CROSS) by applying focal high concentrations of trichloroacetic acid (TCA) on the basis of an atrophic scar can stimulate collagen production. Platelet-Rich Fibrin (PRF) lysate is an immune concentrate and platelets that accumulate in one fibrin membrane which may be useful for atrophic acne scar by stimulating collagen deposition. Trichloroacetic acid and Lysate PRF work synergistically to improve atrophic acne scar. The purpose of this case report was to determine the effectiveness of a combination of 80% TCA CROSS and PRF lysate for atrophic acne scar to 2 patients of grade 3 and 4 in Goodman classification. Eighty percent TCA was applied on the basis of the atrophy scar using a wooden toothpick with a pointed tip and then PRF lysate applied to basis of scar every night. Digital photography analysis was performed in the next visit and found a significant improvement from the basis of atrophy in both patients with only once TCA CROSS application. The combination of 80% TCA CROSS and PRF lysate are simple, easy to do, inexpensive procedures but provide excellent results for atrophic acne scar. Keywords: atrophic acne scar, CROSS, 80% TCA, platelet lysate, PRF lysate
CLINICAL CHARACTERISTICS OF PRURITUS IN SCABIES IN PUBLIC BOARDING SCHOOLS STUDENTS IN WEST JAVA: ASSESSMENT OF VISUAL ANALOGUE SCALE AND 5 DIMENSIONS ITCH SCALE

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Pruritus is the most common symptom in scabies. However, to date studies assessing pruritus in scabies are still scarce. This study aims to assess the characteristics and the course of pruritus in scabies in public boarding school students in West Java, using visual analogue scale (VAS) and 5 dimensions (5D) itch scale. A total of 713 students participated and 255 students were clinically diagnosed with scabies. The proportion of students whom are infested with scabies were higher in male (64.6%). The most frequently involved areas of pruritus were testis, interdigital, penis, wrist and gluteus. More than 90% of the respondents reported nocturnal pruritus. The mean (SD) of pruritus VAS was 3.69 (± 2), and the mean (SD) of 5D itch scale was 11.75 (± 2.9), which classified as mild pruritus, with the highest proportion of the students having moderate pruritus (48.6%). There was a significant correlation between pruritus VAS and 5D itch scale (rho = 0.58, p<0.0001). To conclude, almost all students with scabies experienced nocturnal pruritus, with majority having moderate pruritus. Pruritus VAS was also significantly correlated with 5D itch scale; thus, 5D itch scale can also be used for pruritus assessment in scabies. Keywords: scabies, pruritus, visual analogue scale, 5 dimensions itch scale

ASSOCIATION OF PRURITUS VISUAL ANALOGUE SCALE AND RISK FACTORS IN ADOLESCENCE PEDICULOSIS CAPITIS IN TWO PUBLIC BOARDING SCHOOLS, WEST JAVA

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Pediculosis capitis is a scalp infestation by pediculus humanis capitis which can be found all over the world, and most commonly affects children aged 3-12 years. Pruritus is the main symptom caused by sensitization to the saliva components injected by the lice into the scalp. Generally, it takes 2 to 6 weeks for pruritus to develop with the first infestation. Atopic conditions may also increase the severity of scalp pruritus. In addition, similar complaints in family and roommates are potential risk factors in developing pediculosis capitis. This study aimed to assess the pruritus severity using Visual Analogue Scale (VAS), and its association with several risk factors that might affect the pruritus degree in adolescence pediculosis capitis. This is an analytic descriptive study using cross-sectional design in two public boarding schools, West Java, during September 2018 – March 2019. We identified 357 (311 females, 46 males) students diagnosed with pediculosis capitis among a total of 713 students. The age range of the subjects were 11-18 years, with an average 13.8 years (SD 1.5357). The mean pruritus VAS was 3.9 (SD 1.93). Significant association were found between pruritus VAS and onset of disease (p= 0.0149),

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previous history of similar complaint (p= 0.02049), and family history of pediculosis capitis (p= 0.02849). In conclusion, the majority of students with pediculosis capitis suffered from moderate pruritus. Onset of disease was associated with pruritus severity, consistent with the pruritus pathogenesis of pediculosis capitis, while the other associated risk factors need further investigation. **Keywords:** pediculosis capitis, pruritus, visual analogue score, risk factors

**CORRELATION BETWEEN PRURITUS AND QUALITY OF LIFE IN STUDENTS WITH SCABIES IN TWO BOARDING SCHOOLS, BOGOR**

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Scabies often found in clustered living group such as boarding school. Pruritus from scabies can cause disturbance in daily activities, thus affecting the quality of life (QOL). Visual Analogue Scale (VAS) is the most frequently used unidimensional scales to assess the intensity of pruritus. The Children’s Dermatology Life Quality Index (CDLQI) is a questionnaire designed to measure the impact of skin disease on QOL in children, with six domains of daily activities. The aim of this study is to understand the correlation between pruritus measured with VAS and QOL measured with CDLQI in students with scabies. In this study, students with scabies in two boarding schools in Bogor were invited to complete the CDLQI and answered VAS assessment. Prevalence of pruritus, mean score, and SD were estimated for VAS and CDLQI. Spearman’s correlation coefficient and regression analysis was calculated to evaluate the relationship between severity of pruritus and QOL. A total of two hundred and eighty eight students with scabies were recruited. Eighty-eight percent reported pruritus in VAS, 48.6% indicating moderate pruritus. The mean of VAS (n=255) was 3.69 (range 0-10). The mean of CDLQI (n=248) was 6.08 (range 0-24). CDLQI score has moderate correlation with VAS (Spearman’s correlation coefficient=0.42, p<0.001). Linear regression showed that a higher score on VAS is followed by a higher score on CDLQI. All of the CDLQI domains had significant correlation with VAS. In conclusion, pruritus had moderate correlation with quality of life in students with scabies. More severe pruritus was associated with poorer QOL. **Keywords:** scabies, pruritus, quality of life, visual analogue scale, Children’s Dermatology Life Quality Index

**CHARACTERISTIC OF SKIN DISEASES IN TWO PUBLIC BOARDING SCHOOLS OCCUPANTS IN WEST JAVA 2018**

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Skin diseases are one of the most common diseases found in developing countries, and it is very commonly encountered especially in children who live in groups. The purpose of this study was to identify the ten most common skin diseases in two public boarding schools in West Java and environmental factors that influence them. This study was part of a large scabies and pediculosis study in two public boarding schools. Diagnosis was made through history taking and physical examination using Deskab® instrument. The results showed that 93% of children had skin diseases. Skin diseases were found higher in girls (94.5%) than boys (91.1%) but no significant differences (p= 0.08) were obtained.
The most common skin diseases were pediculosis (50.14%), scabies (40.51%), dermatitis (8.15%), dermatophytosis (6.6%), insect bite hypersensitivity (6.18%), post inflammatory hypo/hyperpigmentation (4.92%), acne vulgaris (3.51%), miliaria (3.37%), xerosis cutis (2.25%), and folliculitis (1.83%). There were some environmental factors that might influence the incidence of infectious skin diseases in both public boarding school such as open-space area, number of bedrooms, and the number of individuals occupying each bedroom. Keywords: proportion, skin diseases, boarding schools, pediculosis, scabies, environment, head lice

CORRELATION BETWEEN PRURITUS VISUAL ANALogue SCALE AND 5-D ITCH SCALE FOR PRURITUS ASSESSMENT IN ADOLESCENT STUDENTS WITH PEDICULOSIS CAPITIS
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Pediculosis capitis is a parasitic infection caused by human head louse that commonly affect children to adolescent age group, especially in densely populated environment. The main symptom is scalp pruritus that range from mild-to-severe and sometimes could lead to complication such as secondary bacterial infection, deterioration in student’s learning quality and daily activity. However, to measure the degree of severity from scalp pruritus has become a major issue in terms of evaluating the disease severity and the outcome of the therapy. We aimed to analyze the correlation between two pruritus measurement tools, pruritus visual analogue score (VAS) and 5-D itch scale for pruritus assessment in adolescent students with pediculosis capitis. This was a cross sectional study conducted in two public boarding schools in West Java in September 2018. From 713 students, 357 (50.1%) students were diagnosed with pediculosis capitis (13.1% male and 86.9% female students) and interviewed using VAS and 5-D questionnaires. The regression model between VAS and 5-D itch scale showing the tendency of 5-D itch scale increase along with VAS score increase. Spearman correlation showed that the degree of pruritus from VAS and 5-D has moderate positive correlation (rho = 0.525, p = < 0.001). From the result, we can conclude that there is correlation between pruritus severity degree in adolescent students with pediculosis capitis using VAS and 5-D itch scale. This study provides new knowledge that VAS, a simpler measurement for pruritus, could be used on pruritus assessment in pediculosis capitis. Keywords: Pediculosis capitis, pruritus, visual analogue score, 5-D itch scale

CORRELATION BETWEEN PRURITUS VISUAL ANALogue SCALE (VAS) AND CHILDREN’S DERMATOLOGY LIFE QUALITY INDEX (CDLQI) IN CHILDREN WITH PEDICULOSIS CAPITIS IN TWO PUBLIC BOARDING SCHOOLS, WEST JAVA
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Pediculosis is still very common in children and the pruritus had been claimed to disturb several aspects of life. On this study, we want to find out the correlation between the pruritus measured by visual
analogue scale (VAS) and result of children’s dermatological life quality index (CDLQI). A total of 357
students at two public boarding schools with the mean age of 13.8±1.5 years were recruited for the study.
Spearman correlation test was used to evaluate the correlation between severity of pruritus and quality of
life. On analysis, it was found that VAS was moderately correlated to total CDLQI score (ρ = 0.422);
specifically it had very weak correlation with leisure (ρ = 0.174), personal relationship (ρ = 0.145), and
treatment (ρ = 0.151); weak correlation with school/holidays (ρ = 0.311) and sleep (ρ = 0.368); and the
only moderate correlation is between VAS and symptoms/feelings (ρ = 0.452). Linear regression showed
that one point increase in VAS is followed by an increase of 1.003 CDLQI points. Meanwhile, from all
categories of quality of life identified in CDLQI, pediculosis mostly affected symptoms/feelings. This
study shows that severity of pruritus detected by VAS score is correlated to the disturbance in quality of
life in students with pediculosis capitis. Keywords: pediculosis, pruritus, visual analogue scale, children’s
dermatology life quality index

KNOWLEDGE OF SEXUALLY TRANSMITTED DISEASES AMONG INDONESIAN
adolescents: a study in an Islamic boarding school
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Adolescence is a heterogeneous developmental period in terms of sexual behaviour and therefore increase
the risks of acquiring sexually transmitted diseases (STDs). Indonesia ranks the fourth largest population
of adolescents worldwide where many of Muslim Indonesian adolescents studied in Islamic boarding
schools or known as ‘pesantren’. Adolescents studying in Islamic boarding schools are restricted to the
use of electronic media, thus their access to get the information related to STDs was limited. Therefore,
this study was aimed to determine the knowledge of STDs among Indonesian adolescents who studied in
an Islamic boarding school and investigate whether there are any difference in the level of knowledge
between genders. This study was a descriptive cross sectional study. A total of 216 adolescents consisting
of 56 male and 160 female adolescents aged 11 to 18 years old participated. The data was collected using
a questionnaire and Chi square test was used with p-value < 0.05 considered to be statistically significant.
Many Indonesian adolescents studying in the Islamic boarding school still have poor knowledge of STDs
(46.8%), especially in the context of diseases knowledge that belongs to STDs, transmission route of
HIV, and prevention of STDs. Female adolescents were more knowledgeable compared to male
adolescents (p=0.034). Improvement of the current sex education program in Islamic boarding schools are
needed as enhancing the knowledge is essential to empower and protect adolescents from STDs.
Keywords: knowledge, sexually transmitted diseases, adolescence, Islamic boarding school

THE EFFECTIVENESS OF LACTIC ACID PEEL ADDITION TO CONTACT AND PHOTO
CONTACT ALLERGEN POTENTIAL OF INTERNATIONAL SERIES IN DR SARDJITO
HOSPITAL YOGYAKARTA
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Introduction: Allergic contact and photo allergic contact dermatitis (PACD) are type IV hypersensitivity
reaction, but PACD occurred when a hapten contacts with the skin in the presence of ultraviolet and or
visible light. The gold standard is photo patch test (PPT). Only a little information about photo contact
Scabies is a contagious skin disease caused by Sarcoptes scabiei var. hominis mites infestation. Scabies ranks third in the most common skin diseases in Indonesia, while its prevalence in Central Java is above national prevalence. Dense occupancy, poor individual hygiene and sanitation are risk factors for transmission. This study was aimed to report epidemiological and clinical characteristics of scabies in Islamic Boarding School (IBS), Tegalrejo Magelang. A descriptive analytic from questionnaire, physical examination and skin scrapping data from 200 students was carried out. The data also analysed with multivariate analysis. There were male predominancy (69.7%) in this study with the length of stay more than 3 months. Severe scabies was found in 69.1% subject with location between fingers (84.8%) as the most common predilection site. Length of stay was the most significant risk (p=0.042) and together with sex, they had predictive factor of 19% factor for scabies severity. All of the subjects live in the dense rooms with 1.25-3.5 m² per person density. Sex and length of stay together were the minor predictive factors, while room density was the assumed to be the major one that play role in the scabies severity in this study. Keywords: Scabies, Sarcoptes scabiei var. hominis, Islamic boarding school, severity
Human immunodeficiency virus (HIV)-infected patients than those not infected. Coinfection between HIV and CT can increase the transmission of HIV and CT. The aim of this study was to determine the prevalence of proctitis CT in HIV-infected MSM at the Teratai Clinic Dr. Hasan Sadikin Hospital Bandung in 2019. This study was a descriptive cross-sectional study. 61 HIV-infected MSM from Teratai Clinic Dr. Hasan Sadikin Hospital Bandung met the inclusion and exclusion criteria were selected as participants. The diagnosis of proctitis CT was determined based on the finding of ≥ 10 polymorphonuclear cells/ high power field on direct microscopic examination of Gram staining and positive polymerase chain reaction CT. From this study, the prevalence of proctitis CT in HIV-infected MSM at the Teratai Clinic Dr. Hasan Sadikin Hospital Bandung was 26.23%. 11 (68.75%) of the proctitis CT were asymptomatic and only one had the friable rectal wall on anoscopy examination. In conclusion, the prevalence of proctitis CT in HIV-infected MSM at the Teratai Clinic Dr. Hasan Sadikin Hospital Bandung was 26.23% and 68.75% were asymptomatic. Screening of proctitis on MSM who have history of receptive anal intercourse is recommended to prevent the transmission and complication of the infection. Keywords: Asymptomatic, CT, HIV, MSM, proctitis

INVESTIGATION OF 25-HYDROXYVITAMIN D AND 1,25-DIHYDROXYVITAMIN D LEVELS IN SERA FROM VITILIGO PATIENTS IN BANDUNG, WEST JAVA, INDONESIA

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Background: Up to now, there is no successful treatment of vitiligo due to unclear etiopathogenesis. The mechanism of vitiligo has been known related to the low level of 25-hydroxyvitamin D (25(OH)D) as vitamin D precursor. However, role of the active form of vitamin D 1,25-dihydroxyvitamin D (1,25(OH)₂D) in vitiligo patient has not been proven. Objective: To investigate the levels and role of sera 25(OH)D and 1,25(OH)₂D from vitiligo patients in Bandung, West Java, Indonesia. Materials and methods: A single-centered, cross-sectional study, involved case and control group was conducted at Dermatology and Venereology Outpatient Clinic, Dr. Hasan Sadikin Hospital Bandung. The detailed history and clinical examination of 32 subjects were done, consist of 18 adults vitiligo and 14 healthy individuals as a control group. Blood samples were collected for measuring the levels of 25(OH)D and 1,25(OH)₂D using ELISA method. Results: 71.87% from all subjects had deficient level of 25(OH)D and not statistically significant between two groups. Meanwhile, the mean level of 1,25(OH)₂D in both groups were normal, although it was significantly lower among vitiligo patients (45.76 pg/ml) compared to control group (77.74 pg/ml), with p value < 0.05. Conclusions: The level of 25(OH)D is decreased in vitiligo patient, otherwise the level of 1,25(OH)₂D was normal. There might be some reasons to explain the lower level of vitamin D precursor, contrary to the active form. Further studies involving the other part of vitamin D metabolism is needed to support present findings. Keywords: 1,25-dihydroxyvitamin D, 25-hydroxyvitamin D, vitamin D, vitiligo
BACTERIAL PATTERN AND ANTIBIOTIC RESISTANCE FROM PUSTULE OF ACNE VULGARIS PATIENTS IN DR. HASAN SADIKIN GENERAL HOSPITAL BANDUNG

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Several studies have demonstrated that in addition to *Propionibacterium acnes*, other bacteria found in acne vulgaris lesions may also play a role in acne pathogenesis and affect the therapy. The therapeutic response can be affected by antibiotics resistance that was increasing over time. The aim of this study was to determine bacterial pattern and antibiotics resistance from pustule of acne vulgaris patients in Dr. Hasan Sadikin General Hospital, Bandung, Indonesia. This research was a descriptive, cross-sectional study from January-February 2018. A total of 30 samples were collected from one pustule of each patient, followed by Gram staining, aerobic and anaerobic bacterial culture, bacterial identification, and nine antibiotics resistance testing by disk diffusion methods. The result of this study showed bacterial isolation in all 30 samples with a total 53 bacterial colonies, comprising of ten species, namely *Propionibacterium acnes* (80%), *Staphylococcus epidermidis* (56.7%), *Staphylococcus hominis* ssp. *hominis* (13.3%), *Actinomyces odontolyticus* (6.7%), *Staphylococcus capitis*, *Staphylococcus auricularis*, *Staphylococcus lugdunensis*, *Citrrobacter koseri*, *Pseudomonas aeruginosa*, and *Peptostreptococcus anaerobius*, each at 3.3%. The two most common bacteria found were *P. acnes* concomitant with *S. epidermidis* (46.7%). The antibiotic resistance rate of all bacteria was against erythromycin (56.6%), followed by azithromycin (52.8%), clindamycin (50.9%), co-trimoxazole (30.2%), tetracycline (15.1%), cefadroxil (13.2%), levofloxacin (7.5%), doxycycline (7.5%), and minocycline (3.8%), respectively. This study concluded that the three most common bacteria found were *Propionibacterium acnes*, *Staphylococcus epidermidis*, and *Staphylococcus hominis* ssp. *hominis*. Erythromycin was the most resistant antibiotic and minocycline was the most sensitive antibiotic. **Keywords**: acne vulgaris, antibiotic resistance, pustule

BACTERIAL VAGINOSIS IN PREGNANT WOMEN AT MATERNAL AND CHILD HOSPITAL, WEST JAVA, INDONESIA, 2018: HIGH PREVALENCE WITH ASYMPOTOMATIC SYMPTOMS

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Bacterial vaginosis (BV) is a lower genital tract infection of reproductive women which can occur in pregnant and non-pregnant women. BV in pregnant women can increase the risk of complications, including increase incidence of abortus, premature rupture of membranes, preterm birth, and babies with low birth weight. BV can also increase the risk of acquired and transmission of sexually transmitted infection (STI) including human immunodeficiency virus (HIV). Each country has a varied prevalence of BV. Previous report of BV prevalence in pregnant women has been reported in Jakarta, Indonesia in 1990. Until now, there is no update data of BV in pregnant women, especially in West Java, Indonesia. Thus, we conducted a descriptive observational study using a cross-sectional design and a consecutive sampling method in June 2018. This study included 60 pregnant women in a Maternal and Child Hospital,
Bandung, Indonesia. Among 60 participants, seven (11.67%) participants had BV according to Amsel criteria. All the participant was diagnosed BV are asymptomatic and fulfilled Amsel criteria. This study show the prevalence of pregnant women in a Maternal and Child Hospital, in June 2018, Bandung. The assessment of screening BV should be recommended as a routine workup for early detection in pregnant women to avoid the complication in pregnant women and infants. Keywords: Amsel criteria, bacterial vaginosis, pregnant woman

EXPRESSION OF THYMIC STROMAL LYMPHOPOIETIN IN THE SKIN TISSUE OF PSORIASIS VULGARIS PATIENTS
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Thymic stromal lymphopoietin (TSLP) is known to be associated with allergic diseases. It is also suggested that TSLP has a role in autoimmune disease such as psoriasis; however, the associated pathways remain unknown. There is currently little information on TSLP in psoriasis vulgaris patients. We investigated TSLP expression on lesional and non-lesional skin of psoriasis vulgaris patients. Samples were collected from lesional and non-lesional skin biopsy of psoriasis vulgaris patients for TSLP examination using reverse transcription-polymerase chain reaction. TSLP expression was higher in lesional skin (1.90) compared to non-lesional skin (1.76); however, the difference was not statistically significant (p<0.05). This study concluded that TSLP may play a contributory role in the pathogenesis of psoriasis vulgaris but the exact role remains unclear. Keywords: lesional and non-lesional skin, psoriasis vulgaris, thymic stromal lymphopoietin

BACTERIAL IDENTIFICATION AND ANTIBIOTIC RESISTANCE FROM COMEDONE OF ACNE VULGARIS IN DR. HASAN SADIKIN GENERAL HOSPITAL BANDUNG
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Bacterial activity mainly Propionibacterium acnes (P. acnes) is one of the factors involved in the pathogenesis of acne vulgaris (AV). Previous studies reported that other bacteria found in addition to P. acnes in AV lesions, may also play a role in acne pathogenesis. Furthermore, an increase in antibiotic resistance were also found in these bacteria. This study aimed to identify bacteria and determine antibiotic resistance from comedones of AV patients in Dr. Hasan Sadikin General Hospital Bandung. A descriptive cross-sectional study was undertaken from January-February 2019. A total of 30 samples were collected from closed comedone, then cultured under aerobic and anaerobic condition. Species identification was done by Vitek® 2 compact. The isolates were tested for resistance to nine antibiotics by disk diffusion methods. The result of this study showed 56 colonies from 30 AV patients. The most common bacteria was P. acnes (53.6%), followed by Staphylococcus epidermidis (17.9%), Staphylococcus hominis ssp. hominis (10.7%), Staphylococcus capitis (7.1%), and Staphylococcus aureus, Staphylococcus haemolyticus, Staphylococcus warneri, Pseudomonas aeruginosa, Klebsiella pneumoniae ssp. pneumoniae, and Enterobacter aerogenes were each 1.8%. The two most common bacteria found in one comedone were P. acnes concurrently with S. epidermidis. The antibiotic resistance was against
clindamycin (62.5%), azithromycin (60.7%), erythromycin (57.1%), cotrimoxazole (46.4%), tetracycline (28.6%), levofoxacin (25%), doxycycline (23.2%), minocycline (16.1%), and cefadroxil (14.3%), respectively. In conclusion, the three most common bacteria found were *P. acnes*, *Staphylococcus epidermidis*, and *Staphylococcus hominis* ssp. *hominis*. Clindamycin was the most resistant antibiotic, meanwhile cefadroxil was the most sensitive antibiotic. **Keywords:** acne vulgaris, antibiotic resistance, bacteria, comedone

**INCREASED SERUM THYMIC STROMAL LYMPHOPOIETIN IN PSORIASIS VULGARIS PATIENTS**

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Thymic stromal lymphopoietin (TSLP) is known to be associated with allergic diseases. However, it is also suggested that TSLP plays a role in autoimmune disease such as psoriasis, but the exact mechanism remains unclear. Currently, there is little information on TSLP in psoriasis vulgaris. We investigated TSLP level in the serum of psoriasis vulgaris patients compared to healthy control and TSLP level in each degree of disease severity. A cross-sectional analytic observational study was conducted on May to August 2018 in Allergy-Immunology, Dermatology and Venereology Outpatient Clinic, Dr. Hasan Sadikin Hospital, Bandung. The subjects consist of 18 psoriasis vulgaris patients and 18 healthy populations as a control group. Blood samples were collected from both groups for measuring the levels of TSLP using ELISA method. We also assessed the severity of disease with PASI score. From this study, the mean of TSLP levels is higher in serum of psoriasis vulgaris patients (332.18 ± 170.531 pg/dL) compared to healthy control (121.11 ± 53.501 pg/dL) (p<0.05). The mean level of TSLP in the serum of severe psoriasis vulgaris patients were 453.70 ± 250.60 pg/mL, moderate 391.17 ± 134.979 pg/mL, and mild 259.99 ± 118.421 pg/mL. It is suggested that TSLP plays a role in the pathogenesis of psoriasis, but the exact mechanism in the pathophysiology of these diseases remains unclear. **Keywords:** psoriasis vulgaris, serum, thymic stromal lymphopoietin

**DERMATOMYCOSIS SPECTRUM IN DERMATOLOGY CLINICS DR. HASAN SADIKIN HOSPITAL BANDUNG FROM YEAR 1994-2017**

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Dermatomycosis is a fungal infection of the skin, hair, and nails caused by various etiologies. The incidence of dermatomycosis Indonesia is uncertainly known. The purpose of this mini research was to determine the incidence of various dermatomycosis and their etiologies in Dermatology Clinics Dr. Hasan Sadikin Hospital Bandung, Indonesia. This mini research was conducted retrospectively and descriptively by evaluating statistical data from January 1st, 1994 to December 31st, 2017 and data of fungal culture from January 1st, 2013 to December 31st, 2017. There was a higher occurrence in male patients (54.23%) relatively than female (45.77%) with the highest age group 25-44 years old (32.73%). Pitiriasis versicolor, dermatophytes, and candidiasis were the most common diseases. The most often etiology in dermatophytosis patients were *Trichophyton rubrum* based in the fungal culture. It expected that the
results of this mini research could become an epidemiological data of dermatomycosis in Indonesia. **Key word:** Dermatomycosis, Dermatophytosis, Epidemiology

**PROFILE OF DERMATOLOGICAL INPATIENTS IN A TERTIARY HOSPITAL IN MAKASSAR, INDONESIA: A 5-YEAR EXPERIENCE**

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**Objective:** to report the profile of primary and secondary dermatological inpatients in Wahidin Sudirohusodo General Hospital, Makassar, Indonesia for five years (January 2013–December 2017) based on age, sex, and diagnosis. **Methods:** retrospective study through descriptive analysis of medical record data of all inpatients, covering both primary and secondary diagnosis. Diagnosis and diagnosis category were based on the 2016 Education and Competency Standards of Indonesian Dermatology and Venereology Specialists. **Results:** from 1057 patients, there were 580 male (54.8%) and 477 female patients (45.2%) with an average age of 44.2 ± 19.3 years. Erythoderma (35 cases) and drug hypersensitivity (75 cases) were the most frequent primary diagnosis and diagnosis category. For secondary diagnosis, seborrheic dermatitis ranked first with 85 cases. Infectious disease was the most frequent category (394 cases) with superficial fungal infections as the most prevalent case (156 cases). **Conclusion:** erythoderma, drug hypersensitivity, seborrheic dermatitis, and superficial fungal infections were the most prevalent dermatological diseases in hospitalized patients. Appropriate diagnosis and treatment need to be conducted to properly treat the disease and improve the quality of life of patients. **Keywords:** dermatology, inpatients, erythoderma, drug hypersensitivity, seborrheic dermatitis, superficial fungal infection

**THE RETROSPECTIVE STUDY OF PROFILE SKIN DISEASE IN A DERMATO-VENERELOGY OUTPATIENT CLINIC IN RASYIDIN REGIONAL PUBLIC HOSPITAL FROM 2016 TO 2018**

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Dermatologic diseases vary widely as a result of geographic location, climate, socioeconomic status, and personal habits, and internal factors, such as age, gender, and heredity. The aim of the study determined the main causes for outpatient visited in a dermatology outpatient clinic at Rasyidin Regional Public Hospital. Materials and Methods: The outpatient clinic records of the Dermatology Department of Rasyidin Regional Public Hospital, dated between January 2016 to December 2018, were retrospectively assessed. Patients were grouped according to age, gender and clinical diagnosis. Total of all patients visited outpatient clinic at Rasyidin Regional Public Hospital, there were 1.822 (0.52) new patients with skin problems included in this study. The study group was 56.75% female and 43.25% male. The age range was between 1 and 90 years. The most age range that came to dermato-venereology outpatient clinic is 15-29 years as much 583 (32 %). The ten most common skin diseases were seborrheic dermatitis.
(11.76%), liken simplex chronicles (6.97%), atopic dermatitis (5.38%), acne vulgaris (4.72%), allergic contact dermatitis (3.46%), scabies (3.35%), phompholux (3.29%), veruca vulgaris (2.14%), urticaria (1.81%) and tinea cruris (1.76%). The most skin diseases were seborheic dermatitis (11.76%) with women who have the most age 15-29 years old (43.61%). Seborheic dermatitis is the most common disease in rasyidin regional public hospital, padang period 2016 to 2018. Keywords: Prevalence, skin disease, rasyidin regional public hospital

PROFILE OF SCABIES DURING JANUARY 2016-DECEMBER 2017 IN DERMATO-VENEREOLOGY OUTPATIENT CLINIC OF DR M DJAMIL HOSPITAL PADANG

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Background: Scabies is still a global health problem because 300 million cases occur every year in the world. Scabies is a skin disease caused by infestation and sensitization of the mites *Sarcoptes scabiei var. hominis*. Transmission can be through direct and indirect contact. Scabies can happen in all of ages, genders, races and groups throughout on the world. Risk factors for this disease were low socio-economic conditions, poor personal hygiene, unclean environment, unhealthy behavior, population density and comorbidities that can aggravate clinical scabies.\(^1\) Objective: To know the profile and incidence of scabies patient in Dermato-Venerology outpatient clinic of Dr M Djamil Hospital Padang from January 2016 - December 2018. Methods: Retrospective study was performed by analyzed medical record of the new patient that visited Dermato-Venerology outpatient clinic of Dr M Djamil Hospital Padang from January 2016 - December 2018. Result: During this period, we found 65 patient (11.61%) new patients who visit. The majority were the 15-24 year age group (33.85%); male sex (73.85%); high school education (38.45%); employment didn’t work (26.16%); residence in private house (84.62%); location between fingers and toes + both arms + abdomen + buttocks + thighs + genital (36.92%), complaints with cardinal signs nocturnal pruritus and attacking human in groups (80%), without co-morbidities (70.77%). Conclusion: Most patients of scabies was the classical scabies (93.85%) with combination treatment of permethrin + anti histamine (90.77%). Keywords: scabies, retrospective study.

ORIGINAL RESEARCH

A CLINICOEPIDEMIOLOGY STUDY OF SUPERFICIAL MYCOSIS

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Introduction: Superficial mycosis is an infection that involving on stratum corneum, hair and nail which caused by fungal or yeast colonization. This group of infection has been found in the last few decades to affect 20-25% of world population and one of the most common infection in humans. There has been no report of superficial mycosis in dermatology and venereology of Dr.M.Djamil Hospital Padang in the last 3 years before. Objective: To evaluated the insidence and characteristic of the superficial mycosis in Dermatology and venereology outpatient clinic of Dr.M. Djamil Padang since January 2016–Desember 2018 base on sex, age and type of superficial mycosis. Methods: Retrospective study by collecting data from the medical records of patient with diagnosis superficial mycosis visiting Dermatology and Venereology outpatient clinic of Dr.M.Djamil Hospital Padang since January 2016–Desember 2018. Results: From January 2016–Desember 2018, there were 230 cases of superficial mycosis. Tinea cruris
was most common infection on dermatophyte group (26%), followed by tinea corporis (15.2%). Pityriasis versicolor was the common infection on non dermatophytes group (18.6%). On general, man was found more prevalence on both dermatophytes and non-dermatophytes group. Base on age, most cases are in 15-24 year group (37.4%). **Conclusion:** This study showed that the most common infection of superficial mycosis is tinea cruris on dermatophytes group and pityriasis versicolor on non dermatophytes group. Man was found more prevalence on superficial mycosis group. **Keywords:** superficial mycosis, dermatophyte, retrospective study.

**ORIGINAL RESEARCH**

**CONTACT DERMATITIS PREVALENCE IN THE DERMATOLOGY AND VENEREOLOGY DEPARTMENT AT RSUP Dr. M. DJAMIL PADANG PERIOD 2016-2018**

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**Background:** Dermatitis or Eczema is a pattern of skin inflammation that followed by erythema, vesicle, and pruritus are a critical phase. Irritant Contact Dermatitis (ICD) is a nonimmunologic infection. Allergic Contact Dermatitis (ACD) is a reaction of hypersensitivity that is provided by (type IV) classic. **Method:** This method of this research used Retrospective Epidemiological Descriptive. This research conducted at RSUP Dr. M. Djamil Padang, West Sumatra. **Result:** 27 people were diagnosed with contact dermatitis (1.06%) of 2531 people in 2016, 20 people (0.77%) of 2571 in 2017, 12 people (0.38%) of 3116 in 2018, 23 people (38.9%) in the cases of Dermatitis Contact in age 45-64 years. 32 people diagnosed Allergic contact dermatitis and 27 people diagnosed Irritant contact dermatitis. The incidence of contact dermatitis is greater in women 38 people (64.40%) than men. **Conclusion:** From the Restrospective result that has been conducted since January 2016 to December 2018 towards new patients in Dermatology and Venereology Department at Dr. M. Djamil, Padang. Can be concluded most of dermatitis in the range of 45-64 years old and women. The highest inciden is Allergic Contact Dermatitis. **Keywords:** Dermatitis, Allergic Contact Dermatitis, Irritant Contact Dermatitis

**ORIGINAL RESEARCH**

**EFFICACY AND ADVERSE EFFECTS OF ORAL CYCLOSPORINE A FOR PSORIASIS TREATMENT**

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**Background:** Oral cyclosporine A (CsA) has proved to be highly effective in the treatment of psoriasis. Continuous long-term CsA treatment may induce adverse effects. Dermatology and Venereology Department of RSUP Dr. M. Djamil has been using oral CsA in psoriasis treatment for the last 2 years. There have been no studies on the efficacy and adverse effects of oral CsA. **Objective:** The study was conducted to assess the efficacy and adverse effects of oral CsA for psoriasis treatment in Dermatology and Venereology Department of RSUP Dr. M. Djamil Padang. **Method:** Records of psoriasis patients treated with oral CsA at Dermatology and Venereology Department of RSUP Dr. M. Djamil Padang
between Januari 2017 until December 2018 were collected. Data were analyzed using general linier model (GLM) repeated measured. **Result:** Of the 17 patients include in this study. The ratio male:female was 1:1.1 and the mean age was 47.76 years. The mean of BMI was 26.59% kg/m². Six patients are smokers. The mean of blood pressure, ureum and creatinine were in normal limit. The mean of uric acid level was abnormal in both of baseline and after treatment. At the 6th month, the PASI score decreased significantly (p < 0.05). There were no increasing significantly of blood pressure, ureum, creatinine and uric acid. **Conclusion:** The daily dose of CsA is usually in a therapeutic range of 2.5–5mg/kg are effective to give improvement in psoriasis treatment and there were no significant side effects. **Keywords:** oral cyclosporine A, psoriasis, efficacy, adverse effects.

**ORIGINAL RESEARCH**

**A CLINICO-EPIEMIOLOGICAL STUDY OF SEBHORRHEIC KERATOSIS**

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**Background:** Seborrhoeic keratoses are benign epidermal neoplasms. It is one of common benign neoplasm in skin tumour and surgery division. In this study, the aim was to assess the clinico-epidemiological profile of seborrhoeic keratoses in outpatient clinic in M djamil hospital. **Method:** A retrospective study from medical record in M djamil Hospital during 2016-2018. Data was collected from medical record during 2016-2018. Variable studies were sex, age, occupation, education, location, duration, therapy of keratosis seborrhoeic. **Result:** A total of 51 cases were recorded from 2016 until 2018. The mean age of patients was 61 years. The highest number of 44 cases (86.4%) were seen in the 45-64 years age group. Sun exposure area were affected in 45 cases (88%), non exposure area only (on the lower limb) 2 cases (3.9%), Sun exposure + non sun exposure area were affected in 4 cases. The patient mostly have high school degree (74.50 %) and most patients works as teacher (35.29 %). The patients mostly complaint about black/brownish patches in sun exposed area since less than 5 years ago (88 %). The most common therapy in our clinic is electrosurgery (84.31 %). **Conclusion:** Keratosis Seborrhoeic is one of the common disease in M Djamil Hospital. It mostly affected 45-64 age group, and sun exposed area (face, neck, upper limb) are the most common affected location of the body. **Keywords:** Keratosis Seborrhoeic, profile

**ORIGINAL RESEARCH**

**A CLINICO-EPIEMIOLOGICAL STUDY OF HERPES ZOSTER**

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**Background:** Herpes zoster is a viral infection caused by reactivation of the infection of the varicella zoster virus from the spinal ganglia. The clinico-epidemiological pattern of this disease needs to be studied. **Method:** A cross sectional study was conducted on all herpes zoster cases who visited the Dermatovenereology Outpatient Polyclinic in RSUP Dr. M. Djamil Padang, West Sumatra for 9 months period starting June 1, 2018 until March 31, 2019. Anamnese, physical examination and Tzanck smears
were conducted in all cases. **Result:** 10 cases of herpes zoster were seen with a mean age of 30 years. Majority (50%) of cases were seen in the 21–30 year age group. Thoracic segments were involved in 60%, lumbal in 30%, cervical in 10%. One case had HIV positive. **Conclusion:** This study shows a lower age incidence of herpes zoster as compared to other studies. The pattern of segmental involvement in herpes zoster seen in this study was similar to other studies. **Keywords:** herpes zoster, pattern

### ORIGINAL RESEARCH

**RETROSPECTIVE STUDY: CHARACTERISTICS OF SKIN DISEASES IN CHILDREN AT THE DERMATOLOGY VENEREOLOGY DEPARTMENT OF DR. M. DJAMIL PADANG HOSPITAL DURING 2016-2018**

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**Background:** Skin disease causes high morbidity, including in children. The prevalence of dermatosis in children ranges from 34 to 87.7% with a pattern that is very varied and is influenced by many factors. One third of Indonesia's population are children. They are the next generation of ideas of the nation's struggle. **Method:** A descriptive retrospective, which is taking data from the medical records of patients aged 1-18 years who seek treatment at the clinic and genitalia at RSUP. M. Djamil Padang in the period January 2016 - December 2019. **Result:** During 3 years, there were 277 new patient which consist of 123 women (44.4%) and 154 men (55.6%). Based on the group of diseases the most were Infection (29.9%), followed by dermatitis (16.9%). Pityriasis versicolos is the highest by category Infection, and dermatitis Atopic is the highest by category dermatitis. **Conclusion:** The purpose of this study to determine the characteristics of skin diseases in children who came to the dermatology and venereology clinic at RSUP M Djamil Padang by retrieving data from medical records of pediatric patients who seek treatment in January 2016 - December 2018. **Keywords:** characterization of skin diseases, children, retrospective study

### RETROSPECTIVE STUDY: CHARACTERISTICS OF SKIN DISEASE IN GERIATRIC PATIENTS AT THE DERMATOLOGY VENEREOLOGY DEPARTMENT OF DR. M. DJAMIL PADANG HOSPITAL DURING 2016-2018

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**Introduction:** The aging process is unavoidable and sustainable process that concerns the entire organ system. According to the World Health Organization (WHO), geriatrics are individuals over 60 years old. The large number of elderly Indonesian people will have various health problems in the future. **Objective:** To find out the profile of skin and genital diseases in geriatrics at the dermatology venereology department of Dr. M. Djamil Padang hospital from January 2016 to December 2018. **Method:** Retrospective study with descriptive design from the patient's medical record data. **Results:** During the period of January 2016 to December 2018, there were 210 (14.1%) new geriatric patients from total visits of geriatric patients. Those new patients consist of 109 male (51.9%) and 101 women (48.1%) patients. Top five of skin diseases having great number in occurrences were erythropapuloskuamosa

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(23.3%), tumors (20%), dermatitis (12.9%), fungal infections (11.9%) and viral infections (10.5%). The most common types of erythropapuloskuamosa are seborheic dermatitis (44.9%), erythroderma (28.6%), and psoriasis (26.5%). **Conclusion:** New geriatric patients who visited the dermatology and venerology polyclinic in this study were 210 people, there are more male than female and the most types of skin diseases were seborheic dermatitis. **Keywords:** geriatric, skin disease, retrospective study

**DISTRIBUTION OF HANIFIN AND RAJKA DIAGNOSTIC CRITERIA FOR ATOPIC DERMATITIS PATIENTS IN DR. MOH. HOE SIN GENERAL HOSPITAL PALEMBANG.**

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Atopic dermatitis (AD) is frequently associated with abnormalities in skin barrier function, allergen sensitization, and recurrent skin infections. This was a descriptive study carried out at the Dermatology and Venereology Clinic, Dr. Moh. Hoesin General Hospital Palembang from January 2016-December 2018. Total of 130 medical record of AD patient were collected to obtain Hanifin and Rajka criteria and sociodemographic data. In this study 130 patients diagnosed with AD, 72 were female (55.4 %) and 58 were male (44.6%). The most common incidence are at age range of 0-4 years (24.6%) and the most common stage of AD are adult 88 (67.7 %). In general, the most highest presentation of major criteria were pruritus 118 (90.8%) and skin lesions 118 (90.8%) and for the minor criteria were xerosis (73.1%). Further investigation involving a large sample size and multicentre is still needed, which is valuable for formulate future recommendation in diagnostic criteria for AD. **Keywords:** atopic dermatitis, Hanifin and Rajka criteria, atopic

**CORRELATION BETWEEN PSORIASIS AREA SEVERITY INDEX AND DERMATOLOGY LIFE QUALITY INDEX**

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Psoriasis is a common chronic skin disorder that can significantly affect patient’s overall health and their quality of life through psychological status and social interaction with people. Aim of this study is to determine the severity and quality of life improvement in psoriasis vulgaris patients receiving topical or combined treatment. This study was done in Dr. Mohamad Hoesin General Hospital from January 2017 to January 2019. A total of 56 medical records retrieved and reviewed of patient with psoriasis vulgaris. Results shows there were 32 patients (57%) on combined treatment and 24 patients (43%) on topical treatment. More than half patients with severe PASI and extreme effect on DLQI were given combined treatment (22/32; 69%). There is a higher percentage of improvement in patients given topical treatment compare to combined treatment. Collaboration between patient and physician’s point of view may provide an effective medical treatment. Clinicians appropriate decision in providing treatment may relieve symptoms and halt disease progression of psoriasis vulgaris patients marked with reduction of PASI and hence improving patient’s DLQI. **Keywords:** psoriasis vulgaris, PASI, DLQI, quality of life.
PROFILE OF CELLULITIS AND Erysipelas IN THE DERMATO-VENERELOGY WARD OF SANGLAH GENERAL HOSPITAL DENPASAR, BALI-INDONESIA PERIOD 2017-2018

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Background: Cellulitis and erysipelas is a common type of acute bacterial skin and soft tissue infection. Both are the most frequent infections that requiring hospitalisation with different severity varies from mild to life threatening disease. Objectives: To determine the clinical finding, demographic factors, microbiological, and management of hospitalized erysipelas and cellulitis patients. Methods: Retrospective study by evaluating medical records of erysipelas and cellulitis patients that hospitalized in the Dermatovenereology ward of Sanglah General Hospital Denpasar in the period from January 2017-December 2018. Results: During January 2017- December 2018 there were 36 (70,6%) cases of cellulitis and 15 (29,4%) cases erysipelas. Most of chief complaint was swelling, redness, and pain (68,6%). Most frequent medical condition associated with cellulitis and erysipelas was diabetes mellitus (41,2%) and most triggering factor was trauma due to scratching (33,3%). Predilection was common in the lower extremities (86,3%). According to laboratory perspective, leucocytosis was found in 43 (84,31%) patients. Culture examination was performed in 21 patients, majority bacterial were Staphylococcus aureus (33,3 %). Most common empirical antibiotic treatment was Ceftriaxone (56,9%). Conclusion: Cellulitis and erysipelas are the most frequent infections that requiring hospitalisation with main risk factor which contribute to the disease were trauma and diabetes mellitus. The most common isolated bacteria from wound swab was Staphylococcus aureus. Keywords: cellulitis, erysipelas, prevalence, risk factors, microbiological culture.

A RETROSPECTIVE STUDY OF SEBORRHOEIC KERATOSIS PROFILE IN OUTPATIENT CLINIC OF DERMATO-VENERELOGY SANGLAH GENERAL HOSPITAL DENPASAR, BALI-INDONESIA PERIOD JANUARY 2018- JANUARY 2019

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Seborrheic keratosis (SK) are one of the most common benign epidermal tumors estimated to affect at least 20 percent of the adult population, that affects both sexes equally, and usually arises in individuals older than 50 years. The most common sites affected are the trunk and head/neck region, although any cutaneous site may be affected other than palms and soles. Choice of treatment is based on the number of lesions, location on the body, skin pigmentation, thickness of the lesion, and overall esthetic considerations. The aim of this study to determine profile of seborrheic keratosis in patient at Dermatovenereology polyclinic Sanglah Hospital Denpasar Bali period 2018-2019. Data was obtained from medical records in Dermatovenereology Polyclinic Sanglah General Hospital Denpasar Bali, Indonesia, period January 2018 until January 2019. There were 39 subjects diagnosed with SKs in Dermatovenereology Polyclinic of Sanglah General Hospital Denpasar. The age of the enrolled cases was 44.6±14.4 years (range 22 to 74 years). The highest prevalence of SKs was found in male (53.8%), with the most in the age group of 20-40 years (46.2%). In this study 33.3% of subjects had a history of SKs in their family. The majority of the lesions were on the face (41.0%). Most therapy is given electrocautery (84.6%). Male patients suffered from SKs more commonly than female patients. The majority of the lesions were on the face, and the most common therapy in this condition is electrocautery. Keywords: Seborrheic keratosis, sunlight exposure, electrocautery
Background: Dermatophytosis is an infectious disease affecting keratinized tissues caused by dermatophytes. Diabetic mellitus is a chronic heterogeneous metabolic diseases characterized by elevating blood glucose level. **Objective:** to investigate the profile of dermatophyte infection among patients with diabetes mellitus at Dermatology and Venereology Clinic of Sanglah Hospital Denpasar from January 2017 – December 2018. **Methods:** this descriptive study was conducted retrospectively. The data regarding the disease classification, age, sex, occupation, and treatment were obtained from the medical record at Dermatology and Venereology Clinic of Sanglah Hospital Denpasar from January 2017 – December 2018. **Results:** Of the 56 cases, the majority of cases were tinea cruris (35.71%), occurred among patients in 51-60 years age group (46.43%), females (62.50%), housewives (35.71%), and were given topical agents for the treatment (71.43%). **Conclusion:** The most common type of dermatophytosis encountered in our cohort was tinea cruris. It was more common among patients aged 51-60 years, females and housewives and the most commonly prescribed medications included ketoconazole 2% cream for topical use and griseofulvin tablet for systemic therapy. **Keywords:** dermatophytosis, dermatophyte, tinea, Diabetic, descriptive retrospective study

**PROFILE OF SEVERE CUTANEOUS ADVERSE REACTION AT SANGLAH GENERAL HOSPITAL DENPASAR, BALI-INDONESIA PERIOD JANUARY 2017-DECEMBER 2018**

**Background:** Severe Cutaneous Adverse Reactions (SCAR) are one of the most common medical challenges presenting to an emergency room in any hospital. A systematic review showed, the incidence of SCAR ranging from 0-8%. Few studies have assessed the severe form of CADR, which has high mortality rate. The epidemiological study was needed to show the profile of SCAR, especially in the setting of general hospital. **Purpose:** To evaluate clinical and epidemiological profile of SCAR inpatient Sanglah General Hospital Denpasar. **Methods:** All SCAR patients in the period of January 2017 - December 2018 was evaluated clinically and epidemiologically. Stevens-Johnson syndrome (SJS), Toxic Epidermal Necrolysis (TEN), SJS overlapping TEN, Acute Generalized Exanthematous Pustulosis (AGEP), and Drug Reaction with eosinophilia and systemic reaction (DRESS) cases were included in the study. **Results:** There were 56 patients in this study, consist of 37 (66.07%) SJS cases, 10 (17.86%) SJS overlapping TEN cases, 6 (10.72%) TEN patients, and 3 (5.75%) AGEP patients. The highest frequency of age group was 25-65 years old (55.36%). In this study, SCAR occurs in women 51.8%. The most common offending drug was paracetamol (30.36%). Antibiotic was the highest frequent offending drug-group (44.64%) **Conclusion:** The most common type of SCAR was SJS. The most common offending drug was paracetamol, and antibiotic was the highest frequent offending drug-group. **Keywords:** drug reaction, SCAR, SJS, TEN, AGEP
A RETROSPECTIVE STUDY OF GONOCOCCAL AND NON-GONOCOCCAL URETHRITIS PROFILE IN OUTPATIENT POLYCLINIC OF DERMATOLOGY AND VENERELOGY SANGLAH GENERAL HOSPITAL DENPASAR, BALI-INDONESIA PERIOD 2017-2018

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Background: Urethritis is an infection of the urethra caused by several germs and most cases caused by sexual contact. The young adult age group has higher risk of STIs transmission caused by multipartner relationships. In Indonesia, there are only limited studies have investigated urethritis gonococcal or non-gonococcal in men according to subject age, married status, sexual contact, HIV status, and treatment. This study aims to determine profile of urethritis gonococcal and non-gonococcal in outpatient polyclinic of Dermatology and Venereology Sanglah Hospital Denpasar Bali period 2017-2018. Method: A descriptive retrospective study was conducted by retrieving data from patient’s medical record in Outpatient Polyclinic of Dermatology and Venereology Sanglah General Hospital Denpasar Bali, Indonesia. Data were collected by extracting medical record during January 2017 until December 2018. Result: A total of 71 male patients diagnosed with urethritis, 45 patients (63.4%) with GU and 26 patients (36.6%) with NGU. The majority of GU and NGU patients are in the 21-32 year age group, where most urethritis patients are unmarried, and have the most sexual contact in the last three months with female sex workers. The percentage of HIV positive status was also found higher in GU patients. The therapy given to urethritis patients with positive and negative HIV status remains the same according to the recommendations of Indonesia Study Group of Sexual Transmitted Infections and Department of Helath. Conclusion: The results of this study indicate a high risk of sexual behavior among young adult. Keywords: Sexually transmitted infection, Gonococcal urethritis, Non-gonococcal urethritis

DERMATOPHYTOSIS PROFILE IN MYCOLOGY DIVISION, DERMATO/ VENEREOLOGY SANGLAH GENERAL HOSPITAL BALI FROM 2017 AND 2018

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Dermatophytosis is skin infection caused by dermatophytes colonization in keratinized tissue, such as stratum corneum of epidermis, nails and hair. The aims of study are to evaluate the characteristic of patients and species causing dermatophytosis in Mycology division Outpatient Clinic Sanglah General Hospital Bali in 2017 and 2018 periods. This descriptive retrospective study done by taking consecutive sampling in order to evaluate dermatophytosis characteristic according to diagnosis, age, sex, and organisms isolate from culture examination. Dermatophytosis new cases decreasing from 9.5% in 2017 to 7.9% in 2018. The most common diagnosis are Tinea unguum (45.3%) and tinea cruris (25.7%) with Trichophyton rubrum (34.8%) and Trichophyton mentagrophytes (20.2%) species mostly isolated from culture examination. Male (59%) and 45-64 years old age group (35.8%) are the most common groups diagnosed with dermatophytosis. Keywords: Dermatophytosis, tinea, descriptive retrospective study
THE PROFILES OF CHILDREN WITH DRUGS ERUPTION IN DERMATOLOGY CLINIC DR. MOEWARDI GENERAL HOSPITAL SURAKARTA

January 2016 - December 2018

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Drug eruption is a response to drugs that are dangerous and undesirable; it can occur at commonly used doses. Drug eruption in children can be influenced by several factors with mild to severe clinical symptoms, so that special prevention and management is needed. This study aimed to describe the profile of pediatric patients with drug eruption in Dr. Moewardi General Hospital Surakarta during the period of January 2016-December 2018. Retrospective study was conducted by using medical record data of pediatric patients with drug eruptions in Dermatovenereology outpatient clinic of Dr. Moewardi General Hospital Surakarta between January 2016 and December 2018. Within 3 years there were 25 children with eruption of the drug with the most common affected age ranged from 11 to 19 years old (80%) and mostly occurred in boys (56%). Rhinitis allergy was the common allergy (44%). The most common cause of drug eruption was antibiotics (56%) while the most common type of drug eruption was maculopapular eruption (56%). In conclusion, most drug eruption occurred in male children aged between 11 and 19 years old, frequent rhinitis allergy is the most type of allergy. Antibiotic is the most common etiology of drug eruption. Maculopapular eruption is the most regular type of drug eruption. Keywords: antibiotics, children, drug eruption, maculopapular.

THE REALIBILITY OF DERMOSCOPIC VERSUS SKIN SCRAPING EXAMINATION FOR DIAGNOSING SCABIES

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Scabies remains a problem because it is highly contagious and affect patient’s life quality significantly, especially in low-resources setting where diagnostic tools is limited and the treatment could be delayed due to misdiagnosis. In this study we want to compare dermoscopy and skin scraping realibility in patients clinically diagnosed with scabies. We conducted a cross-sectional study to Islamic Boarding School students in Surakarta that clinically diagnosed with scabies. From 62 patient that proved positive from diagnosis made by clinical features alone only 3 patients showed positive results with dermoscopy and zero with skin scraping. From the statistical analysis we got very low agreement between those examinations (Krippendorff’s Alpha value of -0.0165). Many low-resources setting diagnose scabies from clinical symptoms alone. This is very susceptible to error, because the clinical symptoms of scabies may vary and sometimes masked by secondary infections. Skin Scraping is high in specificity but rather lacking in sensitivity because the site of sample collection usually guided by clinical suspicion alone. Dermoscopy is a very useful, non-invasive examination, and is suitable for use in places with limited health facilities. Some of the recent research also highlight it’s usage for guiding sample collection, especially in atypical scabies and in the uncertain part of the skin due to inflammation. However, dermoscopy has several disadvantages such as highly depending on the examiner’s ability, examination of sensitive areas such as genitalia is unethical because it needs close contact with the skin, and there is still no agreed standard reference for diagnostic criteria. Keywords: dermoscopy, skin scraping, scabies
Psoriasis is a chronic and residive autoimmune skin disorder. Psoriasis Area and Severity Index (PASI) and Dermatology Life Quality Index (DLQI) are used to measure the severity of disease and quality of life in psoriasis patients. Narrowband ultraviolet B (NB-UVB) phototherapy is one of the therapeutic modalities that is considered safe and effective for psoriasis. It is also able to decrease the severity of disease and improve the quality of life in psoriasis patients. This study aimed to investigate the correlation between severity index and quality of life in psoriasis patients who received NB-UVB phototherapy in Dermatovenereology Outpatient Clinic of Dr. Moewardi General Hospital Surakarta. The study subjects were 22 psoriasis patients receiving 24 cycles of NB-UVB phototherapy. PASI and DLQI scores were documented before and after phototherapy. The data were analyzed with paired comparison test (p<0.01) and Pearson correlation test (p<0.05). There was a significant decrease in PASI and DLQI scores after phototherapy session with average scores were 8.24 and 6.7 (p<0.01). There was a correlation between PASI and DLQI scores in psoriasis patients after completing the phototherapy (r=0.48, p=0.03). Based on these findings, it is shown that clinical improvement in psoriasis patients can give positive impacts on their psychological conditions, social life, and work quality. Keywords: narrowband uvb, phototherapy, psoriasis, quality of life, severity index
THE PROFILE OF KELOID PATIENTS IN DERMATOVENEROLOGY OUTPATIENT
CLINIC Dr. MOEWARDI GENERAL HOSPITAL SURAKARTA
JANUARY 2014 - DECEMBER 2018
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Keloid is an abnormal scarring due to excessive synthesis and accumulation of colagen on the skin caused
by trauma during the wound healing process. Trauma, skin tension, hormones, and genetics are the causes
of keloid formation. This study intended to discribe the profile of keloid patients in Dermatovenerology
(DV) Outpatient clinic of Dr. Moewardi General Hospital Surakarta in order to give management.
Retrospective descriptive study with the subjects of patient visited to Dermatovenerology Outpatient
clinic of Dr. Moewardi General Hospital Surakarta using medical records from January 2014 to
December 2018. In 5 years there were 154 keloid patients who were mostly women (78/50.6%) in the age
group between 21-30 years old (33/21.4%). The predominant site of the keloid was on the chest
(45/29.4%). A total of 94/6.0% had keloid in their family history. The most common causes was acne
(46/29.8%) and steroid intralesion injection was the most common therapy (150/97.4%). Our study
showed that the highest keloid incidence was in women. With the average of 21 to 30 years old, family
history of keloid was a risk factor. The common predilection site was chest with acne as the etiology and
intralesional steroid injections was the main stay therapy. **Keywords:** keloid, profile

SYSTEMIC CORTICOSTEROID AS A THERAPY OF STEVEN JOHNSON SYNDROME (SJS)-
TOXIC EPIDERMAL NECROLYSIS (TEN) IN HOSPITALIZED PATIENTS OF DR
MOEWARDI GENERAL HOSPITAL SURAKARTA
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Steven Johnson Syndrome (SJS) and toxic epidermal necrolysis (TEN) are the most severe and life-
threatening manifestations of drug allergic reactions mediated by T cells. Steven Johnson Syndrome is a
type 4 hypersensitivity reaction affecting skin and mucosa. Systemic corticosteroid therapy used for SJS-
TEN. This study aimed to express the systemic corticosteroid therapy for SJS-TEN in hospitalized
patients. This descriptive retrospective study was conducted by using the medical record data of SJS-TEN
patients hospitalized at Dr.Moewardi General Hospital Surakarta between January 2014 and December
2018. There were 86 SJS-TEN patients, aged 36-45 years old (24%), 52% males and 48% females. 64%
patients were diagnosed with SJS while the remains were SJS overlap TEN (20%). Metylprednisolone
was given intravenously with an average dose of 65 mg/day. The average length of stay (LOS) was 10
days. Systemic corticosteroid was the only therapy given in most cases of SJS-TEN in Dr. Moewardi
General Hospital Surakarta. **Keywords:** Systemic corticosteroid, SJS-TEN
THE CORRELATION OF PREDISPOSING FACTOR WITH TINEA CAPITIS IN PEDIATRIC PATIENTS DERMATOVENEREOLOGY DR. MOEWARDI HOSPITAL BETWEEN JANUARY 2013-DECEMBER 2018
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Tinea capitis (TC) is a fungal infection of scalp, hair follicles and hair shafts. Especially in pre pubertal children living in tropical countries. The environmental factors include low socio economic, overcrowding, similar illness and sharing of comb. Therefore we performed this study to identify predisposing factors and to correlate them with tinea capitis affecting pediatric patients. Case control study was performed with medical record and history taking of tinea capitis patient in outpatience dermatovenereology clinic Dr. Moewardi Hospital between January 2013-December 2018 using chi square analytical statistic. There were 52 pediatric patients, consisting of 26 tinea capitis as study and 26 non tinea capitis as control group, respectively. There were significant association of tinea capitis with low social economic class (p=0.001), had similar illness of tinea capitis in family member (p=0.005), sharing of combs (p=0.011), experienced animal contact (p=0.012) and lived in overcrowded area (p=0.025). A further study is required to determine the causative agent and severity tinea capitis. **Keywords: predisposing factor, tinea capitis**

PSORIASIS TYPES BASED ON NITRIC OXIDE SERUM LEVELS
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Psoriasis is a chronic, immune-mediated disorder resulting from a polygenic predisposition combined with environmental triggers, e.g. trauma, infections or medications. The clinical manifestation of psoriasis is erythematous plaque with a well-defined border accompanied by a silver-white scale. Psoriasis can appear at any age, from infancy to the eighth decade of life. As an important regulator of the growth and differentiation of keratinocytes, multi-function signaling molecules nitric oxide (NO) have been considered as important factors in the pathogenesis of psoriasis. Our data analysis showed a significant difference between serum NO levels in the control group compared to the group of psoriasis patients (p<0.05). Patient with pustular psoriasis had the highest mean (59.07 µmol/L) followed by chronic plaque psoriasis (46.88 µmol/L), guttate psoriasis (37.85 µmol/L) and erythrodermic psoriasis (34.75 µmol/L). The correlation of severity and type of psoriasis to serum NO levels showed was not significant (r = 0.008, p = 0.191 and r = -0.157, p = 0.748). NO levels elevates in psoriasis patients, which may indicate that oxidative stress plays an important role in the aetipathogenesis of psoriasis. **Keywords : nitric oxide, PASI, psoriasis**
LEUKOCYTE COUNT IN PATIENTS WITH HIV INFECTION AND HIV INFECTION WITH SYPHILIS IN DR. MOEWARDI
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The development of Human Immunodeficiency Virus (HIV) in the world has become a global problem, especially in developing countries like Indonesia. Coinfection of HIV with sexually transmitted infections (STIs) is very high, including syphilis infections. The incidence of syphilis is increasing, especially in people with HIV infection. HIV infection will cause a decrease in total leukocytes and CD4 leading to suppression of the immune system which affects the body's ability to produce leukocytes, while syphilis infections will also cause hematopetic disorders including leukocyte.1,2 This study aimed to compare the leukocyte count of patients with HIV infection and to those with HIV infection with syphilis. The t-test analysis showed a higher leukocyte count in patients with HIV infection with syphilis compared to HIV alone (p = 0.006). Keywords: coinfection, human immunodeficiency virus, leukocyte count, syphilis

CORRELATION BETWEEN BLOOD TYPE OF HBO AND CD4 IN HIV INFECTED PATIENTS
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The ABO blood type is a classification of human blood based on inherited traits from red blood cells determined by the presence or absence of antigens A and B, which are carried on the surface of cells. The human immunodeficiency virus is the lentivirus of the Retroviridae family that causes acquired immunodeficiency syndrome. CD4 + cells regulate the immune response infected by HIV, but HIV it self invades CD4 + cells and uses them to replicate hence CD4+ level decreases in HIV. This cross-sectional study aimed to investigate the correlation of blood type with CD4 level of HIV infected patients. This study was performed in Dr. Moewardi general hospital, Surakarta. From January to March 2019 using 100 patients with HIV. The data were analyzed by Chi-square, p-value of >0.05 was considerd not significant. Our study did not find any correlation between blood types and CD4+ level. In this study did not find a correlation between blood type and CD4+, but the probability of HIV risk was 1 time on CD4+ p->0.05. Keywords: ABO blood group, CD4 cell, HIV

CLINICAL PROFILE OF CHILDHOOD VITILIGO IN DR. MOEWARDI HOSPITAL DERMATOVENEREOLOGY OUTPATIENT CLINIC: A RETROSPECTIVE STUDY (JANUARY 2013 – DECEMBER 2018)
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Vitiligo is a depigmentation disorder that impact psychological disorder either. Childhood vitiligo contributes about 25% of total vitiligo cases. A recent study concluded that childhood vitiligo has distinct epidemiological and clinical characteristics from the later-onset disease (in adult). This retrospective and descriptive study was conducted over a period of 5 years. The patients weredia gnosed by history taking, physical examination and investigation used wood lamp at the dermatology outpatient clinic in the Dr. Moewardi General Hospital, Surakarta. From 31 children with vitiligo; 11 (35.5%) were boys and 20
(64.5%) were girls. The mean age was 9.9 years old. The most common type of vitiligo was vitiligo vulgaris (38.7%) was followed by focal vitiligo (35.48%), acrofacial vitiligo (16.13%), and segmental vitiligo (9.68%). The most frequent site of onset was the extremities was followed by the head and neck, then the trunk and the genitalia. From 31 children with vitiligo 9.7% had a family history of it. Childhood vitiligo is a common depigmentation disorder with vulgaris was the most common pattern and extremities was the most common site seen in pediatric patients. Our finding are similar to previous studies in the literature, denoted the highest frequency was in girl patients. **Keywords**: childhood, profile, vitiligo

**TRANS EPIDERMAL WATER LOSS (TEWL) VALUE IN DIFFERENT PART OF ATERM NEONATAL BODIES IN DR. MOEWARDI HOSPITAL SURAKARTA**

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This is a descriptive observational study with cross sectional method. The subjects of this study were neonates who were treated in the Neonates High Care Unit Room at Dr.Moewardi Hospital Surakarta during the period of the January-March period 2019). The subjects of the study were 20 neonates with postnatal age 3 days and term gestational age (>36 weeks) consisting of 12 male neonates (60.0%) and 8 female neonates (40.0%). Neonates with cesarean section delivery of 11 neonates (55.0%), spontaneous delivery 9 neonates (45.0%). The average TEWL value was obtained from 7 body areas of neonates. Of all body areas, palm had the highest TEWL values of 31.26 g /m²/hr for male neonates and 27.00 g /m²/hr for female neonates respectively. From the delivery history obtained 23.91 g/m²/hr for spontan delivery and 24.95 for cesarean delivery, while the lowest one was observed on the anterior trunk with a value of 6.83 g /m²/hr for male neonates, and 6.10 g/m²/hr for female neonates. Based on delivery history obtained 6.47 g /m²/hr for neonates delivered spontaneous and 6.46 g /m²/hr for C-section. The various value of TEWL affected by presence of different cornneocyte cells in each area and also the presence of residual vernix caseosa during labour. **Keywords**: Aterm, Neonates, Trans Epidermal Water Loss (TEWL)

**THE CORRELATION BETWEEN PATIENT SATISFACTION TREATMENT WITH NARROWBAND ULTRAVIOLET B PHOTOTHERAPY TO THE IMPROVEMENT OF PSORIASIS SEVERITY INDEX**

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Psoriasis is a chronic inflammatory disease of the skin affecting patients of all ages, both males and females. Currently the psoriasis area and severity index (PASI) method is the gold standard in assessing the severity of psoriasis. Phototherapy narrowband ultraviolet B (NBUVB) is one of the modalities of psoriasis therapy which is relatively safe and effective for repairing psoriasis lesions. Patient satisfaction with phototherapy which can be assessed using a questionnaire serves to determine the patient's
motivation in carrying out routine therapy. This study was designed to determine the correlation between the level of NBUVB phototherapy satisfaction with PASI improvement. The study subjects were 22 plaque type psoriasis vulgaris patients who underwent NBUVB phototherapy during the period of May - October 2018 in dermatovenereology outpatient clinic of Dr Moewardi Hospital Surakarta. Subjects filled in the Treatment Satisfaction Questionnaire for Medication (TSQM) included questions about satisfaction with NBUVB phototherapy and PASI score were measured before and after NBUVB phototherapy. The data were analyzed with the Pearson correlation test with a significance value of p < 0.05. There is a significant differences between PASI before and after giving 24 times phototherapy with a value of p <0.05. There was a significant correlation between the degree of PASI improvement and the global patient satisfaction with NBUVB phototherapy (p < 0.05). **Keywords**: narrowband ultraviolet B, phototherapy, psoriasis severity index, treatment satisfaction questionnaire for medication (TSQM).

**SCLERODERMA COINSIDENCE PATIENTS IN DERMATOVENEREOLOGY OUTPATIENT CLINIC OF DR. MOEWARDI GENERAL HOSPITAL SURAKARTA JANUARY 2013-DECEMBER 2017**

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Scleroderma (SSc) is a rare multisystem disease. Patients with diffused type SSc, can be followed by coincidence. Chronic disease conditions along with scleroderma are cardiovascular, kidney, liver and some neuropsychiatric diseases due to vascular imbalance and proliferative vasculopathy of small vessels, inflammation, connective tissue deposition and fibrosis of organ and tissue systems and these conditions lowers survival rate. To describe SSc coincidence in Dermatovenereology out patient clinic of Dr. Moewardi General Hospital. Observational study was conducted in dermatovenereology outpatient clinic of Dr. Moewardi General Hospital treated in the period of January 2013-December 2017. The data were taken from medical record. Coincidence found in SSc patients were mostly heart disease (52.9%) followed by lung disease (47.0%), hypertension (11.8%), ulcer (47.0%), sclerodactyl (35.2%), xerotic skin (41.1%), esophageal dysmotility (29.4%) and raynaud phenomenon (11.8%). Coincidence in SSc patients is related to the process involving multiple systems and several organs such as skin, esophagus, lungs, heart and kidneys. The coincidence in this study is in line with the hypothesis of 4 step SSc, namely endothelial vessel and vascular compartment damages, the loss of tolerance on various oxidated antigens and fibrotic tissue formation. In our hospital the coincidence of SSc affects various vital organs. Therefore routine screening is needed for patients with SSc. **Keywords**: coincidence, scleroderma

**THE MANAGEMENT OF ATOPIC DERMATITIS IN DERMATOVENEREOLOGY OUTPATIENT CLINIC OF DR MOEWARDI GENERAL HOSPITAL SURAKARTA JANUARY 2016 - DECEMBER 2018: RETROSPECTIVE STUDY**

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Atopic dermatitis (AD) is chronic skin inflammatory disease characterized by mild to severe itching and recurrence, occurring most often in infants and children, causing sleep disturbances and affecting quality of life significantly. The prevalence in infants and children is 10-20% while in adults is 1-3%. Principle of AD management is repairing the skin barrier, reducing inflammation and itching, avoiding trigger factors and education. Retrospective study of newly diagnosed AD patients was conducted in Dermatovenereology Outpatient Clinic of Dr Moewardi General Hospital based on medical records during 2016-2018. There were 96 new AD patients with the most age affected ranged from 2 to 12 years.
The use of emollient was quite high particularly in 2018 even though it remained low compared to oral antihistamines and topical steroids. The use of oral antihistamines reached the peak in 2016 and 2017 but decreased in 2018 whereas the use of topical steroids replaced it in 2016 to 2018. Of the 96 patients enrolled, 39 patients (40.6%) revisited but 57 patients (59.4%) did not return for control. The high number of patients who did not return to re-check their condition shows the lack of education therapy. Therefore it is necessary to deliver good education to achieve the successful of comprehensive AD management. **Keywords:** atopic dermatitis, corticosteroid, education, emollient.

### THE CORRELATION BETWEEN THE SEVERITY OF ACNE VULGARIS AND BODY MASS INDEX

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The pathogenesis of acne vulgaris (AV) is complex and multifactorial, in which excessive sebum production plays a major role. Obesity is frequently accompanied by peripheral hyperandrogenism, which may correlate with increased sebum production and development of severe AV. Body mass index (BMI) is a statistical measure commonly used in measurement of overweight and obesity. The objective of this study was to find out the correlation between severity of AV and BMI. The study was conducted in 30 subjects in Dermatovenereology Department of RSUD Dr. Moewardi Surakarta. The inclusion criteria of the sample were people with AV on their face. Subjects who received topical and systemic treatment for AV in the last 3 months, used long-term steroids and had comorbid disease were excluded from the study. Of the 30 subjects, there were 16 (53.3%) mild AV cases, 10 (33.3%) moderate AV and 4 (13.3%) severe AV. The majority of the subjects were in the 21-30 year age group. The Spearman rank correlation test obtained p > 0.05 (0.925). The severity of AV is not significantly related to the Body Mass Index (BMI). **Keywords:** acne vulgaris, body mass index, obesity

### THE CORRELATION BETWEEN MUCOCUTANEOUS DISORDERS AND SEXUALLY TRANSMITTED INFECTIONS WITH HIV/AIDS INFECTION AT DR MOEWARDI HOSPITAL SURAKARTA

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Mucocutaneous disorders and sexually transmitted infection are frequently found on HIV/AIDS infection with varies clinical manifestations. This disorders correlates with CD4+ cell counts. This study aims to determine the mucocutaneous and STI manifestations in patients with HIV/AIDS infection and to evaluate the correlation between the disorders and the CD4+ cell count retrospectively in Dr. Moewardi General Hospital Surakarta 2015 to 2018 and analyzed by Chi-square test with a significance level of p<0.05. There were 178 HIV/AIDS infections patients comprising 65% males and 35% females. The most affected age ranged from 25 to 44 years old (75%), single (54%), acquired HIV through free sex (47%). Of these subject 53% undergoing antiretroviral therapy. Pruritic papular eruption (PPE) was the most mucocutaneous disorder (16%). The most frequent STIs disease was condyloma acuminata (23%). The CD4+ cell count data was at 112 patients only (63%). Statistical analysis showed a significant relation between CD4+ cell count and condyloma acuminata (p=0.014; OR=3.6; 95% CI:1.24-10.46), syphilis (p=0.001; OR=0.1; 95% CI:0.02-0.51), oral candidiasis (p=0.046; OR=6.6; 95% CI:0.81-53.17) and PPE (p=0.017; OR=5.4; 95% CI:1.18-25.3). The CD4+ cell count <200 cell/mm³ increased the risk of fungal disease by 1.4 times and 1.5 folds riskier for non infection disease while the risks of condyloma acuminata, oral candidiasis and PPE increased by 3.6, 6.6 and 5.4 times respectively in CD4+ cell counts.
<200 cell/mm³. However syphilis was obtained more in CD4⁺ count cell ≥200 cell/mm³. **Keywords:** CD4⁺, condyloma acuminata, oral candidiasis, pruritic papular eruption, HIV/AIDS, syphilis

**STRENGTH COMPARISON OF THE PASI SCORE, BSA AND PGA IN ASSESSING THE SEVERITY OF PSORIASIS**

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Psoriasis is a chronic genetic disease mediated by the immune dysregulation which can manifest to the skin, joints or both; affecting on the quality of life. The measurement commonly used to assess the severity of psoriasis in clinical practice are Body Surface Area (BSA), Psoriasis Area and Severity Index (PASI), and Physician Global Assessment (PGA). This study aimed to compare PASI, BSA and PGA score in assessing the severity of psoriasis. This observational analytical study was conducted in 22 psoriasis patients treated in dermatovenereology outpatient clinic of Dr. Moewardi General Hospital Surakarta from May to September 2018. All study subjects received NB-UVB therapy. The severity of psoriasis was measured before and after therapy using PASI, BSA and PGA. The statistical analysis revealed that pre and post therapy scoring using PASI and BSA obtained no significal difference, thus PASI was strongly correlated with BSA. Pre and post therapy scoring with BSA and PGA achieved moderate correlation while PASI and PGA scores had no correlation. In conclusion, PASI and BSA scoring systems are reliably applicable. **Keywords:** BSA, PASI, PGA, psoriasis
ACNE VULGARIS MASQUERADING AS CUTANEOUS LUPUS ERYTHEMATOSUS IN AN ADOLESCENT: A CASE REPORT

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Acne vulgaris is a self-limited disorder of the pilosebaceous unit that is seen primarily in adolescents. Acne presents with a combination of the various lesion types: comedones, papules, pustules, cysts, nodules, scarring, and dyspigmentation. Nodules and cyst-like nodules may be present in patients with moderate to severe disease and may result in permanent acne scarring. In addition to sharply punched-out pits and craters, hypertrophic or keloidal scars may also develop. The cutaneous lupus erythematosus (CLE) is notoriously diverse and may mimic a broad range of unrelated skin disorders. Patients usually present with various lupus erythematosus-specific and non-specific cutaneous manifestations such as malar rash, discoid rash, photosensitivity, and alopecia. Acneiform presentation of CLE is extremely rare. We report a 12-year-old boy with a malar rash and scars on his frontal and malar area which confusing between acne and CLE. With precise history taking, physical examination, and laboratory evaluations, acne vulgaris diagnosis was concluded. As far as we know, this is the first case report of acne lesions mimicking as CLE in adolescent. CLE acneiform, on the other hand, is rare and only ten case reports found. In this article, we would like to share our experience of establishing severe acne vulgaris accompanied with scars in an adolescent which previously suspected as CLE. Keywords: acne vulgaris, acne scar, cutaneous lupus erythematosus, adolescent

COEXISTENCE OF TWO AUTOIMMUNE DISEASES: A CASE OF COLOCALIZED VITILIGO AND PSORIASIS IN ONE PERSON

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Vitiligo and psoriasis are autoimmune diseases. The occurrence of both diseases in a single patient, especially at same sites, has been considered unusual. Yet the pathogenesis of the association between these two dermatoses is still unknown. Herein, we report a case of coexisting vitiligo and psoriasis in a patient at same site. A 40-year-old male visited our Dermatology and Venereology clinic with a history of white patches throughout all over body since 20 years and red patches with thick scaly surfaces since 3 years prior to admission. Physical examination revealed multiple depigmented macules, lenticular-plaque in size, irregular, circumscribed, discrete-confluent with several erythematous plaque, nummular-plaque in size, irregular, circumscribed, silvery white thick scales with positive Auspitz sign on the top of depigmented macules. He was diagnosed with vitiligo vulgaris and psoriasis vulgaris and received systemic therapy, combination of topical therapy and phototherapy narrowband UVB. The pathogenic mechanism underlying the coexistence of vitiligo and psoriasis has not been fully elucidated. Some
ACUTE CUTANEOUS AND GENERALIZED DISCOID LUPUS ERYTHEMATOSUS IN SYSTEMIC LUPUS ERYTHEMATOSUS WITH NEUROPSYCHIATRIC COMPLICATIONS: A MULTIDISCIPLINARY APPROACH

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Acute cutaneous lupus erythematosus (ACLE) is a type of cutaneous lupus erythematosus (CLE) which presents as the characteristic malar rash and has high association with the systemic lupus erythematosus (SLE). Discoid lupus erythematosus (DLE) is a type of chronic CLE (CCLE) typically present as discoid atrophic scars with central hypopigmentation and is usually localized to skin lesions. SLE can present with a wide spectrum of complications affecting multiple organs, including neuropsychiatric involvement. We report a case of a 15-year-old female presented with the characteristic malar rash which is aggravated by sun exposure, multiple atrophic scars on the scalp and legs, and scarring alopecia. Clinical history and complete physical examination confirmed the diagnosis of ACLE and generalized DLE. She has been treated routinely for SLE since two years ago with oral methylprednisolone and mycophenolate mofetil. She also experienced psychiatric disorders, mainly depression and anxiety, and was consulted to the psychiatry clinic for neuropsychiatric complications. We focus to describe our management plan in compiling detailed regimen of topical sunscreen and corticosteroid usage which is tailored to the patient’s routine activity and limitations. We also provided continuous support and established collaborative management plan with other associated departments for evaluation of other complications. This personalized and multidisciplinary approach proves to increase her compliance and resulted in significant improvement of the disease and her quality of life. Keywords: acute cutaneous lupus erythematosus, discoid lupus erythematosus, multidisciplinary, neuropsychiatric

CUTANEOUS SARCOIDOSIS WITH NAIL MANIFESTATIONS: A RARE FINDING

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Sarcoidosis is a multisystem granulomatous disease, characterized by naked granuloma lesions with multiorgan involvement such as the lung, skin, eye, liver, peripheral lymph nodes and, nail. Cutaneous sarcoidosis is one of the most common findings, while nail sarcoidosis presents with a very low incidence. We report a 46-years-old male patient, referred to the Department of Dermatology and Venereology Cipto Mangunkusumo Hospital with enlarged erythematos plaque lesions on the ear and nose since three months ago. Our patient also showed dystrophy and onycholysis of toenails. Erythematos plaque lesions are a hallmark of chronic sarcoidosis, while nail involvement is closely
linked with chronic and systemic sarcoidosis. Furthermore, skin and nail biopsies also showed naked granuloma lesions. These findings strengthen our evidence of sarcoidosis, specifically chronic sarcoidosis. Although nail sarcoidosis is found in our patients, there is internal organ involvement. Therefore, a stepwise approach needs to be done to diagnose nail sarcoidosis. Keywords: Sarcoidosis, nail sarcoidosis, cutaneous sarcoidosis

ORAL VITAMIN A AS AN ADJUVANT TREATMENT FOR REFRACTORY PITYRIASIS RUBRA PILARIS (PRP)

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Pityriasis rubra pilaris (PRP) is a rare and chronic papulosquamous disorder of unknown etiology that often progresses to erythroderma and causes a disabling palmoplantar keratoderma. Genetic factors with an autosomal dominant pattern of inheritance have been supposed to play a critical role for the induction of PRP. Vitamin A deficiency was also believed to be related to the disorder. Treatment of PRP is mainly anecdotal, based on case reports and case series, a feature shared by many disorders in dermatology due to their rarity. Currently, oral retinoids and methotrexate are the first line of therapy in patients with PRP. Response to therapy varies in each patient. We report a 46-year-old male patient with erythroderma and hyperkeratotic palms and soles since two years ago. Histopathological findings were consistent with PRP. The patients had been treated with several systemic therapies, yet showed poor clinical response. Clinical improvement was seen after 16 weeks addition of oral vitamin A at a dosage of 200,000 IU daily in concurrent with 10 mg weekly methotrexate. Evaluation of potential adverse effects was closely monitored. Oral vitamin A, an old regimen, seems to be a favorable adjuvant treatment for refractory PRP. Keywords: pityriasis rubra pilaris, retinol, therapy, vitamin A

A CASE OF RECURRENT ERYTHRODERMA CAUSED BY SENILE ATOPIC DERMATITIS WITH HYPER IgE

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Erythroderma can be caused by skin diseases such as psoriasis or atopic dermatitis, drug hypersensitivity reaction, or malignancy. Senile atopic dermatitis (AD) is AD that persists until older age or with geriatric onset. Elevation of serum IgE can be caused by atopic dermatitis, parasitic infection, hyper IgE syndrome, myeloma, or other malignancies. We present a case of recurrent erythroderma caused by atopic dermatitis with hyper IgE in a 60-year-old female. No abnormalities found on physical examination except the presence of erythroderma. Laboratory abnormalities included elevation of serum IgE, eosinophil, and lactate dehydrogenase (LDH) level. Histopathological examination revealed features that might be found in atopic or allergic contact dermatitis, and no signs of skin malignancy. There were no signs of B-cell malignancy, while absolute count of Sézary cell was still awaiting confirmation. She was diagnosed with erythroderma caused by atopic dermatitis with hyper IgE. Unfortunately, after several improvements, there were two episodes of another erythroderma on six months follow up. Serum IgE level has decreased but still above the normal limit. The clinical presentation of this patient resembles a special condition called senile erythroderma with serum hyper IgE, characterized by no underlying malignancy or other skin diseases, may be related to atopic disorders, the presence of extensively high levels of serum IgE,
eosinophils, and LDH. Further investigation and evaluation of current treatment is still needed for better management. **Keywords:** erythroderma, senile atopic dermatitis, hyper IgE

### A RARE CASE OF UNILATERAL PSORIASIS WITH VERRUCA VULGARIS: CHALLENGES IN DIAGNOSIS AND TREATMENT

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Unilateral psoriasis is a rare clinical variant of plaque psoriasis with unclear pathogenesis. We report a 51-year old woman with a 5-year history of itchy, red, scaly patches on the unilateral right breast, arm, and leg. There were also some vegetating masses on top of the red patches on her lower right leg. Physical examination revealed multiple erythematous plaques with coarse-white scales overlying it, distributed along Blaschko lines on her right side of the body and multiple verrucous nodules on erythematous plaques on her lateral aspect of lower right leg. Histopathology examination showed epidermal psoriasiform hyperplasia and collections of neutrophils. Numerous koilocytes were also seen. Qualitative Human Papillomavirus (HPV) genotyping test was done on lesion on the leg and the result was positive. The diagnosis of unilateral psoriasis with verruca vulgaris was made based on clinico-histopathological findings. To date, there is no guideline available for unilateral psoriasis. She was treated with topical steroid and 5% LCD in vaseline album for psoriasis and 30% salicylic acid in vaseline album for verruca vulgaris and reported improvement. In this case, HPV infection occurs simultaneously. Theoretically, psoriasis lesions are resistant to infection. On the other hand, various microorganisms, including viruses, are known to be associated with exacerbations of psoriasis and HPV infection is considered an opportunistic infection. Unilateral psoriasis with verruca vulgaris is a very rare case. Recognition of this unusual clinical picture of psoriasis variant with overlapping verruca vulgaris is necessary to avoid delayed diagnosis and perform prompt treatment. **Keywords:** HPV, unilateral psoriasis, verruca vulgaris

### RECURRENT HERPES SIMPLEX IN ELDERLY WITH VITILIGO VULGARIS: A DILEMMATIC CASE

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Herpes simplex is a viral infection that frequently recurrent after treatment, especially in immunocompromised, young or older adults, and repetitive precipitating factors. We reported a case of recurrent herpetic lesion in vitiligo elderly that routinely undergo for UVB phototherapy. A 61-y.o. man came with itchy vesicles on his back that recurrent since 1 year ago. He was previously diagnosed with vitiligo vulgaris, and already underwent for narrowband UVB phototherapy since 1.5 years ago. However, the herpetic lesion was appeared above the vitiligo, therefore it was well-exposed to UVB phototherapy. There was no other disease or drug consumption in this patient. He often treated with oral and topical acyclovir: the herpetic lesion improves, but it reappeared and decreased his quality of life. He had experienced five times recurrence in the past one year. Therefore, we increased the dosage of acyclovir to 800 mg b.i.d. for 7 days, and protected the herpetic lesion during phototherapy until resolved. This patient has several risk factors for herpes simplex recurrence: aging, underlying disease of vitiligo, and direct exposed to UVB phototherapy. Options that may suggest for this patient are higher and longer
periods of antiviral, herpetic lesion protection, and/or surgical nerve decompression. **Keywords:** herpes simplex, recurrence, vitiligo vulgaris, elderly, UVB phototherapy.

**MULTIPLE SEXUAL TRANSMITTED INFECTIONS IN LEPROSY AND HIV PATIENT**:
A CASE REPORT

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Sexually Transmitted Infections (STIs), including Human Immunodeficiency Virus (HIV), continue to present as major health, social, and economic problem in the developing countries, leading to considerable morbidity, mortality, and stigma. The association between syphilis, leprosy, and HIV is not well documented, and the emergence of isolated cases raises the interest and indicates that this triple coinfection even with others STIs can occur. We report a case of a 58-year-old female who presented with multiple discrete erythematous patches and scales with hypesthesia all over the body and several tender palpable of peripheral nerves. Multiple verrucous papules-plaques around the genital area, and multiple papules with central umbilication on the inguinal and medial thighs. Laboratory investigation showed Treponema pallidum hemagglutination test (TPHA) was 1:1280, VDRL test (1:8), and reactive HIV antibody test. Treatment with multidrug therapy (MDT) for multibacillary, and methylprednisolone for reversal reaction (RR) was started. Benzathine penicillin intramuscularly (total 7.2 million IU) was given, trichloroacetic acid (TCA) 90% for warty lesions, and enucleations for the molluscum contagiosum papules. The diagnosis was made from clinical and laboratory findings. The histological examination may be needed to confirm the leprosy lesions. We emphasize the importance of clinical suspicion and serology screening of multiple coinfection cases despite the polymorphism of the disease as well as the precise interpretation of laboratory and histopathology examinations to manage multiple coinfection cases. **Keywords:** Syphilis, genital warts, molluscum contagiosum, leprosy, and HIV

**FALSE ALARM: CUTANEOUS ANTHRAX SUSPICION IN A CASE OF BULLOUS Erysipelas – THE CLINICOPATHOLOGICAL CONSIDERATION**

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Erysipelas is acute superficial infection involving the epidermal and dermal layers, which may feature bullous formation. Bullous erysipelas lesion can mimic Sweet’s syndrome, pyoderma gangrenosum and other skin and soft tissue infections (SSTIs). A 42-year-old male presenting with multiple erythematous and edematous plaques with a large bulla on his left lower leg was first diagnosed clinically with Sweet’s syndrome or pyoderma gangrenosum. Routine histopathology showed partial epidermal necrosis and massive dermal edema with neutrophils, lymphocytes and nuclear dust, which might be consistent with the aforementioned diagnoses. However, taking into account the clinical presentation, the possibility of cutaneous Anthrax was also raised, especially when the patient was later found to work in areas where domesticated animals roamed. Further investigation with Gram staining did not demonstrate Gram-positive bacilli, negating the suspicion. Cefadroxil as prophylaxis which later continued with clindamycin gave marked improvement. Clinical and histological findings, and response to antibiotics favored bullous erysipelas as the final diagnosis. **Keywords:** bullous erysipelas, cutaneous anthrax, histopathology
A RARE CASE OF EPIDERMOLYTIC HYPERKERATOSIS: RECOGNITION OF DISTINCTIVE CLINICAL AND HISTOPATHOLOGICAL SIGNS
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Epidermolytic hyperkeratosis (EHK) is a rare autosomal dominant genodermatosis with a prevalence of 1:100,000 to 1:300,000. Mutations primarily of keratin 1 or keratin 10 cause defective keratinization, leading to skin fragility, blistering, and hyperkeratosis. Neonates with EHK are at risk of developing electrolyte imbalance, sepsis and malnutrition leading to a considerable mortality. Therefore its diagnosis is important. As the clinical features of EHK become more apparent with age, a wide spectrum of other genodermatosis should be considered as differentials at different stages of the disease process. A 5-year-old boy presented to our department with dirty brown, corrugated plaques distributed all over his body. He had had history of trauma-related blistering since two days after birth. As he aged, there was a decrease in development of blisters and erosions, with accompanying increase in severity of hyperkeratosis and foul odor. Physical examination revealed thickened, brown plaques over the neck, trunk, extremities, and scalp. Cobblestone pattern were visible over the knees, elbows, and posterior of hands and feet, in addition to multiple superficial erosions. Histopathologic examination showed massive hyperkeratosis, acanthosis, spongiosis, lysis and clumping of keratinocytes in the stratum spinosum to granulolusum. The diagnosis of EHK was made. Vaseline, coconut oil, and antiseptic soap gave slight, but acceptable improvement. EHK is rare, thus recognizing its distinctive clinical patterns is necessary to avoid delayed diagnosis and gave necessary genetic counselling and prompt treatment. Keywords: Epidermolytic hyperkeratosis, clinical signs, histopathology

LUPUS ERYTHEMATOSUS PANNICULITIS: CLINICAL AND HISTOPATHOLOGICAL DIAGNOSTIC CHALLENGE
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Panniculitis is the inflammation of subcutaneous fat that sometimes associated with connective tissue diseases. One of the well-described forms of connective tissue panniculitis is lupus erythematosus panniculitis (LEP). We report a 35-year-old female patient with skin atrophic lesions on lateral aspect of the upper arms and cheeks for at least 8-year duration. The atrophic lesions were followed by recurrent multiple small nodules on the right jaw and neck, on which excisional biopsy was performed. Histopathology examination revealed lobular panniculitis consistent with LEP. However, slight hyalinosis and thickened collagen bundles were also observed, that deep morphea cannot be rule out. Patient was treated with hydroxychloroquine 200 mg/day and methotrexate 7.5 mg a week, showing improvement by decreased ANA titer. No new nodules and enlargement of atrophic areas were found after one-month course of therapy. Keywords: histopathology, lupus erythematous, morphea, panniculitis
LATE DIAGNOSIS MERKEL CELL CARCINOMA WITH HISTORY OF BASAL CELL CARCINOMA

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Merkel cell carcinoma (MCC) is a rare and aggressive neuroendocrine tumor. The etiopathogenetic remains unclear, associated with merkel cell polyomavirus. MCC presents as asymptomatic lesion or dome-shaped nodules that clinically benign. Diagnosis is based on histopathology and immunohistochemistry assay. Therapy includes excision, radiotherapy, immunotherapy, and chemotherapy. This case report is aimed to give more understanding in the diagnosis and management of MCC. A 47-year-old man presented with multiple pale-reddish tumor since 8 months previously. Initially, the clinical feature were reddish, scaly, and dry patches spread over the extremities. The biopsy 2 years ago showed BCC. There was no regional lymph node involvement. Physical examination found verrucous tumors, with the largest size of 5 centimetres, erythematous macules, papules, erythematous plaques, crusts, and scales on the right elbow and leg. Excision was followed by split thickness skin graft and chemotherapy. One month post surgery, the patient had tetraparesis and he died due to distant metastases one month later. The diagnosis of MCC was established on history, clinical, histopathological, and immunohistochemistry examinations. Sun exposure, elderly age, and fair-skin type are the major factors that can cause MCC. Patient sustains advanced stage and distant metastatic with mortality rate between 33%- 46 %. MCC generally occurs on elderly fair-skinned men with high UV exposure and poor prognosis at advanced stage. Keywords: Merkel Cell Carcinoma, Basal Cell Carcinoma, excision, Split Thickness Skin Graft, chemotherapy

VITILIGO ON VOGT-KOYANAGI-HARADA DISEASE

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Vogt-Koyanagi-Harada (VKH) disease is a rare granulomatous inflammatory disease that affects pigmented structure. The etiopathogenic of this syndrome remains unclear, it is proposed as an autoimmune disorder. Diagnosis of VKH is made based on least 3 of the following 4 criterias of The American Uveitis Society (Bilateral iridocyclitis, posterior uveitis, neurological sign, cutaneous findings of vitiligo, poliosis or alopecia) and an absence of prior trauma or surgery. Treatment for repigmentation of vitiligo are non surgical and / or surgical which yield good result. This case report is aimed to give more understanding in the diagnosis and management of vitiligo on VKH. A 47-year-old male with the complaint of white spots presented previously on the face since 3 weeks. The patient was referred from ophthalmology department with bilateral iridocyclitis and panuveitis. There were no hearing loss. From physical examination, hypopigmented macules and poliosis were found on the eyebrows. Histopathological examination supported the diagnosis of vitiligo. Patient was treated with methylprednisolone tablet 16 mg 2-0-1, and fluticasone propionate cream 0.05% every 12 hours on the affected skin. The prognosis of this patient was quo ad vitam ad bonam quo ad sanam ad malam and quo ad cosmeticam dubia ad bonam. In this case we found 3 of the 4 criterias of diagnosis is Bilateral iridocyclitis, posterior uveitis, cutaneous findings of vitiligo, and poliosis. The patient was given high potent topical corticosteroids twice daily and oral corticosteroid. It showed significant clinical improvement after 4 months. Keywords: Vogt-Koyanagi-Harada Disease, vitiligo, poliosis
Psoriasis is an immunologically mediated chronic inflammatory skin disease, characterized by well-defined salmon-pink plaques bearing large adherent silvery centrally attached scales. The prevalence in children aged 10-19 years is about 1.37%. Pediatric psoriasis has been associated with certain comorbidities, such as obesity, hypertension, hyperlipidemia, diabetes mellitus and rheumatoid arthritis, making early diagnosis and management essential. A 12-year-old boy whose body weight was 120 kilograms presented with erythematous patches and plaques covered by thick silvery scales on his face, trunk, belly, elbows, lower limbs, and knees. Patient felt itchy on those lesions. Diagnosis was made based on clinical history, clinical examination and histopathology examination. Histopathological examination showed tissue covered by keratinized stratified squamous epithelium, hyperkeratotic, parakeratotic, acanthosis, regular rete ridges, the dermis consisted of skin adnexa and fibrocollagenous stroma connective tissue with perivascular lymphocytes. The patient was treated with Methotrexate 5mg per 12 hours given on the first and second day of every week, folic acid 1 mg per day given on the third to seventh day every week, 0.25% desoxymethason cream and 10% urea cream twice daily. Information, education, communication, and psychological support were provided to the patient and his parents. A good response was observed after two months of treatment. **Keywords**: childhood psoriasis, psoriasis vulgaris, pediatric psoriasis.

VOGT KOYANAGI HARADA SYNDROME

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Vogt-Koyanagi-Harada syndrome (VKHS) is a rare autoimmune disorder involving pigmented multorgan. VKHS reported 6-8% in Asia, 1-4% in North America, and 2-4% in Brazil of all uveitis. Diagnosis is made based on American Uveitis Society (AUS) criteria; no history of eye trauma, and minimum 3 of 4 signs; bilateral chronic iridocyclitis, uveitis, neurologic signs (tinnitus, neck stiffness, CNS symptoms), and dermatologic signs (alopecia, poliosis, vitiligo). A 51-year-old female presented with generalized hypopigmented-non pruritic patches since 8-year-old. Visual impairment was reported 1 month before. Patches of white hair was found on forehead and eyelashes. Tinnitus and frequent headache were reported. There was no history of eye trauma. Ophthalmologic examination revealed bilateral panuveitis and retinal detachment on right eye. Histopathologic examination showed no melanin pigment on basal layer. Patient was treated with systemic methyl-prednisolone and topical steroid creams. Prognosis is ad malam for ad sanam and ad cosmeticam. Diagnosis was based on AUS criteria and histopathologic examination. The precise ethiology for VKHS is difficult to establish. Treatment required long term steroid administration and routine follow up to assess the progression of this disease. **Keywords**: VKH, vitiligo, uveitis
PERIANAL GIANT CONDYLOMA ACUMINATA IN MEN WHO HAVE SEX WITH MEN WITH HIV

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Giant condyoma acuminata (GCA) is a large condyoma caused by the proliferation of squamous epithelial cells in the presence of Human Papillomavirus (HPV) infection, mostly type 6 and 11. It is most commonly seen in the genital, anal and perianal regions. Sexual behavior of MSM further increases the risk of HIV infection and other viral infections such as GCA. An unmarried Javanese 38-year-old man, complained of a wart on his perianal area since one year ago. Initially the lesion was small and progressively enlarged to the size of a chicken’s egg. The patient was a MSM with multiple sexual partners. Patient was HIV-positive and received anti-retroviral therapy (ARV). Clinical finding showed a large cauliflower-like growth tumor on the perianal area, 7 x 5 x 2 centimeters in size, with positive acetowhitzening test. Histopathological examination showed papillomatosis, hyperkeratosis, parakeratosis and koilocytosis, in accordance with GCA diagnosis. The VCT result showed CD4 of 51 cell / ml. Therapy for this patient were electrodesiccation and curettage. The diagnosis of GCA was established on the history, clinical findings and histopathological examination. Electrodesiccation and curettage and ARV therapy in perianal GCA patient showed a satisfactory result. Regular examination after therapy is required to identify and prevent recurrence or metastasize potential. Keywords: Giant Condyloma Acuminata, HIV, HPV, MSM

CORTICOSTEROID PULSE THERAPY FOR THE TREATMENT OF BULLOUS SYSTEMIC LUPUS ERYTHEMATOSUS WITH LUPUS NEPHRITIS

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Systemic lupus erythematosus (SLE) is a multisystem autoimmune disease. Skin involvement occurs in nearly 76 % of all lupus patients. Bullous systemic lupus erythematosus (BSLE) is a rare cutaneous variant of SLE, affecting in less than 1%. A 26-year-old female with history of vesicobullous eruption on face, neck, trunks and arms, along with oral mucosa ulcers. She had photosensitivity, non scarring alopecia, hemolytic anemia, serositis, arthralgia, renal impairment, and high antibody titers confirming SLE. Histopathological examination showed features in accordance with SLE, tends to be BSLE. The renal biopsy confirmed the features of lupus nephritis. The patient was diagnosed as BSLE based on the Systemic Lupus International Collaborating Clinics (SLICC) criteria, location of blister and histopathologic finding. She responded well to systemic corticosteroid pulse therapy. BSLE should be considered as differential diagnosis among the patients with bullous lesions. It is important to prevent the complication of SLE, that is lupus nephritis, because it relates to worse prognosis. We choose corticosteroid given as pulsed therapy to enhance the therapeutic effect and reduce the side effects, followed by azathioprine as sparing agent. Systemic corticosteroid pulse therapy is considered as first line therapy, with azathioprine which has been proved to be effective in maintaining disease remission. The objective of BSLE therapy is to prevent new blisters, promote healing and prevent scarring. Prognosis ad
PERIANAL GIANT CONDYLOMA ACUMINATUM WITH HIV TREATED WITH SURGICAL EXCISION

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Giant condyloma acuminatum (GCA) is a large condyloma caused by Human papilloma virus (HPV) infection mostly type 6 and 11, that is locally invasive and does not metastasize. Homosexual is at risk for HIV infection and acquiring condyloma acuminatum with 53% of prevalence rate. Currently, there is no gold standard in managing the GCA case. A 20-year-old man presented with a single wart on the perianal area since 4 months previously. He had a past unprotected sexual history and multiple male partners. Physical examination revealed a cauliflower-like verrucous tumor on the perianal area, 8 x 6 x 3 cm in size. The anti-HIV screening was reactive. The histopathological examination showed hyperplastic stratified keratinized squamous epithelium with papillomatous growth, achantosis and koilocytosis, supported the diagnosis of condyloma acuminatum. Due to the size of the tumor, the location of the tumor, and the patient's immune status; the patient was treated with surgical excision combined with ARV therapy (tenofovir, lamivudine, efavirenz). The third month post surgery evaluation showed no sign of recurrence. Surgical excision and ARV therapy in perianal GCA patient with HIV yielded a satisfactory result. Regular evaluation after surgery is required to identify and prevent recurrence or metastasize potential. Keywords: Giant condyloma acuminatum (GCA), HPV

EPIDERMOLYSIS BULOSA SIMPLEX

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Epidermolysis bulosa simplex (EBS) is a rare blistering hereditary disease. It generally occurs in infants and children. Fine (2010) stated the prevalence of EBS is 19.6 / 1 million live births, and 8.22 / 1 million populations. This case report is aimed to establish the early diagnosis for prognosis assessment and parents' education. A 1-month-old babygirl presented with blisters which became erosion on elbow and foot, and nail dystrophy since birth. Skin biopsy result was in accordance to EBS. Patient was treated with normal saline compress, topical antibiotic, and topical placenta extract. Treatment resulted in improvement of skin lesion. The blisters of EBS is found intraepidermally on trauma-prone sites. The patient was followed up for 8 months. No secondary infection was found. The parent was satisfied with the result of treatment. EBS is a lifelong condition which requires meticulous attention from the parents. Trauma avoidance is pivotal to prevent the blisters. Genetic counselling might be needed. Keywords : epidermolysis bulosa simplex, skin blister, trauma avoidance
GENERALIZED PUSTULAR PSORIASIS IN CHILDHOOD
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Generalized pustular psoriasis is a rare form of psoriasis in children. The prevalence of psoriasis in children is ≈0.71%, the pustular type occurring in 0.6-7%. It is more severe in children and characterized by generalized pustule, forming lake of pus, on an erythematous base. A 9-year-old boy presented with fever and sudden onset of pustules eruption on erythematous base over the face, trunk, and extremities. There was no past or family history of psoriasis. The laboratory result were leucocyte count 14,000/ μL, CRP 1.43 mg/L, qualitative ASTO (+). Histopathologic examination revealed skin lesions with psoriasiform reactions, microabscess munro (+), dermis contained adnexa of the skin, stroma hyperemia with lymphocytes, histiocytes, PMN leucocytes, supporting diagnosis of generalized pustular psoriasis. Patient was treated with cyclosporine tablet 3 mg/kgbw/day, desoxymethasone cream 0.25% twice daily, loratadine tablet 10 mg/day, paracetamol tablet 3x500 mg. Generalized pustular psoriasis often requires systemic and topical therapy, because of the severity of the disease. Cyclosporin is recommended as a first-line drug for pediatric generalized pustular psoriasis. Cyclosporin acts by inhibiting T-cell and IL-2. Treatment using oral cyclosporin gave a good outcome in this patient. The eruptions markedly improved after administration of oral cyclosporine 3 mg/kgbw/day for 7 days. Topical treatment using potent corticosteroid which have anti-inflammatory and antiproliferative properties was co-administered to increase the efficacy. Prognosis quo ad vitam ad bonam, quo ad sanam dubia ad bonam dan quo ad kosmetikam ad bonam. Keywords: childhood generalized pustular psoriasis, cyclosporine

VERRUOUS HEMANGIOMA
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Verrucaus Hemangioma (VH) is a rare congenital vascular malformation consisted of capillary or cavernous hemangioma affecting dermis and subcutaneous tissue. VH usually presents at birth or early childhood, often unilateral and localized on lower extremity. The clinical presentation shows hyperkeratotic plaques and nodules, bluish purple and partly confluent. Early diagnosis and treatment are pivotal for satisfactory cosmetic result. A 28-year-old male presented with asymptomatic rough lump on the left leg which gradually enlarged, thickened, and became rougher through time. The lesion appeared since birth, and was flat with red- Bluish colour. Dermatologic examination showed hyperkeratotic plaques and nodules, black-grey coloured, confluent with defined margins, measured 10 x 4 cm on lower left leg. Histopathologic examination revealed epidermis hyperkeratosis, verrucaous growth, acanthosis, elongated rete ridges and blood vessels proliferation in the dermis. Patient was treated with cryosurgery and propranolol tablets 2 x 10 mg, and subsequently referred for surgical excision. Diagnosis of VH is hallmarked by hyperkeratotic nodules and confirmed by skin biopsy. Excision is one of the recommended
treatment whenever possible. The patient was treated with wide and deep excision due to the high recurrence of VH. After 4 months of evaluation, the lesion showed satisfactory healing without signs of recurrences. The prognosis was *quo ad vitam ad bonam, ad sanam* and *ad cosmetikam dubia ad bonam*. We have reported a patient with VH treated by surgical excision, which showed satisfactory healing without signs of recurrences. **Keywords**: verrucous hemangioma, vascular proliferation, excision

**ROSEOLA SIFILITICA WITH HIV IN MAN WHO HAVE SEX WITH MAN (MSM)**

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Syphilis is sexually transmitted disease caused by *Treponema Pallidum* subspecies pallidum. Syphilis often manifests clinically on the skin. The infection is transmitted by sexual intercourse and vertically during pregnancy. HIV prevalence in MSM in Asia: 7.8% in Cambodia, 9.0% in Indonesia, 14.7% in India and 24.6% in Thailand. The prevalence of syphilis in MSM and HIV is 4.3% in Indonesia, 8.4% -14% in India and 33% in Thailand. The aim of this article is to report a case of roseola syphilitica with HIV in MSM. Case: A 39 years old man presented red spots on skin. There was HIV infection since 4 years and he has consumed anti retro virus (ARV) drug. The patient had an unprotected sexual history with various males. Physical examination yielded multiple erythematous discrete maculopapular rashes, measuring 0.5-1 cm on the chest, back, arms, legs, palms and soles of the feet. Serologic examination of VDRL was positive, titers 1:64; TPHA was positive titer>1:640. The diagnosis was roseola sifilitica with HIV. The patient was given 2.4 million Benzathine Penicillin G intramuscular injection and ARV. Clinical manifestations have improved after therapy. Prognosis was *quo ad vitam, quo ad sanam* and *quo ad cosmeticism dubia ad malam*. **Keywords**: roseola syphilitica, Human Immunodeficiency Virus, MSM

**URTICARIA PIGMENTOSA IN CHILDREN: A CASE REPORT**

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Mastocytosis is a disorder of abnormal mast cell proliferation presented as an abnormal accumulation of mast cells in various tissues. Urticaria pigmentosa (UP) is the most common form of this disorder in children, particularly in the first year of life. Darier’s sign is pathognomonic for UP. Management for UP consists of patient education, triggering factors exposure prevention and symptomatic treatment to reduce the release of mast cells mediator. A 5-year old girl presented with brown spots and itch in various area of the body with dry skin. Physical examination found multiple hyperpigmented macules on her body, arms, legs and face. Darier’s sign was positive. Histopathology examination demonstrated mast cell granules in the superficial layer of dermis with Giemsa staining, consistent with the diagnosis of UP. There is no systemic involvement. Patient was treated with ketotifen syrup, 10% urea cream, and betamethasone valerate 0,1% cream for the erythema lesions. Ketotifen is a mast cell stabilizer that was given to relieve the symptoms of UP. Urea was given to reduce dry skin and enhance the absorption of betamethasone. Betamethasone was given to reduce the lesions of UP. After 12 weeks, patient showed some improvement in her pruritus and skin dryness. The prognosis was *quo ad vitam, quo ad sanam* and *quo ad cosmeticism dubia ad bonam*. **Keywords**: Urticaria pigmentosa, mast cell, ketotifen
CONDYLOMA ACUMINATUM ON HIV INFECTED WOMAN
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Condyloma acuminatum (anogenital warts) becomes one the most common sexually transmitted infections caused by Human Papilloma Virus (HPV) infection subtype HPV 6 and HPV 11. Clinical presentation is mostly of growths of verrucous papules cauliflower-like appearance. The prevalence was approximately 500,000 to 1 million new cases diagnosed each year. Patient with HIV being the most significant risk factor and tend to experience florid and prolonged clinical manifestations because of their impaired immune response. A 34-year-old woman presented, with two-month history of progressive warts growths around genital region. The patient has been on antiretroviral therapy (ART). She had a sexual history with multiple partners and never used condoms during intercourse. Dermato-venereological examination showed multiple masses, friable, cauliflower-like in appearance, dark grayish-pink in color on her vulva involving labia majora. Acetowhiteness test was positive. Histopathological examination showed acanthosis, papillomatosis, and koilocytes. Multiple sexual partners, unprotected intercourse, and immunodeficiency were the risk factors. Clinical appearance showed cauliflower-like growths on frictional region. Histopathological examination supported condyloma acuminatum. The treatment with electrodessication and curettage. Condyloma acuminatum is one the most common sexually transmitted infections and the prevalence is higher among individuals with HIV infection. The treatment with electrodessication and curettage showed good result. **Keywords**: condyloma acuminatum, HIV

GIANT CONDYLOMA ACUMINATA ANOGENITAL ON HIV PATIENT
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Condyloma acuminata, commonly known as anogenital warts, is one of the most common sexually transmitted diseases, with the highest prevalence in adolescents and young female adults. It is caused by the highly contagious human papilloma virus (HPV), which infects squamous epithelia\textsuperscript{1}. The entire anogenital tract should also be examined.\textsuperscript{2} A 34-year-old male presented with warts on the anogenital region. Dermato-venereological examination showed multiple masses, friable, cauliflower-like appearance, dark-grayish color, extended from penis to perineum and anal regions. Histopathological examination showed tissue covered by keratinized squamous complex epithelial, papillomatous and verrucous growth, with orthokeratosis, parakeratosis, hypergranulosis, acanthosis, koilocytosis, with stromal fibrocolagen swollen tissue. No malignant sign. Electrodesication, excision, and curettage were the treatment chosen to manage the condition. HIV infection and history of promiscuity are the risk factors for this case. The goal of treatment is to eliminate clinically apparent warts, rather than address the underlying HPV infection. The risk of development to squamous cell carcinoma is increased. The treatment is aimed to eradicate the lesions rather than the virus. **Keywords**: Condyloma Acuminata, Giant, HIV, Electrodesication, Curettage
PATCH TEST RESULT IN PATIENT WITH ALLERGIC CONTACT DERMATITIS TO TOOTHPASTE
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Introduction: Allergic contact dermatitis (ACD) is a common diagnosis resulting from exposure to a chemical or chemicals in a patient's personal care products, home, or work environment. It is a delayed type of hypersensitivity reaction caused by contact with allergens in the environment. Patch testing is a gold standard to establish the diagnosis. After the causative allergens have been identified, patient education is needed to the proper treatment and management of the patient. Case: A 23-year-old woman with suspected ACD due to lipstick and was planned to perform patch test. She complained about dry lips that appear after she used new lipstick for about 3 months and there was not history of applying another agent. After recovery, the patch test was performed with allergens that might contact with her lips and the result was positive one in toothpaste allergen while negative in lipstick allergen. Conclusion: The allergen which is suspected to the patient from history-taking might be different with the result of patch test, so that performing patch testing is needed to investigate the cause of ACD. Keywords: patch test, allergic contact dermatitis, toothpaste allergen

A RARE FINDING OF CIMEX LENTICULARIS MANIFESTATION MIMICKING DERMATITIS SEBORRHEIC IN AN ADULT MALE: A CASE REPORT
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Background Hemiptera is an ordo of insects, the species that can be a parasite in human are Cimex lectularius (bedbugs) Triatoma species (kissing bugs), it can cause skin manifestation such as wheals, papules, often with a small hemorrhagic punctum at the center, bullous reactions to bites are also possible. In human it can also cause systemic problem or anaphylactic shock in hypersensitive individual. The clinical manifestation can mimic seborrheic dermatitis. Case A 59 years old man presented with itchy sensation and red patches on his scalp 2 weeks before coming to outpatient clinic. It’s itchier when exposed by the sun and hot weather. Red patches with sharp margin, covered with thin scale in the middle of the red patches, central healing, multiple papule in the edge in the scalp area. Microscopic examination 100x magnification with emersion oil were found Cimex lenticularius species. The causative therapy given permethrin 5% and the the result was good. Discussion Bed bug infestations occur wherever humans live and congregate. There are over 75 species of Insecta: Hemiptera: Cimicidae. C lectularius is an urban dweller better known as the cryptic bed bug because capable to hide in small spaces. The difficulty in diagnosing C. lenticularis infestation is no finding in the bugs and that some clinical manifestation can mimic seborrheic dermatitis. Treatment with Permethrine 5% cream gave a very good outcome. Conclusion the C. lenticularis is a parasite that can manifest in human, and topical anti-parasites give a good outcome. Keywords: Hemiptera, cimex lenticularis, parasites
CUTANEOUS SQUAMOUS CELL CARCINOMA IN ELDERLY: CASE REPORT
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Cutaneous squamous cell carcinomas (cSCC) are malignant neoplasms derived from suprabasal epidermal keratinocytes. The most prominent risk factors for cSCC include sun exposure, advanced age and UV radiation-sensitive skin. SCC is strongly associated with advanced age, and a sharp increase in incidence is seen after age 40 years. This article reports a 80-years-old male patient with diagnosis of Squamous Cell Carcinoma whom control to Outpatient Clinic of Dermatology and Venereology at Dr. Soetomo General Hospital Surabaya. Patients had five years history of cutaneous lesion on his right cheek. Dermatologic examination revealed 2 cm in diameter of hyperkeratotic nodule with well defined margin on his right cheek and multiple hyperpigmented macules sharply marginated on his face and neck. The patient was advised wide surgical excision of the lesion and subjected to histopathological examination. Diagnosis of cSCC based on history, physical examination and histopathology examination. There are some risk factor for incidence of cSCC, including ultraviolet radiation (UVR) exposure, elderly patients aged 65 and over, tobacco smoke, metabolic disorder such as diabetes mellitus. The first line treatment of cutaneous SCC is complete surgical excision with histopathological control of excision margins. Histologic subtype of SCC is important in evaluating metastatic potential. In conclusion, cSCC is a form of keratinocyte carcinoma. Diagnosis can be done based on history taking, physical examination, and histopathology examination. The majority of cSCCs are successfully treated with standard treatment modalities, such as surgical excision. Pathologic features of cSCC have been demonstrated as prognostic features of the disease. Keywords: Cutaneous Squamous Cell Carcinoma, elderly, surgical excision

CRUSTED SCABIES IN A PATIENT WITH CHOLELITHIASIS
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Crusted scabies is hyperkeratosis and thick crusting of the skin due to the profuse proliferation of mites resulting from an altered host response to the infestation. Caused by Sarcoptes scabiei var. hominis. A rare, highly contagious form of scabies. Tends to occur in immunocompromised or elderly people. Diagnosis is established from clinical presentation and microscopic identification. A fifty-six-year-old female with icterus condition presented itchy, multiple papules & thick crust on her hands and feet. Itching sensation is especially felt worse at night. Her son on same house also felt the same complaint. There was history of her son who live at dormitory. Examination obtained multiple papule with thick crust on her palm, back foot, between hand and foot fingers. From crust microscopic identification found adult mite and scybala. Patient got Permethrin 5% 10-14 hours, repeat in 7 days, and Sulphur precipitate plus salicylic acid ointment 2 times daily. Three weeks after treatment, there is no new lesion, no itchy, papule and thick crust disappeared. Keywords: crusted scabies, Sarcoptes scabiei, cholelithiasis
HERPES ZOSTER IN HIV PATIENT WITH EARLY INITIATION OF ARV TREATMENT: A CASE REPORT
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Herpes zoster (HZ) is characterized by unilateral, dermatomal pain, and rash that results from reactivation and multiplication of endogenous varicella zoster virus (VZV) that had persisted in latent form within sensory ganglia following an earlier attack of varicella.¹ It is commonly seen and often more complicated in immunocompromised patients & elderly.¹² This article report a 35-years-old man presented after 3 days of enduring painful blisters on his right back that quickly spread to his right underarm and chest accompanied with dull pain for the past 4 days. He developed the clear-fluid filled blisters 1 day after. He was diagnosed with HIV infection since 7 months ago in Batam and has been on antiviral therapy (ARV) afterward with good compliance. The risk factor for HIV was high risk sexual behavior for 11 years as he admitted himself for having more than 1 sexual partner with bisexual attraction. From physical examination his general state was within normal limit. Dermatology examination on right thoracalis posterior et anterior region showed several groups of vesicles on erythematous base, distributed unilaterally, and normal skin between the vesicles. Every group of vesicles had different age. Multinuclear giant cells were found in Tzank Smear examination on the first day of examination. He was diagnosed with Herpes Zoster Thoracalis Anterior et Posterior Dextra. The causative therapy given is Acyclovir 800 mg 5 times daily orally. Evaluation was done on first, second, and forth week. Quick improvement was obtained with no complication during and after the disease. Keywords: herpes zoster, immunocompromised, HIV

A CASE REPORT
HERPES ZOSTER CERVICALIS IN CHILDHOOD-ONSET SYSTEMIC LUPUS ERYTHEMATOSUS AND LUPUS NEPHRITIS PATIENTS
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Introduction: Herpes zoster (HZ) commonly observed in the elderly and in immune-compromised patients. The higher prevalence of HZ in Systemic Lupus Erythematosus (SLE) patients is aggravated by the concomitant use of immunosuppressant and glucocorticoids (GCs). Rarely occur in children, unless they are immunocompromised. Childhood-onset SLE (cSLE) is the term that recommended to use for patients with onset of SLE from infancy to age 18 years. Case: A 17-years-old female patient with a diagnosis of SLE and Lupus Nephritis who hospitalized at Hospital Dr.Soetomo Surabaya. She was diagnosed with SLE since she was 13 years old and routinely consumes methylprednisolone with high doses. She complained about groups of a blister on the left side of the shoulder and arm accompanied by burning and pain sensation. From Tzank Smear, there is a multinucleated giant cell, and from the laboratory finding there were increases of white blood cells, liver function test and also renal function test. The therapy given from dermatovenerology department was acyclovir, amitriptyline, and also salicylic talc 2% at the lesions. From internal medicine were ciprofloxacin injection, methylprednisolone and paracetamol (if fever present). The evaluation was done 1 week after treatment and improvement were obtained. Conclusion: Patient was diagnosed with HZ cervical with SLE and lupus nephritis. The complication was bacterial superinfection and hepatitis. The good outcome was attributed to the early
administration of acyclovir, a combination with a neuroactive agent and high-dose corticosteroids.

**Keywords:** herpes zoster cervical; childhood onset-systemic lupus erythematosus; acyclovir

MALIGNANT MELANOMA IN CHILD WITH XERODERMA PIGMENTOSUM: A RARE CASE

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Xeroderma pigmentosum (XP) is an autosomal recessive genetic disorder that characterized by photosensitivity, cutaneous pigmentary changes and malignant tumor development at an early age. The basic defect underlying the clinical manifestations is nucleotide excision repair defect, leading to defective repair of DNA damaged by ultraviolet radiation. Patients with XP who are younger than 20 years of age have a greater than 1000-fold increased risk developing malignant neoplasms of the skin which commonly include squamous cell carcinoma, basal cell carcinoma, fibrosarcoma and malignant melanoma. Malignant melanoma arises in only about 3% of patients with xeroderma pigmentosum. A 7 years-old girl presented multiple hypopigmentation and hyperpigmentation macules since 2 years of age, throughout the body, more on sun exposed areas. On the vertex region showed soliter tumor extensive ulcero-proliferative surface, with the areas of hemorrhage and blackish pigmentation. Histological examination revealed feature of nodular malignant melanoma type and the condition worsened after she got 2 cycles of chemotherapy. Despite the rare occurrence, nodular type of malignant melanoma in XP patients is the most aggressive and responsible for fatal condition, there for early detection of XP is necessary due to its fast-growing nature and high metastatic possibility as well as mortality index.

**Keywords:** Child, xeroderma pigmentosum, cutaneous malignancies, DNA repair, malignant melanoma.

PEMPHIGUS FOLIACEOUS PATIENT WITH POSITIVE IgG DIRECT IMMUNOFLOURESCENCE

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Pemphigus foliaceous (PF) is an autoimmune blistering disease which is characterized histopathologically by the formation of subcorneal bullae. The disease manifests as erythematous papules, plaques, erosions, with scaly crusts on seborrheic skin. The loss of adhesion occurs in the upper epidermal layers with no mucosal involvement. It is difficult to differentiate PF with other blistering diseases by the clinical examinations alone. Pemphigus foliaceous can also inflict severe impairment to the quality of life of patients. A 64 years old woman presented with a redness, blisters and erosion on her skin. The blister first appeared on her chin and aggravated to her body and extremities. The blisters easily become erosions and crusts. The histopathological result confirmed that it was a PF. Direct immunofluorescence (DIF) was also performed and the results was IgG positive in an epithelial cell surface (ECS) pattern. The patient treated with methylprednisolone and azathioprine until discharged. Diagnosis of PF is established by the clinical manifestation and histopathological examination of a skin biopsy demonstrating a subcorneal split. Direct immunofluorescence of peribullous lesional skin demonstrates patient’s IgG in an ECS pattern. Management for this patient are oral methylprednisolone maintenance dose at 64mg and azathioprine 50mg per day, and there were no new blisters. Pemphigus foliaceous is a rare autoimmune blistering disease. The diagnosis of pemphigus vulgaris is based on the history, physical examinations,
and histopathology, and direct immunofluorescence. Early diagnosis and treatment can improve the patient’s quality of life. Keywords: pemphigus foliaceus, direct immunofluorescence, IgG

LUCIO’S PHENOMENON IN A WOMAN WITH LEPROMATOUS LEPROSY: A CASE REPORT
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Background: Lucio’s phenomenon (LP) is a severe type of leprosy reaction that is rarely reported, it’s commonly occurs in diffuse lepromatous leprosy types in untreated cases. There are three main criteria of LP, i.e skin ulcer manifestation, vascular thrombosis proven by histopathological examination, and invasion of leprosy bacilli in the blood vessels. This report aims to provide insight regarding the quick and proper diagnosis and management of LP in order to prevent disability and mortality. Case: A 33-year-old woman with chief complaint of extensive wounds on both legs since 2 months ago, accompanied by swelling and pain. The patient also complains of hypoesthesia patches on both hands. The face looks shiny with madarosis. In the lower extremities there are multiple well demarcated necrotic ulcers, irregular edges and confluent. Slit skin smear examination revealed Bacteriological Index (BI) +3, Morphology Index (MI) 3%. Laboratory examinations haemoglobin showed 5.9g/dl, albumin 2.5g/dL. Histopathological examination demonstrated grenz zone, inflammatory cells in the dermis and subcutaneous, foam cell and found acid resistant bacteria in foamy macrophages, perivascular and intravascular. Polimerase Chain Reaction (PCR) examination presented Mycobacterium lepromatosis. This case treated with multi drug therapy (MDT) without dapsone, improving general condition with PRC transfusion, wound care, and debridement of necrotic wounds. After 1.5 months of treatment, there was improvement of the patient’s condition. Discussion: Diagnosis of LP based on history, physical examination, and laboratory. The history of inadequate treatment, multiple necrotic ulcers in the inferior extremities on physical examination, BI +3, MI 3% slit skin smear, found acid-resistant bacteria in the vascular endothelium and also preview Mycobacterium lepromatosis on PCR examination are the basic for diagnosis of LP. The principles of management include the administration of MDT, improvement of general conditions and wound care. Conclusion: Lucio’s phenomenon is a rare leprosy reaction and fatal. Diagnosis is based on history, physical examination, slit skin smear, histopathological examination and PCR. These are performed so that prompt diagnosis can be done and proper treatment can be administered. The patient show significant improvement after the clinical examination improvement. Thus the prognosis was dubious ad bonam. Keyword: ulcer, lucio’s phenomenon, lepromatous leprosy
EPIDERMOPHYTON FLOCCOSUM AS A POSSIBLE AETHIOLOGICAL AGENT OF TINEA CAPITIS: A CASE REPORT

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Introduction: Tinea capitis is a superficial fungal infection of the scalp, involving hair shaft and follicles. It affects particularly school-aged children between 3-14 years-age. Many species of dermatophytes are capable of invading hair shafts, but *Epidermophyton floccosum* do not cause tinea capitis. Tinea capitis case caused by this species is quite interesting because it can confirm the sporadic occurrence of hair parasitism by this dermatophyte. Case: A 15-years-old girl, presented with itchy scaly alopecia on scalp since 1 week ago. Patient denied any contact with cat or dog, no family history. From physical examination, found lymphadenopathies at left and right lateral neck. On dermatological examination, found alopecia with scales and crusts, lenticular to nummular sizes, at scalp. Thick scales found on both retroauricular regions. Hair-pull test was positive. On trichoscopy examination, found comma hairs, broken hairs, and black dots. Patient diagnosed as tinea capitis. From fungal culture, found the growth of *Epidermophyton floccosum*. Patient treated with 500 mg griseofulvin once daily orally, 10 mg cetirizine once daily orally, and 2% ketoconazole shampoo three times a week. Discussion: *Epidermophyton floccosum* is an anthropophilic dermatophyte that frequently causes tinea cruris, tinea pedis, tinea corporis and onychomycosis, but not tinea capitis. Several reports have showed the capability of *Epidermophyton floccosum* in perforating hairs and causing tinea capitis. Conclusion: *Epidermophyton floccosum* may be a possible aethiological agent of tinea capitis through its ability to perforate hairs. Keywords: *Epidermophyton floccosum*, tinea capitis, fungal culture

QUALITY OF LIFE MEASUREMENT FOR VITILIGO: IS IT IMPORTANT?

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Introduction: Vitiligo is a chronic skin disease characterized by skin depigmentation caused by melanocytes destruction. Vitiligo could be considered as a psychosomatic disorder, which means physical and psychological factors concomitantly are involved in appearance, progression, relapse and remission of vitiligo. Vitiligo has a remarkable impact on patient’s Quality of Life (QoL). Case: A 20-years-old girl, initially presented with milky white patches in the back of her neck and right shoulder since 5 years ago. There was no itch, pain or anesthesia. There was no family history of this disease or other autoimmune diseases. She suffers a psychological stress caused by her vitiligo and she has a low self-esteem, embarrassment and anxiety. From dermatological examination, on the collis posterior and acromial dextra there was depigmentation macules, numular-plaque sized, circumscribed and leucotrichia in collis posterior. SkinDex-29 score showed a severe impact in patient’s QoL. The patient treated with tacrolimus 0.1% ointment and had an improvement both in lesions and QoL. Discussion: Measuring the QoL is important in the management of vitiligo patient. QoL can be measured with QoL indexes, such as SkinDex-29 that evaluate three domains: symptoms, psychosocial and emotional status. Establishing a good doctor–patient relationship to multidisciplinary approach for the patient’s compliance and a better outcome of the treatment. Conclusion: Vitiligo has devastating psychosocial effects that have great impacts on the patient’s quality of life. Holistic approach is important to manage vitiligo patient, not
only for treated the clinical aspect but also evaluate the QoL of the patient from time to time. **Keywords:** Vitiligo, Quality of Life, SkinDex-29

**SQUAMOUS CELL CARCINOMA OF THE VULVA WITH CANDIDIASIS VULVOVAGINALIS**

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**Introduction:** Squamous cell carcinoma (SCC) is a malignant proliferation originating from suprabasalis epidermal keratinocytes. SCC is one of the most prevalent non-melanocytic skin cancers after basal cell carcinoma. Its incidence increases with age like most of other cancers. **Case:** A 60-year-old woman, came with thickening red spots on her vagina accompanied by itching, vaginal discharge and odor since 3 years ago. For the last 3 years, patient often feels that the vagina was too damp due to the white liquid that sometimes comes out from the vagina. From Dermato-venereological examination, erythema plaque was found with a rough surface, circumscribed maceration and excoriation on the vulva. Milky-white discharge appeared around the vaginal introitus. Histopathological examination is invasive non-keratinizing squamous cell carcinoma. Ultrasonography examination result showed enlargement on the right and left inguinal lymph node with malignant impression. Patient was treated with Itraconazole 200 mg per day for 3 days and Azithromycin 500 mg per day for 5 days. **Discussion:** Squamous cell carcinoma growth is slow. In contrast to the precipitating factor of SCC on the skin area, SCC of the vulva can be caused by HPV or non-HPV infection. **Conclusion:** SCC of the vulva most commonly occurs in the anterior labia major, starting as small nodules or erosive erythematous plaques. These lesions can be asymptomatic but appear more often with pruritus or bleeding. **Keywords:** Squamous cell carcinoma, candidiasis vulvovaginalis

**MULTIBACILLARY LEPROSY IN A CHILD**

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This manuscript aims to review the cutting-edge developments regarding to the diagnosis, management and prevention of leprosy in children. Where leprosy in children is a robust indicator of active source of infection in the community. We reported a case of multibacillary leprosy in a 14-year-old boy. He came with the chief complaint of swelling of left little finger since 1 month ago. The patient also complaint blackish patch with loss of sensations on the left hand since 2 years ago. After 1 year, there was appearance of papules on the ears and sparse eyebrows followed by swelling of left little finger 1 month ago. His father was already diagnosed as multibacillary leprosy 8 years ago and had completed the treatment. There is no history of BCG vaccination. Physical examination revealed sparse eyebrows (madarosis), dermatological examination revealed diffuse hyperpigmentation macular with anesthesia on the left hand, papules and infiltrate on the ear lobes. Sensibility examination revealed anesthesia on the left hand which is innervated by ulnar and median nerve. Thickened and tenderness were found on the ulnar nerve and muscle weakness grade 3 was found on the left hand which is innervated by ulnar nerve. Ziehl-Neelsen staining of slit skin smear revealed acid-fast bacilli with Bacteriological Index 4+. Patient was diagnosed as multibacillary leprosy then prescribed with multi-drug therapy and advice on daily care.
Pregnancy can trigger recurrence of the disease or aggravate symptoms and threaten the lives of the mother and/or the baby who she carries. Case: A pregnant woman who is 18 years old, complained thickened crust on the erythematous plaques distributed in the malar region, nasal, supraorbital and auricular sinistra et dextra region, discontinuous hair marks on the lateral side of the scalp, mild arthritis. Laboratory test results are leukocytosis (leukocyte 15,000 cells/µl; neutrophil 7.9 cells/µ; lymphocyte 6.29 cells/µ; monocyte 0.74 cells/µ), CRP 0.7 mg/dl; C3 50mg/dl, ANA Test 10; Anti-dsDNA 2.4; Anti nuclear factor antibodies (anti-dsDNA) 28. The result of kidney function tests are in the normal range. The USG results of fetus: pregnancy in uterus (8-9 weeks), child alive (31/01/2019). This patient has been diagnosed as SLE for three years but is well controlled with medication. But the recurrence occurred when she is pregnant. This patient was diagnosed as mild SLE in pregnancy, and the recurrence was assessed using the Lupus Activity Index in Pregnancy (LAI-P) scale, and the score was 0.43. Then she was given the treatment with methylprednisolone 4mg once daily, ranitidine 150mg two times daily, paracetamol 500mg three times daily, folic acid 400mg once daily, B-complex vitamin two times daily, desoximetasone 0.25% cream on the face, sunscreen, and also she was suggested to do a pregnancy control. In addition, she was also given education about her diseases, to avoid direct sun exposure, drug side effects, psychological problems, how to deal with stress and keep a healthy diet and lifestyle. Conclusion: Pregnancy can trigger the recurrence of SLE or aggravate the symptom so that it can increase maternal and fetal mortality and morbidity. The treatment

Keywords: pemphigus foliaceus, diagnosis, treatment
needs a multidisciplinary approach together with Internal medicine (Rheumatology) and Obstetrics department, close monitoring to check if there is a change in clinical manifestation, vital signs, liver function test, kidney function test, hematology test, and also monitoring a fetal development. **Keywords**: systemic lupus erythematosus; disease activity; pregnancy

**FIXED DRUG ERUPTION DUE TO AMBROXOL**
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**Introduction**: Fixed drug eruption (FDE) is a common cutaneous drug eruption characterized by the development of one or more annular, oval, erythematous and hyperpigmented patches as a result of systemic exposure to a drug. The lesion may recur at the same site and/or at the new sites with re-exposure to the offending drug(s). More than 100 drugs have been implicated in causing FDEs including ibuprofen, sulfonamides, naproxen and tetracyclines. There was only one case report fixed drug eruption due to Ambroxol in Japan. This is a second case report fixed drug eruption due to ambroxol. **Case**: A 37-years old Male came to Adam Malik Hospital Medan with the chief complaint an itchy, two similar violaceous macular lesions on the left back of the hand and erythematous macular lesion in his genital part. Three days ago, he was taking ambroxol that he buy over-the-counter for treating his sore throats. Then the cutaneous lesion in the left back of the hand appeared about one day later followed by a cutaneous lesion in his genital part. He recalled a history of 2 similar episodes in the same location 1 year and 6 months ago due to the same medication (ambroxol) that resolved about 7-10 days without any treatment, leaving post-inflammatory hyperpigmentation. This patient was given an education to avoid the offending drug (ambroxol) because this has been the third times he was experienced. Then he was given cetirizine 10 mg once daily and topical desoximetasone cream applied on the lesion twice daily. **Conclusion**: There is an increased risk of cutaneous drug reactions with expectorants containing ambroxol. We must increase awareness of fixed drug reaction cases due to the medications that are often used freely especially an over-the-counter medication. **Keywords**: fixed drug reaction, ambroxol

**DE NOVO HISTOID LEPROSY: A CHALLENGE IN LEPROSY ELIMINATION**
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Histoid leprosy is a rare variant of multibacillary leprosy with distinct clinical and histopathological features. In the past, this was known to manifest in patients with inadequate treatment of leprosy or resistance to dapsone monotherapy, but it may also arise de novo in patients who have never been exposed to any antileprosy therapy. Herein, we report a 19-year old man present with infiltrates and papules on both ears. He has already visited several doctors in the last two years, but no clear diagnosis was made. The slit skin smear from both ears revealed plenty of acid-fast bacilli with a bacterial index (BI) of 5+. Histopathological examination showed epidermal atrophy, subepidermal grenz zone, and circumscribed lesions consisting predominantly of spindle shaped cells in the dermis. He was then diagnosed with de novo histoid leprosy. The aim of this case report is to increase the awareness of clinicians to the danger of histoid leprosy on the elimination of leprosy. As histoid lesions in this patient are highly bacilliferous, it may form an important reservoir of leprosy infection. Therefore, histoid leprosy may become a serious threat to national elimination programs and posed a challenge in leprosy elimination. **Keywords**: Histoid leprosy, de novo, diagnosis, elimination, challenge
HIV-associated Kaposi sarcoma is an epidemiologic variant of Kaposi sarcoma (KS) with varying degree of severity and often difficult to differentiate from other skin lesions clinically. The objective of this study was to clarify the diagnostic value of histopathology, D2-40 and Ki-67 immunohistochemistry staining in the diagnosis of cutaneous HIV-KS. A 27 years-old homosexual male patient was referred with painless violaceous patches and plaques with clearly defined borders over the cheeks, neck, chest and upper back since the last two months. He is an HIV positive patient who refuses to use antiretroviral therapy. Skin biopsy showed groups of capillary endothelial proliferation forming slit-like clefts with endothelial proliferation, accompanied with erythrocytes extravasation and high-density inflammatory cells infiltration in the dermal layer. Immunohistochemistry staining with D2-40 gained positive result in endothelial cells lining, and Ki-67 showed positivity in 1-2% endothelial cells. The results of histopathology and immunohistochemistry examination in this patient confirmed Kaposi sarcoma diagnosis. **Keywords:** Kaposi sarcoma; HIV; diagnosis; D2-40; Ki-67

**GENERALIZED LUPUS VULGARIS WITH KELOID-LIKE LESIONS**

Lupus vulgaris (LV) is a paucibacillary type of cutaneous tuberculosis and generally manifests as chronic solitary verrucous lesion with reddish-brown colour. Albeit very rare, there are some reports of LV case with atypical features and multiple lesions. Proper diagnosis and adequate therapy play significant roles in LV, because if left untreated, it can cause local tissues destruction and malignant skin tumor formation. Herein, we reported a 46 years-old female patient with 10-year history of slowly growing erythematous plaques with shiny surface and irregular borders over her forehead, neck, right elbow, right dorsum manus, lower back, right pubis, and posterior right ankle. Apple-jelly appearance was found on dapsopy. Histopathology examination revealed epidermal atrophy, dermal fibrosis and hyalinization with multiple tuberculoid granulomas without caseating necrosis. Tissues culture did not grow *Mycobacterium tuberculosis*. All lesions showed good improvements after antituberculosis therapy. The diagnosis of lupus vulgaris in this patient was based on clinical, histopathological findings and response to antituberculosis therapy. **Keywords:** lupus vulgaris; atypical; generalized; diagnosis; keloid
STEVENS-JOHNSON SYNDROME/TOXIC EPIDERMAL NECROLYSIS-LIKE SKIN LESIONS IN SYSTEMIC LUPUS ERYTHEMATOSUS PATIENT

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Cutaneous lupus erythematosus (CLE) is a common manifestation of systemic lupus erythematosus (SLE). It has been classified as lupus specific (acute CLE, subacute CLE, chronic CLE) and lupus non specific. The most fatal and rare type of ACLE is toxic epidermal necrolysis-like ACLE. Stevens–Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN)-like LE is more likely to be diagnosed when there is initial photodistribution of the lesions, absence of genital involvement and a prolonged clinical course. This report describes a 32 year old woman with history of SLE who presented with manifestations of SJS/TEN without a clear drug causality. The patient came with photodistributed macular exanthema, which evolved to bullae and sheet-like detachment with involvement of oral and conjunctiva mucosa and positive nikolsky sign. Supportive laboratory results that confirming active SLE disease and exclusion of herpes infection as a other likely cause and lack of suspected drugs were more suggestive of a SJS/TEN-like LE. Improvement was seen with intravenous methylprednisolone. It is important to identify SJS/TEN-like LE as this condition is rare and can be difficult to differentiate with classic TEN and requires early and aggressive intervention. Keywords: systemic lupus erythematosus, cutaneous lupus erythematosus, Stevens-Johnson syndrome, toxic epidermal necrolysis

STRIAE ATROPHICANS IN INFLAMMATORY LINEAR VERRUCOUS EPIDERMAL NEVUS (ILVEN) CAUSED BY LONG-TERM TOPICAL STEROID USAGE

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Inflammatory Linear Verrucous Epidermal Nevus (ILVEN) is a rare disease which generally classified within the group congenital hematoma skin disease of embryonal ectodermal origin and as a variant of verrucous epidermal nevus that represent about 5% of all epidermal nevi.1,2 There are many treatment options for ILVEN but none of them have any satisfying and consistent result.2 The most commonly used are steroid topical agents. Some case studies reported that the steroid application gives various remission as the results. But long-term and widespread steroid application were not feasible because of the side effects.3 The aim of this case report is to describe the effects of long-term steroid usage. Education is needed in choosing the right therapy for ILVEN and prevention of possible side effects of therapy. We report a case of 18-year-old male with a history of the pruritic linear eruption on his right groin and lower leg. He went to the many doctors before and suspected that he was given topical steroid for a long period of treatment. He visited Sardjito Hospital with striae atrophicans on the right groin and linear papules on the right back also on the right lower leg. The skin biopsy from the right groin and lower leg confirmed alternating orthokeratosis and parakeratosis at the epidermis. The patient was diagnosed with ILVEN and striae atrophicans. Patients need to be educated regarding ILVEN disease, cessation of long-term topical steroid usage and special treatment for side effects of therapy that has occurred. Keywords: Inflammatory Linear Verrucous Epidermal Nevus, ILVEN, Steroid
VARICELLA IN THE THIRD TRIMESTER OF PREGNANCY: 2 CASE SERIES
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Varicella is an infectious disease caused by varicella zoster virus (VZV) and characterized by prodromal symptoms followed by erythematous maculopapular rashes that transform into vesicles and crusts. Varicella most often occurs in childhood, but can also be found among pregnant women. This case report highlights both maternal and fetal consequences of varicella occurred in the third trimester of pregnancy. The first patient, a 20 years old woman, G1P1A0, is on 40 weeks gestational age. Second patient is a 21 years old G1P1A0 woman with 39 weeks gestational age. Both of them presented with itchy erythematous patches and vesicles around her trunk, arms, and legs. Physical examination revealed multiple tear drop-shaped vesicles accompanied by skin erosions covered with crusts. Tzanck examination did not show any multinucleated giant cells in first patient, but was found in second case. Diagnosis of varicella for all case were made based on the anamnesis, clinical presentation, and laboratory examination. First patient was given caladine solution applied twice daily, antiviral is not needed because duration of illness already over 10 days. Those therapy resulted in an improvement of the skin lesions and the patient delivered a normal baby, the baby was observed for two weeks in case there is varicella perinatal lesion occurs. The second patient was prescribed with 800 mg acyclovir taken 5 times a day orally for 7 days and 500 mg paracetamol taken 3 times a day, showed improvement of the skin lesions and a normal baby was delivered. The baby was observed for two weeks. Even though uncommon, varicella infection in pregnancy can affect both maternal and fetal that lead to fatal outcomes. Hence, clinician must be aware of the potential maternal and transmission to fetal. Keywords: varicella, pregnancy, third trimester

EPIDERMODYSPLASIA VERRUCIFORMIS: REPORT OF A RARE CASE
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Epidermodisplasia verruciformis (EV) is a rare autosomal recessive genodermatosis characterized by an increased susceptibility to extensive infections by human papillomavirus (HPV) and skin malignancy. There are more than 30 EV-specific HPV (EV-HPV). Clinical symptoms begin in childhood with lesions resemble seborrheic keratoses, verrucous or pityriasis versicolor-like. These lesions are persistent and can progress into malignancy in about 30% of cases, especially lesions distributed on sun-exposed areas. Histopathological examination result is quite typical. We report a 58 years old male, with multiple varying persistent lesions ranging from hyperpigmented plaques with hyperkeratotic and verrucous surface to hypopigmented verrucous plaques, that started erupting since childhood and mainly distributed over sun-exposed areas. A diagnosis of epidermodysplasia verruciformis was made based on the characteristic clinical findings and the histopathological features. HPV Genotyping was done to help exclusion of infections caused by other HPV types. Patient was given retinoid topical and advised to avoid sun exposure. Regular follow-up was arranged to detect the development of premalignant and malignant skin lesions. Keywords: epidermodysplasia verruciformis, human papillomavirus
DISCREPANCY BETWEEN HISTOPATHOLOGICAL RESULT AND SKIN TISSUE CULTURE IN A CASE SERIES OF CHROMOBLASTOMYCOSIS
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Chromoblastomycosis is a chronic infectious dermatosis which caused by pigmented fungal species. The diagnosis of chromoblastomycosis is made from histopathological examination with or without confirmation of mycology, especially to rule out other differential diagnosis. Histopathological results showed specific characteristics with the medlar bodies as the hallmark of the diagnostic findings. Mycology examination should always be performed to determine the species of fungal. Here we report 3 cases of chromoblastomycosis which showed no growth of pigmented fungal colonies in mycological culture, but the histopathological appearance showed the characteristics to support the diagnosis. The aim of this report is mainly to explain the investigation procedures for the diagnosis of chromoblastomycosis in the form of histopathological examination and tissue culture, whether the differences in the results of these examination could affect the diagnosis, as well as the possibility that could cause a discrepancy between these results. Keywords: chromoblastomycosis, deep mycosis, pigmented fungi, histopathology, skin tissue culture.

CLINICAL VARIATION OF VERRUCOUS CUTANEOUS TUBERCULOSIS: 3 CASE REPORTS
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Verrucous cutaneous tuberculosis (VCTB) is a form of cutaneous tuberculosis that results from accidental inoculation of Mycobacterium tuberculosis in a previously infected or sensitized individual with a moderate to high degree of slowly evolving cell-mediated immunity (CMI). We reported 3 cases of VCTB with different clinical presentations. The aim to increase clinical alertness about the lesions that have high suspicion of VCTB so that clinicians able to diagnose and manage it properly in reducing patient morbidity. Case 1, 20- years-old male, hyperkeratotic plaque on the right buttocks with a central atrophy for 1 year. Case 2, 52-years-old male, since 23 years, serpiginous lesion and verrucous plaque in the left forearm. Case 3, 78-year-old male, nodular lesions and multiple verrucous plaques in the right lower limb for 20 years. The second and third case histopathologically supported VCTB, but the first case doesn’t. The tuberculin test of case 1 and 3 were positive. All cases improved with antituberculosis therapy. Microscopic examination is very difficult to obtain bacteria. Bacterial cultures needs weeks to get bacteria. In some studies, microscopic examination and culture were often negative. This allows the diagnosis to be seen from the good response to antituberculosis therapy as a diagnostic. In case of strong suspicion of M. tuberculosis infection and inconclusive specific tests, antituberculosis therapy trials can help in the diagnosis. Keywords: verrucous cutaneous tuberculosis, cutaneous tuberculosis, antituberculosis therapy
ZOSTERIFORM CUTANEOUS METASTASES FROM A CARCINOMA MAMMAE
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Cutaneous metastases have been reported with an increasing frequency ranging from 0.7-10.4% in
patients with cancer. Cutaneous metastases have varied clinical signs. Where most clinical signs are found
in the form of multiple nodules. Some other clinical signs can be in the form of an erythematous,
sclerodermoid, alopecia, and bullous form. Clinician especially dermatovenereologist should be
considered dermatomal cutaneous metastases are often initially diagnosed with herpes zoster, which is
common in oncology patients where these patients experience immunocompromised. A 62-year-old
woman with clustered papules and vesicles with erythematous patch at base, sometimes painful on the
right side of the chest in T5-T7 dermatomal distribution of 1 month duration. She had earlier undergone
mastectomy radical for breast carcinoma and was receiving chemo-radiotherapy completed in March
2018. A diagnosis of zosteriform cutaneous metastases was made and biopsy was done from the
representative lesion which showed malignant cells similarly with biopsy from the right carcinoma
mammas from the patient. Metastatic disease should be considered in the differential diagnosis of
zosteriform rash in oncology patient. Keywords: zosteriform cutaneous metastases, carcinoma mammas

PSEUDOFOLLICULITIS BARBAE WITH HYPERTROPHIC SCARS IN
A MELANESOID PAPUAN
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Pseudofolliculitis barbae is an inflammatory condition occurred on the beard. It is mostly seen
in Africans and only rare cases found in Asians. Papuan, one of Indonesian ethnicity groups, has dark skin
and curly hairs resembling physical appearance of Africans. Its hair characteristic put them at risk of
developing pseudofolliculitis barbae. The aim of this case report is to describe the inciting factors for
developing pseudofolliculitis barbae in the Melanesoid Papuan race. Establishing the early diagnosis is
compulsory to prevent the ill-progression of the disease. We report a case of 20-year-old Papuan male
with a 1-year history of having recurrent itchy bumps on the beard. The patient was diagnosed with neck
abscess and scrofuloderma from the previous hospital and underwent an incision with slight
improvement. He visited Sardjito Hospital with multiple large bumps below his chin. Cutaneous
examination revealed linear hypertrophic scars and ingrown hairs under small papules spread above the
bumps. Skin biopsy confirmed the hair invagination into the dermis. The patient was diagnosed with
pseudofolliculitis barbae with hypertrophic scars. The topical treatment of hydrocortisone, clindamycin,
and benzoyl peroxide relieved the symptoms and diminished the papules. Scar was persistent. As the hair
characteristic and shaving pattern elicited ingrown hairs, infrequent beard shaving lessened the recurrence
of the disease. Recognizing that individuals from a specific race, in this case the Melanesoid Papuan, have
higher risk of developing pseudofolliculitis barbae, might help dermatovenereologists to make proper
diagnosis and treatment to prevent complications. Keywords: pseudofolliculitis, ingrown hair, scar, Papuan, race
Drug reaction with eosinophilia and systemic symptoms (DRESS) is a hypersensitivity reaction which involve multi-organs and is caused by drug administration. Common drugs to cause DRESS are anticonvulsants, sulfonamide, trimethopim, metronidazole, minocycline and allopurinol. Cephalosporin class antibiotics can also trigger DRESS but in lower percentage. Beside drugs, human herpes virus (HHV) also plays a role in the occurrence of DRESS syndrome. It is found that HHV-6, HHV-7, Epstein Barr Virus (EBV) and cytomegalovirus (CMV) were detected simultaneously with the onset of DRESS syndrome manifestations. We reported a 29 years old female diagnosed with DRESS syndrome due to administration of cefadroxil, but also with increased titer of anti HSV-1 and anti HSV-2 IgG, anti HSV-1 and anti HSV-2 IgM, and CMV IgG. It is thought that the increase of antibody titers in this patient suggest that HHV activation has a role in the pathogenesis of DRESS. **Keywords:** Drug reaction with eosinophilia and systemic symptoms, cefadroxil, drug allergy, human herpes virus

**JUVENILE DERMATOMYOSITIS: ASSESSMENT OF DISEASE SEVERITY LEVEL USING DISEASE ACTIVITY SCORE**

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Juvenile dermatomyositis (JDM) is an autoimmune inflammatory disease involving skeletal muscle and skin in children before the aged of 16, with unknown etiology. Typical clinical features of JDM are typical rash and symmetrical muscle weakness. The morbidity and mortality rate of disease was quite high due to complications, so the indicators are needed to assess disease activity. To determine the severity of JDM, Disease Activity Score (DAS) is used which can be a specific indicator to determine immune activation and vascular damage related to autoimmune processes. Three cases of JDM were reported in children in the dermatology and venereology polyclinic of Dr. Sardjito, Hospital, Yogyakarta during the period 2015-2018. DAS has been assessed in all three cases with a mean score in the middle range. SAP assessment can help doctors know the severity of JDM easily and quickly. **Keywords:** juvenile dermatomyositis, disease activity score, gottron’s papule, heliotrope rash, muscle weakness

**SYSTEMIC CONTACT DERMATITIS ET CAUSA METAL: A CASE REPORT**

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Systemic contact dermatitis (SCD) is a systemic reactivation of a previous allergic contact dermatitis. Metal allergy may result in allergic contact dermatitis and also SCD. The most typical presentation of SCD are pompholyx and baboon syndrome, there is limited report and review that discussed generalized makulopapular as manifestation of SCD. A 56-year-old man over the past year complains of red and itchy skin in almost all of the body. Patients were previously treated with oral, topical steroids and oral antihistamine. Investigations in patch tests were conducted to found possible causes and positive results on metal allergens. Further management we focus on avoiding metal exposure and medical treatment with methyl prednisolone 16mg/day for three days, cetirizine 10mg/day and topical desoxymethasone in
vaseline album twice a day for two weeks. The exact pathophysiology underlying of SCD remains unknown, although it appears to be mediated by type 4 hypersensitivity reactions and possibly type 3 hypersensitivity reactions. Systemic contact dermatitis from dietary nickel intake is well recognized. The classic manifestation of SCD is a dyshidrosiform hand eczema, but dermatitis in any location can occur. One of manifestation of SCD due to metal allergen consists of a symmetric eruption localized to the elbow flexures, axillae, eyelids, side of the neck, and genital area. This pattern seems characteristic of the systemic contact dermatitis reaction. **Keywords**: Systemic contact dermatitis, patch test, metal

**PSORIASIS-MIMICKING LESIONS OF SECONDARY SYPHILIS IN HIV POSITIF PATIENT:**
A Case Report

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Syphilis is a sexually transmitted disease that is considered to be "the great imitator" because of the clinical appearance that resembles various types of skin diseases. The coincidence between syphilis and Human Immunodeficiency Virus (HIV) often occurs and the incidence increases especially in the male population who have sex with men. Uncommon syphilis clinical manifestations is common in HIV patients. This paper reports a 28-year-old man who was infected with HIV, came to Dr. Sardjito General Hospital's Dermatovenereology poly clinic, with complaint of scaly red plaques on the arms, legs, hands, feet and scrotum and accompanied by nail abnormalities that mimicking skin and nail abnormalities in psoriasis. Histopathology examination appropriate with secondary syphilis with psoriasiform acanthosis, neither hypogranulosis nor Monroe abscess, and a lot of lymphocytes and plasma cells infiltration in the upper dermis, perivascular, and periadnexa. Serological test showed positive result of Treponema Pallidum Haemagglutination (TPHA) and Venereal Disease Research Laboratory (VDRL) 1/32. Patient was treated with injections of benzathine penicillin G 2.4 million unit single dose. Skin and nail lesions improvement occurred 3 months after therapy. Variable clinical presentations of secondary syphilis in HIV disease may lead to wrong diagnosis and improper treatment. Biopsy can be used to make a diagnosis of atypical syphilis lesions. Syphilis patients with HIV infection more likely experience serological decline failure, recurrent infections, and slower treatment response than patients who are not infected with HIV. **Keywords**: psoriasis, secondary syphilis, HIV

**ASSESSMENT OF URTICARIA ACTIVITY SCORE 7 (UAS7) IN CHRONIC AUTOIMMUNE URTICARIA PATIENTS RECEIVING AUTOLOGOUS SERUM THERAPY**: CASE SERIES

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Chronic spontaneous urticaria (CSU) is an allergic skin disease that is mediated by mast cell, manifestation of urtica lesion, that may or may not be accompanied by angioedema, and lasting more than 6 weeks. Based on its pathomechanism, CSU is classified into autoreactive urticaria and autoimmune urticaria. Chronic autoimmune urticaria (CaU) is part of autoreactive urticaria and it is proven by the autoantibodies detection test. Autologous serum skin test (ASST) is one of the screening tests for CaU and autologous serum therapy (AST) is the treatment option at CaU. An objective and frequently used assessment for chronic urticaria is urticaria activity score (UAS). Disease activity and response to
treatment was measured by assessing total urticaria and pruritic intensity. This paper reported case series of chronic autoimmune urticaria based on clinical history, positive result of ASST, and antihistamines treatment daily, but urticaria still recurred or only slightly decreased, then AST 9 cycles 1-week interval was performed. UAS7 measurements were performed before starting AST, then every week until the 8th week after the last AST injection. In general, there is a decrease in UAS7 after AST compared to before AST, even up to the 8th week after AST, except in 1 patient that is probably due to idiopathic chronic urticaria. It is concluded that improvement in CaU and AST activity can be used as a therapeutic option for CaU. **Keywords:** chronic autoimmune urticaria, autologous serum therapy, urticaria activity score

**COEXISTENCE OF LOCALIZED DISCOID LUPUS ERYTHEMATOSUS AND DEEP MORPHEA**

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Coexistence of two or more connective tissue diseases (CTD) generally occurred in patient with systemic involvement. Coexistence in CTD that only involves the cutaneous without systemic involvement is rarely encountered. The incidence of discoid lupus erythematosus (DLE) and deep morphea generally occurred in productive age women. A case of localized DLE and morphea in a 50-year-old man was reported. The biopsy of left cheek revealed lichenoid reaction in the form of vacuolar degeneration, interface dermatitis, and found many macrophages in the upper dermis (pigment incontinence) supported diagnosis of DLE. A biopsy from the upper right back revealed stromal fibrocollagen in connective tissue with hyaline degeneration from the dermis to the subcutaneous and with Masson’s trichrome staining revealed collagen bundle from the upper dermis to subcutaneous fat that was interpreted as deep morphea. Anti dsDNA and ANA test showed negative results. This coexistence of DLE and morphea raises new challenge regarding its relationships, diagnosis, therapeutic, and management. **Keywords:** connective tissue diseases, deep morphea, direct immunofluorescence, discoid lupus erythematosus

**SCROTAL ANGIokeratoma WHICH WAS TREATED WITH ELECTROCAUTERY AND LONG PULSED Nd:YAG 1064 nm**

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Angiokeratoma is an asymptomatic, benign cutaneous vascular lesions, that clinically presents as well defined hyperkeratotic, red to black papules or plaques. The lesion of angiokeratoma can multiply, bleed, infections, and cause psychological disorders. A case of angiokeratoma which was occurred in 52 years old man was reported. From history taking and physical examination, there were some asymptomatic papules and plaques on the scrotum. Diagnosis was confirmed by dermoscopy examination which was revealed red lacunae with a withish veil, and from histopathologic examination showed hyperkeratosis, acanthosis, elongatio rete ridges, and blood vessel dilatation in papilla dermis. The patient was treated with electrocauter on right scrotum and LP Nd:YAG 1064 nm laser on left scrotum. After 7 days of second electrocauter therapy on right scrotum several lesions disappeared. Seven days after the first LP Nd: YAG 1064 nm laser on left scrotum, there were not significant results. Electrocauter has faster ability to destruction of tissue than LP Nd:YAG 1064 nm laser, but can cause scarring more often. **Keywords:** angiokeratoma, electrocautery, Nd:YAG
Ecthyma gangrenosum (EG) is a cutaneous finding that may be seen in patients with *Pseudomonas aeruginosa* bacteriemia. Most of the affected individuals have an underlying immunodeficiency such as HIV infection, tuberculosis infection, and malnutrition. There are reports of EG in apparently immunocompetent children, but the diagnosis should prompt a thorough investigation for occult immunodeficiency. Here we report two cases of EG in two pediatric patients with different immune status. Patient in case 1 was stage 4 HIV patient, while patient in case 2 was previously healthy child. Both of patients, we diagnosed as EG with clinical manifestation resembling noma on the face, and got systemic antibiotic and wound care with hydrocolloid gel and mupirocin cream. Mild improvement of two patients was observed in skin lesions, but patient in case 1 passed away at home with unknown etiology. EG in patients has a high mortality rate and early diagnosis and aggressive antibiotic treatment is imperative as it can improve prognosis of patient. **Keywords:** Ecthyma gangrenosum, HIV, noma, *Pseudomonas*, previously healthy child

Lichen nitidus is a lichenoid eruption, benign dermatosis, that clinically presents as papule. Characteristics of individual papule are pinpoint to pinhead-sized papules with a flat and shiny surface. A case of lichen nitidus which was occurred in 11-months-old boy was reported. From history taking and physical examination, there were some asymptomatic papules on the scalp, face, arm, and back. Diagnosis was confirmed by histopathologic examination that showed parakeratosis, elongatio rete ridges, and granuloma like reaction with infiltrates of lymphocytes, histiocytes, and as well as epitheloid cells. The patient was treated with moderate potency topical corticosteroids. After 54th day of observation, several lesion were thinning, but there had not been a significant improvement. Atypical presentation of LN may be easily missed diagnost, thus histopathology examination helps differentiation from other dermatoses such as molluscum contagiosum and verruca plana, to provide a thus definitive diagnosis and thus aid appropriate management. **Keywords:** histopathology, lichen nitidus, molluscum contagiosum
THORACIC HERPES ZOSTER AND SCABIES WITH SECONDARY INFECTIONS IN 8 YEARS OLD CHILD

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Herpes zoster (HZ) is a skin disease characterized by the presence of group vesicle lesions with erythematous bases, unilateral, distribution of lesions according to the affected dermatome, and can be accompanied by pain. This disease is generally caused by reactivation and multiplication of varicella-zoster virus (VZV). Scabies is a skin infection caused by Sarcoptes scabiei var hominis. The main signs in scabies are nocturnal pruritus, attacking humans in groups, lesions at the site of predilection, and finding mites or canalicles. This case report described thoracic HZ cases in children with scabies with secondary infections that were clinically enforced and treated with acyclovir 5x400 mg, cefixime 2x500 mg, and permethrin 5%. On the 8th day of observation, there were clinical improvements in some parts of the lesion to dry out and there were no new lesions. HZ lesions with scabies with secondary infection in children are rare but have a good prognosis, but if external factors such as staying in groups are not changed the recurrence of scabies can occur. Keywords: herpes zoster, scabies, varicella zoster virus, children

LICHEN STRIATUS IN WOMAN

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Lichen striatus is a rare dermatosis, generally self-limited, that affects mainly children, being rare reports in adults. Its etiology is still unknown. The most characteristic feature of lichen striatus is the linear arrangement of slightly raised, pink-red papules that form into a linear band. Most commonly the lesions are located on a lower extremity and commonly unilateral, and follow developmental lines of Blaschko. A lichen striatus case in a 35 year-old female was reported. On physical examination, there were raised, pink-red papules, follow Blaschko line on the left limb, that feels itch. From histopathological finding there was a lichenoid pattern with interface dermatitis that form band-like and lymphocyte infiltration in eccrine gland that support lichen striatus. For two weeks, 0.05% clobetasol propionate ointment applied twice a day. Treatment continued with 0.1 % tacrolimus ointment that gave twice a day. On the 52nd day of treatment, skin lesions became hypopigmented, hyperpigmented macules, and partially dissappeared. The aim of this study to report one case of rare cutaneous lichen striatus disease in woman and therapy using topical treatment still provide an effective result. Keywords: lichen striatus, woman, kortikosteroid, tacrolimus.
RECESSIVE DYSTROPHIC EPIDERMOLYSIS BULLOSA WITH A HISTORY OF CONSANGUINITY

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Epidermolysis bullosa (EB) is a congenital group of bullous disorder resulted from gene mutations in particular skin layers. Definitive diagnosis should be established by performing the immunomapping, genotyping, and transmission electron microscope examinations that are still uncommon. Nevertheless, detailed history taking which includes the finding of pedigree information and comprehensive physical examination could be beneficial to define the type of EB. Consanguinity is known to be more profound in dystrophic recessive types of EB. A case of EBDR in a 11-year-old boy with history of consanguinity in his parents is reported. Bullous lesions and erosions have been manifested since birth. The lesions became crusted and left atrophic scars when healed. Physical examinations also revealed alopecia and nail dystrophy. The patient was treated with modern wound dressing and showed good response on the first month of therapy as the erosions became dry, although new blisters still occur. Keywords: epidermolysis bullosa, epidermolysis bullosa dystrophic recessive, consanguinity

PSORIASIS VULGARIS WITH PREDOMINANT LESION IN SCALP ON 22 YEARS-OLD WOMEN

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Psoriasis is a chronic inflammatory and relapsing disease on the skin, characterized with alteration epidermal growth and development that can affect any part of the body. The scalp is often the initial site and almost 80% of patients with psoriasis eventually develop scalp psoriasis. A case of psoriasis vulgaris with a predominantly lesion on the scalp was reported on a 22 years-old woman with erythematous plaque, sharply thick scale on top of plaque since ten months. Physical examination revealed Auspitz and candle grease sign positive. The patient was diagnosed based on history and physical examination. Based on body surface area the patient was classified as moderate psoriasis, so the patient was treated with mometasone furoate 0,1% lotion on the scalp and cream on the intertriginous area twice a day for two week. Medium potent corticosteroid which was applied to all lesion give a clinical improvement with decreasing psoriasis area severity index (PASI) score at the day 43. Keywords: psoriasis, psoriasis vulgaris, scalp, erythematous plaque
CHRONIC ACTINIC DERMATITIS WITH LEONINE FACIES AS CLINICAL MANIFESTATION

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Chronic actinic dermatitis is one of idiopathic photodermatosis. It is a rare case that typically occurs in men aged over 50 years. Lesions can be erythematous macules, infiltrative erythematous plaques, to erythroderma. One case of chronic actinic dermatitis was reported in a 51-year-old female, with a history of erythematous plaque lesions on the face, the dorsal of the hands, forearms, and back. On physical examination, there were clinical manifestations of leonine facies and infiltrative plaques on both dorsal of the hands, forearms, and back. Patient was diagnosed based on characteristic and distribution of skin lesions, no history of application photosensitizer, and histopathological examination showed spongiosis reactions and infiltration of inflammatory cells in the epidermis and papillary dermis. Clinical manifestations of leonine facies can also occur in patients with chronic actinic dermatitis. Keywords: actinic, actinic dermatitis, leonine facies

HERPES ZOSTER IN 11 YEARS OLD CHILD WITH ADJUVANT THERAPY OF GLYCIRRHIZINIC ACID

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Herpes zoster (HZ) is a skin disease characterized by erythematous, maculopapular, and vesicular lesions that results from reactivation and multiplication of varicella-zoster virus (VZV). HZ rarely occurs in children. One of the topical treatments that can be administered is glycerrhizinic acid. The mechanism of action of glycerrhizinic acid is as an anti-oxidant, anti-inflammatory, and antiviral. The study of efficacy therapy with glycerrhizinic acid in HZ cases was limited. One case of an 11 years old girl with HZ cervical thoracic (C5-T1) sinistra was reported. This patient received oral acyclovir for seven day and topical spray glycerrhizinic acid three times daily. On the 8th day of observation, skin lesions have improved to hyperpigmented macules and serous crusts. This patient feels the skin disorder more comfortable with a cold sensation from initial application, reduce itching and vesicles change rapidly become serous crusts in 3rd day. Glycerrhizinic acid is one of the adjuvant therapies that can be used in the treatment of HZ. Further research is needed to identify the effectiveness of administration glycerrhizic acid in the adjuvant therapy of HZ. Keywords: Adjuvant therapy, children, glycerrhizinic acid, herpes zoster
CHROMOBLASTOMYCOSIS TREATED WITH ITRACONAZOLE AND TERBINAFINE
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Chromoblastomycosis is chronic fungal infection on skin and subcutaneous tissue caused by pigmented fungi. Clinical manifestations of chromoblastomycosis are macule, plaque, or nodule with verrucous surface. In several studies of chromoblastomycosis patients, who were given systemic antifungal monotherapy, it was found that not shown satisfactory results and associated with drug resistance. One case of chromoblastomycosis was reported in a 58-year-old male. The lesion presented as erythematous verrucous plaques on right thigh and right knee since 6 years ago. Direct microscopic examination and histopathological examination show sclerotic bodies or muriform cells, the examinations have revealed subcutaneous fungal infection. Patient administered with itraconazole 1x200 mg per day and terbinafine 1x250 mg per day. Clinical improvement, flatten verrucous plaque, was seen after 30 days of therapy. Chromoblastomycosis is very difficult to treat and until now the gold standard treatment is not available. Combination therapy itraconazole and terbinafine can be considered as one of the options for chromoblastomycosis therapy which shows a better therapeutic response. **Keywords:** Chromoblastomycosis, combination therapy, itraconazole, terbinafine

PITYRIASIS LICHENOIDE ET VARIOLIFORMIS ACUTA CONCOMITANCE WITH PITYRIASIS LICHENOIDES CHRONICA: A RARE CASE
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*Pityriasis lichenoides* (PL) has clinical characteristics eruption of erythematous papules and is divided into two forms, namely *pityriasis lichenoides et varioliformis acuta* (PLEVA) and *pityriasis lichenoides chronica* (PLC). PLEVA and PLC represent two ends of continous spectrum. A case of a 45 years old man with a recurring skin disorder for five years was reported. This case report aimed to show a PL which manifest as PLEVA and PLC at the same time. The skin abnormalities were predominantly erythematous papules accompanied with scales compatible with the PLC, while papules, vesicles, and hemorrhagic crusts compatible with PLEVA. On histopathological examination, lichenoid reactions which are an interface dermatitis, exocytosis of lymphocyte inflammatory cells to the spinosum layer, and perivascular lymphocytes was obtained. Patients were diagnosed with PLEVA and PLC. Topical 0,1% mometasone furoate cream and systemic erythromycin and methylprednisolone were given. On the 46th day of observation, the disease was improved, but new skin lesion still arose. The administration of methylprednisolone was stopped, while the erythromycin administration was planned for five months. PLEVA and PLC are polar ends of a clinicopathologic spectrum and clinically difficult to distinguish because individuals patients may exhibit a mixture of acute and chronic lesions sequentially or concurrently. The treatment requires a long period of time, accompanied with remission and recurrence periods. **Keywords:** *pityriasis lichenoides*, PLC, PLEVA.
Pemphigus vulgaris (PV) is an autoimmune blistering skin disease characterized by flaccid and easily ruptured blisters. About 50-70% cases involve oral mucosa. PV without mucous membrane involvement is classified as cutaneous PV (cPV) which is rarely found and has polymorphic skin lesion such as tense blister. A case of PV without mucous membrane involvement in a 66-year-old man was reported. From physical examination, there were tense and flaccid bullae on the scalp, face, neck, chest, abdomen, back, arms, and legs with negative Nikolsky sign. The diagnosis was established based on histopathological examination that showed suprabasal acantholytic and direct immunofluorescence (DIF) examination with result of immunoglobulin (Ig) G deposition. Patient treated with corticosteroid equivalent to prednisone 1 mg/kg/day which was tapered gradually and azathioprine 50 mg twice a day. Clinical improvement was seen on the 66th day of observation with no new lesions and old lesions became hyperpigmented macules. cPV is a rare phenotype, therefore histopathological examination and immunofluorescence are needed to support the diagnosis. Keywords: cutaneous pemphigus vulgaris, pemphigus vulgaris, tense blister

Pityriasis rubra pilaris (PRP) is a rare chronic papulosquamous disorder. Early lesions can appear mimicking psoriasis vulgaris that can lead to misdiagnosis. The diagnosis of PRP could not be established solely based on clinical manifestation. Therefore, the result of histopathological examination is helpful to rule out other papulosquamous diseases. The aim of this case report is to show that one case of PRP is established by histopathological examination and has a rapid response with topical treatment. A case of type 1 PRP in a 62 year-old-man, with a two-month history of erythematous macules and papules with scales all over the body, non-pruritic, with dry skin on both palmoplantar areas. Diagnosis was made based on histopathological examination showed psoriasiform and spongiotic reaction pattern, hypergranulosis, alternating orthokeratosis, and parakeratosis. A marked improvement was seen after one month therapy of 0.1% mometasone furoate cream and moisturizer. There are no specific diagnostic and treatment guidelines for PRP, due to its rarity and unknown etiology. The response of each patient's therapy to PRP is varying. The type 1 PRP is overall responsive and shows good improvement in 3 years on average. Keywords: alternating orthokeratosis parakeratosis, histopathological, pityriasis rubra pilaris
HERPES ZOSTER OPHTHALMICUS ET MAXILLARY DEXTRA WITH SKIN AND ORAL MANIFESTATIONS
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Herpes zoster (HZ) is a skin disease caused by reactivation of the varicella zoster virus (VZV), with distribution based on the affected dermatome. Facial and oral lesions are result from HZ with involvement of the trigeminal nerve. Physician should have a thorough knowledge about the clinical condition of oral lesion to prevent the possible complication that need special attention. Oral complications including periodontitis, pulpal necrosis, periapical lesion, root resorption, and bone teeth necrosis. The purpose of this case report is to report HZ ophthalmicus and maxillary dextra with skin and oral mucosal manifestations, which is a rare case. A case of herpes zoster ophthalmicus and maxillary dextra was reported in a 54 years old male with skin and oral mucosal involvement. The patient was diagnosed based on history and physical examination. The patient was treated with valacyclovir 3x1000 mg, methylprednisolone 2x8 mg, mefenamic acid 3x500 mg, ranitidine 2x150 mg, and mecobalamin 3x500 mcg. Clinical improvement in this patient appeared on day 6 after treatment. **Key word:** Herpes zoster, herpes zoster ophthalmicus, herpes zoster maxillary, oral manifestations

SUBCUTANEOUS PANNICULITIS-LIKE T-CELL LYMPHOMA: ONE RARE CASE IN 20-MONTHS-OLD BOY
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Subcutaneous panniculitis-like T-cell lymphoma (SPTCL) is uncommon, especially in children. The diagnosis of SPTCL is challenging, because clinical and histopathological manifestations can resemble other diseases. A case of SPTCL in 20-month-old child, with edema on the periorbital area and left side of the face presented with scales, plaques, and purpura. There were also hepatomegaly and pancytopenia. The patient was first diagnosed as Langerhans cell histiocytosis (LCH) with cutaneous lymphoma as differential diagnosis. However, histopathological and immunohistochemical (IHC) features do not support LCH. Based on IHC examination, there were positive results of CD3, CD8, and Ki-67 with high proliferation which supported the diagnosis of SPTCL. Clinical, histopathological, and IHC examinations must be carried out to establish the diagnosis of SPTCL. **Keywords:** children, immunohistochemical, Subcutaneous panniculitis-like T-cell lymphoma (SPTCL), periorbital oedema
EARLY ONSET GENERALIZED PUSTULAR PSORIASIS
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Generalized pustular psoriasis (GPP) is a rare, acute and severe form of psoriasis. The common onset of GPP occurs in adulthood and rarely in adolescence. One GPP case was reported in a 24-year-old male who experienced recurrence GPP with initial onset when patient was 13 years old. The precipitating factors of the patient were suspected from dental infection and smoking. The diagnosis was made based on the clinical manifestation of group of pustules with erythematosus base forming lake of pus and histopathology feature showing subcorneal vesicobullous blister with polymorphonuclear cell infiltration. The patient was prescribed methotrexate 15 mg weekly and showed clinical improvement in a month. Early onset and recurrent GPP was correlated with IL36RN gene mutation. The IL36RN gene examination was not conducted in this patient. Education and prevention are important factors in GPP management. Keywords: early onset, generalized pustular psoriasis, IL36RN mutation, pustular psoriasis

VENOUS ULCER AND ATROPHIE BLANCHE ON PATIENT WITH CHRONIC VENOUS INSUFFICIENCY
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Chronic venous insufficiency (CVI) is a venous disorder which manifest in skin lesions such as hyperpigmentation, atrophie blanche, and ulcer. It is a chronic, recurrent, and recalcitrant diseases that affect patient quality of life. About 1% of the world’s population has episode of CVI. The pathogenesis of CVI is a complex process, starts from venous hypertension either caused by structural or functional deficiency, lead to inflammation of adjacent tissues such dermis and epidermis, and ultimately manifest as skin changes such as dermatitis and ulcers. The CEAP classification is made from clinical manifestation (C), etiology (E), anatomical site (A), and pathophysiology (P) to determine the severity and management of CVI. One case of CVI class C6EpAsPr, including venous ulcer with skin hyperpigmentation and atrophie blanche, was reported on a 64 years old woman. Diagnosis was established by history taking, physical examination, and ultrasonography (USG) Doppler examination. Main goal for treatment of CVI is to prevent venous hypertension and further inflammation. It could be achieved by compression stocking to improve venous circulation. Topical corticosteroid with mometasone furoate 0.1% cream and oral ciprofloxacin 500 mg twice daily was given for inflammation and infection. Improvement was seen after 52nd day of treatment. Keywords: chronic venous insufficiency, stasis dermatitis, venous ulcer
MULTIFOCAL TUBERCULOSIS VERRUCOSA CUTIS THAT INITIALLY DIAGNOSED AS CHROMOMYCOSIS
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Tuberculosis verrucosa cutis (TVC) is a paucibacillary form of cutaneous tuberculosis (TB) caused by exogenous reinfection Mycobacterium tuberculosis (M. tuberculosis). Chromomycosis is a chronic fungal infection of the skin and subcutaneous tissue caused by dematiaceous fungi. TVC is often misdiagnosed as chromomycosis because of the clinical features similarity. Most patients have only a solitary lesion. The occurrence of cases with multiple lesions on different areas of the body is rare. A case of multifocal TVC initially suspected as chromomycosis in a 23-year-old male was reported. From physical examination, there were verrucous and erythematous plaque with serpiginous pattern on the left elbow and soles of the feet and also erythematous plaque with active border and central clearing on the abdomen and upper right leg. The diagnosis of TVC was based on positive result of polymerase chain reaction (PCR), appropriate clinical manifestations, histopathologic features of TVC, and clinical improvement after one month of antituberculosis drugs therapy. It is important to define the etiology of the disease with chronic verrucous lesions for the accuracy of therapy. Keywords: chromomycosis, multifocal, tuberculosis verrucosa cutis

GENERALIZED FIXED DRUG ERUPTION ASSOCIATED WITH HORMONAL CONTRACEPTION
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Fixed drug eruption (FDE) is a drug-induced cutaneous reaction that occurs at the same site with each exposure to a medication and usually manifests as round or oval, sharply demarcated erythematous or hyperpigmented macules and plaques. It usually presents as a solitary lesion, but multiple eruptions can also develop, and called as generalized FDE that is rarely seen. Although diagnosis of FDE is easy for dermatologists, recognition of the offending drugs may be problematic. Generalized FDE is not often fatal but sometimes results in aesthetic problems. The aim of this case report was to showed hormonal contraception-induced generalized FDE as a rare case. A case of generalized FDE in a 36-year old female with clinical manifestation of dusky-red and brownish, round and oval, well-circumscribed macules and plaques of varying sizes scattered all over the body. Patient revealed the appearance of similar lesions at the same sites since 7 years ago. Past history revealed that she took oral contraception daily or injectable contraception monthly. Patch test was negative, but oral provocation test gave positive result. She was treated with systemic corticosteroid and oral antihistamine. The lesions were healed with residual hyperpigmentation. Keywords: estrogen, generalized fixed drug eruption, hormonal contraception, progesterone
GENERALIZED ANNULAR PUSTULAR PSORIASIS: A RARE CASE
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Pustular psoriasis is one type of psoriasis that has four clinical patterns; generalized (von Zumbusch), annular, impetigo herpetiformis, and localized. Annular pustular psoriasis (APP) is a rare type of pustular psoriasis with recurrent course and frequently misdiagnosed as subcorneal pustular psoriasis (SPD). A case of APP in a 17-year-old girl was reported. From history taking, the first pustule was appeared when she was 7 days-old and it has been relapsed five times. From physical examination, there were multiple pustules with annular erythematous base on almost entire body. The histopathological result showed mild acanthosis, exocytosis of neutrophils, lymphocytic infiltration, and vascular dilatations, which supported the diagnosis of PPA. Patient was treated with topical corticosteroid, tar, moisturizer, and methotrexate 15 mg per week. Clinical improvement was seen on the 60th day of observation. The diagnosis of PPA should be considered for any skin lesions with annular pustules, especially if present in children. Keywords: annular pustular psoriasis, pustular psoriasis, psoriasis

THE IMPORTANCE OF EARLY DETECTION OF MULTIDRUG THERAPY RESISTANCE IN LEPROSY: A NEW CASE REPORT FROM WEST JAVA
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Drug resistance could inhibit leprosy eradication. Multidrug treatment failure is still an important issue in disease control. A case of lepromatous leprosy (LL) patient who was resistance to rifampicin was reported in a 38-year-old male from Garut, West Java. The patient came for treatment with complaints of black spots on almost all parts of the body that were numb. Acid fast bacilli microscopic examination of the skin slit smear revealed the mean bacterial index (BI) and mean morphological index (MI) was 5+ and 89.3% before therapy and after consuming 7 blisters multidrug therapy (MDT) multibacillary (MB) mean BI and MI became 5+ and 94.3%. Diagnosis of patient was based on history taking, physical examination, and histopathological. Resistance examination using deoxyribonucleic acid (DNA) sequencing revealed positive resistance to rifampicin. Resistance should be established before treatment is complete. Periodic BI and MI examinations in patients are important to identify possibility of resistance to treatment. Keyword: multibacillary leprosy, resistance, rifampicin

THE EFFECT OF VITAMIN D SUPPLEMENTATION ON GENERALIZED PUSTULAR PSORIASIS PATIENT WITH PEMPHIGUS ERYTHEMATOUS
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Generalized pustular psoriasis (GPP) and pemphigus erythematous (PE) are diseases of immune system disorders. Some studies focus on the benefits of vitamin D for the immune system. One case of GPP with PE was reported in a woman with clinical manifestations in the form of erythematous macules, pustules, and "lake of pus" appearance. The erosion and scales were also found in almost entire parts of the body. The diagnosis is made from clinical and histopathological features. Patients were treated with methotrexate, azathioprine and methylprednisolone. The patient was given vitamin D supplementation with a dose of 5000IU for 68 days. Skin lesion was improved as vitamin D level in blood increased.
Vitamin D may be useful as an additional therapy for GPP and PE patients. **Keywords:** Generalized pustular psoriasis, pemphigus erythematos, vitamin D

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**A RARE CASE: CHROMOBLASTOMYCOSIS THAT WAS TREATED BY SYSTEMIC ITRACONAZOLE**

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Chromoblastomycosis is a localized, non-infectious, chronic subcutaneous skin and tissue infection caused by pigmented fungi. It is commonly formed from trauma that contaminated by environmental fungi. A case of right-foot chromoblastomycosis was reported in a 78-year-old man since 15 years ago. The diagnosis of chromoblastomycosis is based on history taking and physical examination of erythematous plaque with verrucose surface, partially covered with scales and black spots and findings of sclerotic body on direct examination with 10% potassium hydroxide solution and histopathologic examination. The patient was given oral itraconazole 200 mg daily for 6 months and was clinically improved. **Keywords:** Chromoblastomycosis, Itraconazole

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**MULTIPLE ULCERATIVE LUPUS VULGARIS IN A PATIENT WITH MULTIFOCAL SYSTEMIC TUBERCULOSIS**

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Lupus vulgaris (LV) is one variant of cutaneous tuberculosis (TB) with various clinical manifestation. Multifocal systemic TB (MSTB) is an infection of *Mycobacterium tuberculosis* (*M. tuberculosis*) in two or more extrapulmonary organs with or without lung involvement. Cutaneous involvement in MSTD is uncommon. The aim of this case report was to describe a case of multiple ulcerative LV with pulmonary TB, meningitis TB, and arthritis TB in a 25-year-old male. Physical examination revealed nuchal rigidity and swollen joint on the left elbow. On dermatological examination revealed multiple ulcers in several parts of the body. The results of polymerase chain reaction of skin biopsy and GeneXpert® from cerebrospinal fluid and sputum revealed positive for *M. tuberculosis*. Contrast-enhanced computed tomography scan of the brain revealed meningeal thickening and hydrocephalus. Chest and elbow radiographs supported the diagnosis of pulmonary and arthritis TB. The patient was treated with anti-tuberculosis drugs category I and dexamethasone with a good therapeutic response. Meticulous systemic examinations and relevant investigations have to be done to explore other organ involvement in patient presenting with cutaneous TB. **Keywords:** cutaneous tuberculosis, dermoscopy, lupus vulgaris, meningitis tuberculosis, multifocal systemic tuberculosis
RAMSAY HUNT SYNDROME: A RARE COMPLICATION OF HERPES ZOSTER ON THE FACE
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Ramsay Hunt syndrome (RHS) is a rare complication of herpes zoster (HZ). It characterized by the presence of vesicular rash in the external ear and unilateral two thirds of the tongue with associated unilateral peripheral facial nerve palsy. We reported a case of 83-year-old male diagnosed with HZ maxillaris and mandibularis with RHS. Diagnosis of RHS based on the presence of mouth skewed to the right, multiple erosions on unilateral palatum molle and lateral two thirds of the tongue associated with otalgia, vertigo, and tinnitus. Tzank smear revealed the presence of multinucleated giant cells. The patient was given acyclovir and methylprednisolone 56 mg daily per oral. On day 7 of treatment there were improvement in facial nerve functions, recovery of otalgia, vertigo, tinnitus, and drying up of the skin lesion. Rapid diagnosis and correct treatment should be performed in a case of RHS to avoid permanent facial nerve dysfunction. Keywords: acyclovir, herpes zoster maxillaris and mandibularis, methylprednisolone, Ramsay Hunt syndrome

SUCCESSFUL TREATMENT OF HYPERPIGMENTED PITYRIASIS VERSICOLOR WITH ADAPALEN 0.1% GEL: A CASE REPORT
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Pityriasis versicolor (PV) is a superficial fungal infection caused by Malassezia spp. This disease responds well to a variety of topical and systemic treatments. Topical treatment options include both nonspecific and specific agents. Adapalene belongs to nonspecific antifungal agents. The aim of this case report was to report a case of hyperpigmented PV which was treated with adapalene 0.1% gel. The diagnosis of PV based on clinical manifestation, direct microscopic examination and dermoscopic evaluation. Microscopic features of Malassezia spp. visualized by KOH 10% and methylene blue 1% staining. Dermatological examination revealed slightly pruritic, hyperpigmented macules without obvious scales on lateral side of chest. Microscopic examination revealed short hyphae and round spores with spaghetti and meatballs appearance. Dermoscopy examination revealed a pigmented network with fine scales. The fine scale on the involved skin can be readily observed by dermoscopy without the need of scratch, hence clinicians could distinguish the lesion from other causes of cutaneous hyperpigmentation. Clinical improvement and mycological cure was achieved on the third week of therapy. Adapalene was the favorable option in the treatment of hyperpigmented PV. Keywords: adapalen 0.1% gel, dermoscopy, hyperpigmented pityriasis versicolor, methylene blue 1% staining, spaghetti and meatballs appearance.
SUCCESSFUL TREATMENT OF ROWELL’S SYNDROME IN JUVENILE NEUROPSYCHIATRIC SYSTEMIC LUPUS ERYTHEMATOSUS USING METHYLPRÉNISOLONE AND CYCLOPHOSPHAMIDE PULSE THERAPY: A CASE REPORT

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Rowell’s syndrome (RS) is a rare disease characterized by targetoid lesions in patients with lupus erythematosus (LE). Neuropsychiatric systemic lupus erythematosus (NPSLE) is a serious and potentially life-threatening manifestation of SLE. The aim of this case report is to present a case of RS associated with NPSLE in a 15-year-old girl. The physical examination revealed multiple erythematous macules with targetoid lesions. The laboratory examination revealed mild anemia and a renal dysfunction. The serological examination revealed speckled patterns of anti-nuclear antibody (ANA) with a titer of 1:640, and positive anti-dsDNA, anti-Ro (SS-A), and anti-La (SS-B). The histopathological examination revealed lichenoid dermatitis with perivascular inflammatory infiltration of lymphocytes, which supports the diagnosis of LE. The head CT scan revealed cerebellar atrophy. Based on the clinical symptoms, laboratory tests, and histopathological examination, the diagnosis of RS with NPSLE was established. The patient was treated with methylprednisolone pulse therapy (1000 mg) for three consecutive days and cyclophosphamide pulse therapy (750 mg/m² body surface area) with clinical and laboratory improvements within two weeks. There are several possible diagnoses for targetoid skin lesions such as erythema multiforme. Comprehensive investigations are crucial to establish a correct diagnosis.

Keywords: cyclophosphamide pulse therapy, methylprednisolone pulse therapy, neuropsychiatric lupus erythematosus, Rowell’s syndrome, targetoid lesions.

OCULAR SYPHILIS AND NEUROSYPHILIS IN MEN WHO HAVE SEX WITH MEN IN HUMAN IMMUNODEFICIENCY VIRUS POSITIVE AND NEGATIVE PATIENTS

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Incidence of neurosyphilis has increased significantly with the incidence of syphilis cases. Its incidence increases in patients with infection of human immunodeficiency virus (HIV) and the population of men who have sex with men (MSM). The most common manifestation of ocular syphilis is uveitis. Two neurosyphilis cases with early manifestations of ocular syphilis were reported in MSM, with one case accompanied by HIV positive patient. In the first case there was a visual impairment, venereal disease research laboratory (VDRL) and Treponema pallidum hemaaglutination assay (TPHA) serum titer and cerebrospinal fluid showed reactive result. In the second case with HIV positive, there was a visual impairment, VDRL and TPHA serum titer and reactive cerebrospinal fluid, and also paresis of nerves VI, VII and XII. Both patients were given procaine penicillin 2.4 million units and probenecid 2 grams per day for 14 days. Early diagnosis and treatment of neurosyphilis is important to prevent complications.

Keywords: human immunodeficiency virus, neurosyphilis, ocular syphilis, TPHA, VDRL
THREE CASES OF EARLY SYPHILIS TREATED WITH CEFTRIAXONE
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Syphilis is a multi-stage infectious disease caused by Treponema pallidum subspecies pallidum (T. pallidum). Penicillin is the gold standard for treating syphilis. However, allergic reaction and shortage of this drug remain a challenging problem. Indonesia is one of the countries with penicillin shortage, this situation sometimes requires other drugs as an alternative treatment for syphilis. Ceftriaxone, a third-generation cephalosporin antibiotic, is a promising alternative for the treatment of syphilis. Several studies have shown its effectiveness for treating early syphilis. The aim of this case report to show three cases of early syphilis treated with ceftriaxone. Patient in case 1 was diagnosed with early latent syphilis. Patient in case 2 and 3 were diagnosed with secondary syphilis and human immunodeficiency virus (HIV) stage I. All cases in this case report was treated with 1 gram ceftriaxone intramuscular for 10 days. Veneral disease research laboratory (VDRL) titer was decreased 4 times for case 2, and three times for case 3 in the 1st month after therapy. In case 1, VDRL titer was decreased 8 times in the 3rd month. Ceftriaxone is an alternative drug for treating early syphilis and have comparable effectiveness as penicillin. Keywords: Ceftriaxone, early syphilis, veneral disease research laboratory (VDRL)

HYPERTOPhic LICHEN PLANUS MIIMicking TUBERCULOsis verrucosa cutis in a 8 YEARS OLD GIRL
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Lichen planus (LP) is a common inflammatory disorder that affect the skin, hair, nails, and mucous membranes. LP commonly occur in the middle aged and elderly, but rarely occurs in children. Cutaneous classic LP consisting of “6p” that presents as papules or plaques that are planar, polygonal, pruritic, and purple. LP is divided to several clinical variants, so the clinical manifestation could mimic any other dermatologic condition including tuberculosis verrucosa cutis (TVC). This is a case report of 8-years-old girl, who presented with verrucous plaque on the right elbow of three months duration that sometimes itch. The lesion morphologically suggestive of TVC. However, the supporting examination for TVC were negative and the histopathology examination showed lichenoid dermatitis. A correlation of the clinical presentation and the histopathology established a diagnosis of hypertrophic LP. Differential diagnosis of hypertrophic LP should be considered in patient who revealed verrucous plaque, in order to give an early and appropriate treatment. Keywords: hypertrophic lichen planus, mimicking tuberculosis verrucosa cutis.
KAPOSI’S SARCOMA IN ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) PATIENTS

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Opportunistic infections are common in human immunodeficiency virus (HIV) infection. Kaposi's sarcoma (KS) is one of many opportunistic infection in HIV-infected patient, appeared as multifocal endothelial cell malignancies. Clinical manifestations of KS are vary depending on the stage of the disease, ranging from reddish macules to purplish plaques and nodules. KS lesions could be as signs of HIV infection. Early diagnosis of HIV infection is important for early treatment, so that it can reduce the risk of HIV transmission, inhibit the worsening of opportunistic infections, improve the quality of life of patients, and reduce the number of viruses. A case of Kaposi’s sarcoma with HIV infection reported in a 23-year-old male. In this patient, HIV infection just recognized in KS stage T11S1 with other opportunistic infections and poor general conditions. Knowledge of the clinical manifestations of skin abnormalities in HIV infection is important for early diagnosis and therapy. Keywords: AIDS, Kaposi’s, sarcoma

ERYTHEMA INDURATUM OF BAZIN MIMICKING DEEP MORPHEA: A RARE CASE

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Panniculitis is an inflammation of subcutaneous fat tissue with diverse etiologies. Deep morphea is a septal panniculitis without vasculitis while erythema induratum of Bazin (EIB) is a lobular panniculitis with vasculitis which is caused by Mycobacterium tuberculosis (MTB) infection. A rare case of EIB mimicking deep morphea was reported, in a 35-year-old female. The clinical manifestations are slightly tender red-violaceous nodules on her both legs and deep skin atrophy with hyperpigmentation and cigarette paper wrinkling. The results of histopathological examination with normal Masson’s trichrome staining were nonspecific dermatitis from atrophic skin and granulomatous inflammation from nodule. But from the new nodule we found lobular panniculitis with granulomatous inflammation until subcutaneous tissue consist of epithelioid cells, caseous necrosis, and Langhan’s giant cells. Tuberculin skin test (TST) was positive, polymerase chain reaction (PCR) examination for MTB was positive, and nuclear 99mTc-ethambutol scintigraphy was positive for tuberculosis infection in 1/3 distal left lower leg. Two months after anti-tuberculosis therapy there were clinical improvement. We must consider EIB when we found tender or slightly tender nodules on lower legs in endemic area of tuberculosis infection. Keywords: deep morphea, erythema induratum of Bazin, Mycobacterium tuberculosis, panniculitis
FIBROEPITHELIAL POLYP SUPERIMPOSED WITH VITILIGO:  
A RARE CASE IN VULVA  
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Fibroepithelial polyp (FEP) is a benign mesenchymal lesion which is usually hyperpigmented and appears as surface nodule or papilloma on healthy skin. Its sizes are varies from 2-5 mm up to 5 cm in diameter. Any skin fold including groin may be affected. Genital presentation in females has a greater predilection for the vulvovaginal region. Vitiligo, is a chronic systemic disease that mainly affects melanocytes from epidermis basal layer leading to achromatic or hypochromic patches. A rare case of a large fibroepithelial polyp (FEP) superimposed with vitiligo of the vulva is described. The polypoidal growth was 3 cm in its largest diameter and was found arising from the labia minora and majora. The patient was planned to do the excision for FEP and topical corticosteroid treatment for vitiligo. A large FEP with vitiligo of the vulva is a rare occurrence and hence reported. **Keywords:** fibroepithelial polyp, vitiligo, vulva  

PUNCTATE PALMOPLANTAR KERATODERMA: A RARE CASE  
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Punctate palmoplantar keratoderma (PPPK) is a rare case and it is one type of inherited palmoplantar keratoderma. PPPK has clinical manifestations of multiple hyperkeratotic papules with histopathological features as hyperkeratosis, orthokeratosis, hypergranulosis, and acanthosis. Diagnosis of PPPK was based on clinical manifestations and histopathological examination results. One case of PPPK in a 25-year-old man was reported. On history taking, similar complaints were found in the family and physical examination revealed hyperkeratotic papules and plaques that did not feel itchy nor painful. Histopathological result showed hyperkeratosis, orthokeratosis and hypergranulosis. Until now there’s still not been found the effective therapy for PPPK. Based on these results patient was diagnosed as PPPK. Patient was given 20% salicylic acid in vaseline album therapy until now. Clinical improvement on 13th day of treatment. **Keywords:** Genetic, hyperkeratosis, palmoplantar keratoderma, punctate, salicylic acid  

NEUROSYPHILIS WITH CRANIAL NERVE PALSIES AND HUMAN IMMUNODEFICIENCY VIRUS INFECTION IN A MAN WHO HAD SEX WITH MAN  
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The incidence of neurosyphilis increases concomitantly with early syphilis, especially in human immunodeficiency virus (HIV) infected patients, and men who have sex with men (MSM) population. Neurosyphilis can occur at any stages of syphilis, and as many as 67% of cases were asymptomatic. A neurosyphilis case with VII and XII cranial nerve palsy was reported in 25 year-old MSM patient with HIV infection which considered as treatment failure. On the follow-up of benzathine penicillin G (BPG) therapy, venereal disease research laboratory (VDRL) titers did not achieved fourfold decrease in six
months without neurological evidence. The results of cerebrospinal fluid (CSF) examination, VDRL titer 1:2, leukocyte 16 cells/µL and protein 48.8 mg/dL. The patient was treated with 2.4 million units procaine penicillin G and probenecid 2 grams daily for 14 days, and CSF will be examined after six months. The initial treatment follow-up is very important to determine treatment response and possible neurosyphilis cases. Keywords: neurosyphilis, men who have sex with men, human immunodeficiency virus.

SUCCESSFULL TREATMENT OF ANOGENITAL WARTS WITH BACILLUS CALMETTE GUERIN VACCINE: TWO CASES
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Anogenital warts (AGWs) are benign proliferations that caused by human papillomavirus (HPV) infection on the genital or anal areas. Various therapeutic options are available for the treatment of AGWs, but there is no best or ideal therapy, and the recurrence of AGWs is quite high. Immunotherapy with intralesional bacillus calmette guerin (BCG) vaccine seems to be a promising new approach for AGWs, but still needs to be evaluated. The aim of this case report to report two cases of HPV infection with manifestations of condyloma acuminata type AGWs in immunocompetent patients who receiving single-dose intralesional BCG vaccine in largest lesion. Clinical improvements of AGWs lesions were noted starting from the 14th day of follow up after receiving therapy by disappearance of some lesion with no recurrence and side effect. Intralesional BCG vaccine activates the immune system that it has the advantage of being able to treat other AGWs lesions that do not get intralesional injection and prevent recurrence. In this case, intralesional BCG vaccine is effective for treating AGWs but still needs to be evaluated for its recurrence. Keywords: anogenital warts, condyloma acuminata, bacillus calmette guerin, intralesional, recurrence

CO-INFECTION OF LEPROMATOUS LEPROSY WITH PULMONARY TUBERCULOSIS AND SPACE OCCUPIYING LESION DUE TO TUBERCULOMA

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Co-infection of leprosy and tuberculosis (TB) is a rare condition. The relationship between the two of them is still being a debate. Tuberculoma is one of the manifestation for extrapulmonary TB in the brain. One case of co-infection of leprosy with pulmonary TB and intracranial space occupying lesion (SOL) due to tuberculoma in a 35-years-old man was reported. On physical examination, there were hypoesthesia hyperpigmented macules and painful erythematous nodules on both arms and legs. The slit skin smear examination revealed bacterial index (BI) 5+. Histopathological examination supporting the diagnosis of lepromatous leprosy (LL) and erythema nodosum lepromsum (ENL). Chest radiographic and gene Xpert® examination supporting the diagnosis of pulmonary TB, and head computerized tomography (CT) scan examination showed tuberculoma. Patient was treated with multi-drug therapy for multibacilar (MDT-MB), category I fixed dose drug combination (FDC) antituberculosis, and corticosteroid. On the 36th day of followed up, the patient was died due to respiratory failure caused by pulmonary TB and tuberculoma. Co-infection of leprosy and TB could change the prognosis of leprosy. Therefore, the examination for possibility of co-infection of TB in a leprosy patient is needed. Keywords: lepromatous, lepromatous leprosy, leprosy, tuberculoma, tuberculosis

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CUTANEOUS ATYPICAL MYCOBACTERIUM INFECTION PREVIOUSLY DIAGNOSED AS CHROMOMYCOSIS

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Chromomycosis is a chronic fungal infection on the skin and subcutaneous tissue caused by pigmented fungi (*dematiaceous*). Non-tuberculous mycobacterium (NTM) is a facultative pathogen infecting humans through inhalation, ingestion, or direct penetration through the skin. Clinical manifestations of NTM infection are verrucous plaque or nodule that initiated with trauma on dorsum manus or pedis as the most infected area. Diagnostic examinations for NTM infection is culture, polymerase chain reaction (PCR), and microscopic examination with Ziehl-Neelsen staining. Clinical manifestation of NTM infection and chromomycosis is difficult to distinguish. One case of cutaneous atypical mycobacterium infection that was previously diagnosed as chromomycosis was reported. On physical examination, there was a verrucous plaque on the right dorsum pedis that did not feel itchy nor painful. Fungal culture result was negative, but the PCR result has revealed the deoxyribonucleic acid (DNA) of NTM, supporting the diagnosis of cutaneous atypical mycobacterium infection. The patient was administered with ciprofloxacin 2x500 mg/day for about 6 months. Improvement of the lesion was seen on day 15 after therapy. **Keywords:** chromomycosis, cutaneous atypical mycobacterium, mycobacterium, non-tuberculous mycobacterium

SPLIT THERAPY USING 0.1% MOMETASONE FUROATE CREAM AND 1% PIMECROLIMUS CREAM IN ONE CASE OF INVERSE PSORIASIS

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Inverse psoriasis is one of psoriasis form which lesions may be localized in the major skin folds. Scaling is usually minimal or absent and the lesions show a glossy sharply demarcated erythema. Topical corticosteroid (TC) is the first line therapy for inverse psoriasis, while topical calcineurin inhibitor (TCI) is one of the alternative of TC for psoriasis treatment. TCI is known to have good response for inverse psoriasis on long term therapy with minimum side effects, while TC is known to have several side effects on long term therapy. A case of inverse psoriasis which treated by 0.1% mometasone furoate cream on the left thigh and 1% pimecrolimus cream on the right thigh with an improvement in three weeks on the left thigh which lesions become thinner and six weeks on the right thigh which the erythema of the lesions are faded but not with the thickness was reported. There was a fine telangiectasia based on dermoscopy examination on the left thigh after the use of 0.1% mometasone furoate cream in three weeks, therefore the therapy was changed to 2.5% hydrocortisone cream. It was concluded that TC is more effective than TCI for short term therapy with fine telangiectasia as a side effect. **Keywords:** calcineurin inhibitor, corticosteroid, inverse psoriasis, mometasone furoate, pimecrolimus
Morphea, also known as localized scleroderma, is a fibrosing disorder of the skin and underlying tissue. Generalized type of morphea is characterized by more than four lesions in at least two of the seven different anatomical locations. The most commonly used treatment for morphea are immunosuppressive agents, nevertheless may produce potential side effects. Physalis angulata (P. angulata) is a traditional herb that has an anti-inflammatory effect and could be potential to become one of the therapies for morphea. The aim of this case report is to evaluate the possibilities of P. angulata as the other modalities of generalized morphea. A case of generalized type morphea in 22-year-old woman treated with P. angulata capsulized extracts form 250 mg three times daily was reported. On the 66th day, there were clinical improvement on some parts of the skin lesions that became softened and there was a decrease in the Modified Rodnan Skin Score by two points. P. angulata can be considered as alternative systemic treatment of morphea, but requires further research on effective dosage and their side effects. **Keywords:** morphea, localized scleroderma, Physalis angulata, Modified Rodnan Skin Score

**CHROMBLASTOMYCOSIS WHICH RESPONSIVE TO ITRACONAZOLE THERAPY**

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Chromoblastomycosis (CBM) is chronic fungal infection on skin and subcutaneous tissue caused by different species of pigmented fungi. Clinical manifestation of CBM is polymorphic, verrucous and plaque type which the most commonly found. It was reported a case of CBM in a 54-year-old female. The lesion presented as erythematous verrucous plaques on right instep and ankle since 1.5 years ago. Direct microscopic examination showed sclerotic bodies, while fungal culture did not show fungal growth. The histopathological examination has revealed deep mycosis infection. Patient administered with itraconazole 1x200 mg/day. Clinical improvement was seen after nine months therapy as almost all of the verrucous plaques thinning out than before. As this case report is written, the therapy is still ongoing, and planned to continued for 12 months. **Keywords:** chromoblastomycosis, deep mycosis, itraconazole

**A CASE OF PEDIATRIC LEPROSY WITH REVERSAL REACTION SUCCESFULLY TREATED WITH RIFAMPICIN, CLARYTHROMYCIN, MINOCYCLINE, AND CORTICOSTEROID**

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**Background:** Leprosy is a chronic infectious disease caused by Mycobacterium leprae which affects the skin, mucosa, and nerves. Leprosy is mainly found in adults, but it also observed in children and adolescents. Reversal reaction is a delayed-type hypersensitivity reaction associated with altered cellular immunity. This condition may be manifested as skin lesions, accompanied by swelling, redness, and
warmth on palpation. Case: A 14-year-old boy came with main complaint of thickening, erythematous, tender patch across the face, trunk, back, hands, and feet since 1.5 months ago. On the facial region, the anterior and posterior trunk, the superior and inferior limbs, there were erythematous plaque with scales; punched out lesions was found on the trunk. The acid-fast bacilli examination showed negative result from the right ear lobe, 1+ from the left ear lobe, and 2+ from the chest. The results of the histopathology examination confirmed the diagnosis of leprosy. Discussion: From history, physical examination, and additional investigations, the patient was diagnosed with borderline-borderline-type MH with reversal reaction. Patients were treated with rifampicin 450 mg, clarithromycin 500 mg, minocycline 100 mg 3 times a week, and methylprednisolone 8 mg 3 times a day and neurodex 1 time a day. The patient showed an improvement within 2 weeks of therapy. Keywords: Leprosy, reversal reaction, rifampicin, clarithromycin and minocycline

DRESS SYNDROME: LIFE THREATENING MULTI-ORGAN INVOLVING THREE MAJOR ORGAN

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Drug reaction syndrome with eosinophilia and systemic symptoms (DRESS), also called drug induced hypersensitivity syndrome, is a potentially life threatening disease and is characterized by skin eruptions, fever, haematological abnormalities and multi-organ involvement. We report case of DRESS with the aim of emphasizing the importance of immediate management prevents multi-organ involvement and increases patient life expectancy. A 43-year-old man came with a chief complaint of redness on almost the entire body accompanied by facial oedema and exfoliated lips since one day before admission. Physical examination showed confluent erythema macules accompanied by generalized scaling and oedema in the facial region. Laboratory tests show eosinophilia, increased liver, kidney and cardiac enzymes. Histopathological examination supported the description of a drug reaction. The patients was given systemic and topical corticosteroid therapy during treatment and showed clinical improvement, but eventually passed away due to multi-organ involvement. The diagnosis of DRESS syndrome is determined according to the RegiSCAR criteria, where early diagnosis and termination of the suspected drug are the most important steps in the management of DRESS syndrome. Systemic corticosteroids are the first-line therapy where most patients respond with clinical improvement. The involvement of visceral organs distinguishes DRESS from other common drug eruptions. DRESS syndrome is a life-threatening disease with a mortality rate up to 10%. Myocarditis caused by DRESS syndrome is rare but can have fatal consequences in up to 55% of cases, as reported in this case. Keywords: DRESS syndrome, life-threatening, multi-organ failure.
CLUSTER OF JEWELS MANIFESTATION IN LINEAR IG-A BULLOUS DERMATOSIS
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Linear IgA bullous dermatosis (LABD) is a rare autoimmune bullous disease which can be idiopathic or drug-induced. Cutaneous manifestations in LABD may vary and mimic other bullous diseases, but often occur as tense bullae in a “cluster of jewels” appearance. LABD is reported in post-pubertal children and after the fourth decade in adults. Histopathologic and immunofluorescence tests may be used to confirm the diagnosis of LABD. However, given the limited availability of immunofluorescence test in health care facilities, the correlation of clinical manifestation and histopathology result becomes a useful diagnostic tool in establishing the diagnosis of LABD. We report a case of a 17-year-old boy who presented with multiple blisters on the face, chest, legs, abdomen, and groin for the last three days before admission to the hospital. On dermatological examination, clustered vesicles and serous bullae with erythematous base were found with a partially erosive and crusted surface in the facial region, anterior and posterior trunks, perineum, and inferior extremities. Histopathologic examination revealed subepidermal bullae with neutrophilic infiltrations along the basal membrane, which supported the diagnosis of LABD. The patient was treated with intravenous dexamethasone 5mg t.i.d with tapering off and oral doxycycline 100mg b.i.d and showed significant clinical improvement. Skin eruptions in LABD are usually acute with large numbers of lesions arising in the form of tense bullae. The characteristic annular bullous lesion resembling “cluster of jewels” should raise the suspicion of LABD. **Keywords:** clinical manifestation, cluster of jewels, LABD, bullous disease, autoimmune

KEBERHASILAN TERAPI BEDAH EKSI SI PADA BUSCHKE - LÖWENSTEIN TUMOR DALAM KEHAMILAN
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Buschke – Löwenstein tumor (BLT) atau kondiloma akuminata raksasa adalah infeksi menular seksual yang berhubungan dengan infeksi human papilloma virus (HPV). 1,3 Karakteristik tumor ini adalah bertumbuh lambat, besar, bentuk seperti kembang kol dengan destruksi lokal pada area anogenital. 4,5 Beberapa studi melaporkan prevalensi HPV meningkat signifikan pada wanita hamil dibandingkan yang tidak hamil dan menurun setelah postpartum. Insiden klinis bervariasi antara 11.6% dan 28.2%. 6 Menghilangkan kondiloma akuminata selama kehamilan membutuhkan pertimbangan, hasilnya mungkin tidak memuaskan hingga selesai kehamilan. 1,7,8 Dilaporkan kasus seorang wanita dengan usia kehamilan 13 minggu didiagnosis Buschke – Löwenstein tumor yang memberikan respon terapi yang baik dengan bedah eksisi.
ERYTHEMA ANNULARE CENTRIFUGUM: A RARE CASE REPORT
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Erythema annulare centrifugum is a rare skin disease that is thought to be caused by interactions between inflammatory cells, mediators, and foreign antigen substances that diffuse through the skin. The lesions of erythema annulare centrifugum start as erythematous macules or urticarial papules that enlarge with peripheral extension and form ring figures, arcuate or polycyclic. This disease is usually asymptomatic. Erythema annulare centrifugum is classified into superficial and deep forms. Histopathological examination showed epidermal hyperkeratosis, focal parakeratosis, mild spongiosis, mild papilla dermis edema, and lymphocyte cell inflammation and perivascular histiocytes and is important to eliminate possible differential diagnosis. This disease tends to run a chronic course that can increase or decrease. In this disease only symptomatic therapy can be done. We reported one case of a male with reddish patches on both arms, around the thighs, abdomen, buttocks of the two limbs which had become more pruritic. Skin biopsy was undertaken for histopathological examination which supported results of erythema annulare centrifugum. Keywords: arcuate, erythema annulare centrifugum, polycyclic, perivascular histiocytes

PENYAKIT VON RECKLINGHAUSEN PADA ANAK
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A CASE REPORT OF NEVUS UNIUS LATERIS TREATED WITH ELECTRODESSICATION
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Linear Verrucous Epidermal Nevus (LVEN) is the most common epidermal nevus. LVEN is a disembyroplasia with excessive developmental characteristics, especially on the surface of the epidermis. Variants of this type is Nevus Unius Lateris (NUL), where the epidermal nevus is distributed unilaterally on half of the limbs. It is characterized by hyperpigmented, confluent, verrucous plaques following the Blaschko line. The average incidence of NUL cases is unknown with only around 200 cases are published worldwide to date. There is no ideal treatment that is generally accepted since the possibility of recurrence can occur in a few months to years. Total excision from the surface to the deep dermis level is needed to prevent recurrence. However, in some cases the size and the extensive distribution of the lesion affecting surgical excision as the appropriate treatment choice. We report an extensive NUL case in 14-year-old girl treated with electrodessication which might be an alternative treatment option for epidermal nevus especially NUL. Electrodecssication is a therapeutic modality that provides satisfactory results in our case with no recurrence after four months follow up. In this way, electrodecssication can be preferred as NUL treatment modality options especially for unresectable cases, nevertheless long-term remission still need to be evaluated. Keywords: nevus unius lateris, blaschko line, electrodecssication

A RARE CASE OF GENERALIZED BULLOUS FIXED DRUG ERUPTION EC SUSPECTED COTRIMOXAZOLE : A CASE REPORT
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Background: Generalized bullous fixed drug eruption (GBFDE) is an extremely uncommon varian of Fixed Drug Eruption, characterized by widespread blisters and erosions involving the entire body along with typical lesions of FDE (Fixed Drug Eruption). There was no incidence about GBFDE had been reported. This is the second case of GBFDE in Dr.M.Djamal hospital Padang since the last three years. Case report: A 76-years old male patient has presented violaceous reddish patches with a blistering on the top on his trunk, both of arms, both of legs, genitalia occur 8 hours after he had taken cotrimoxazole accompanied by burning sensation. There was history of suffering from violaceous reddish patches on the trunk ± 2 years ago after taking cotrimoxazole. Dermatological state showed violaceous reddish patches, bullae, erosion, excoriations, reddish-blackish crust. We diagnosed with generalized bullous fixed drug eruption. He was treated with with dexamethasone intravenous 10 mg/day tapering off. Discussion: Diagnosis of FDE made by clinical examination and histopathological examination. FDE resolve
Psoriasis is a chronic inflammatory skin disease affecting 2.5–3% of the general population. Psoriasis most likely to appear between the age 15-30 years and rarely under the age of 10 years. The prevalence of psoriasis vulgaris in RSUP dr. Dr. Djamil Padang in 2013-2017 ranges from 1.7% - 3.2% (data non-publication). Since 2014, two cases of psoriasis vulgaris under the age of 10 years were reported in Dermato-Venereology Departemen of Dr.M.Djamil Hospital Padang. A case of 5 years old girl with reddish patches accompanied thick white scales and itchy on scalp, both upper arms, chest, abdomen, back, buttocks, both inner thighs, both knees and both legs since 4 month ago. The patient's niece also suffered reddish patches with thick white scales and itchy on scalp, both elbow and both knees since this 5 years. On dermatological state, there were erythematous plaques with thick white scale, erosion on scalp, both upper arms, chest, abdomen, back, buttocks, both inner thighs, both knees and both legs. PASI score is 6.8 (mild psoriasis vulgaris), BSA score is 36 % and CDLQI score is 5. Histopathology examination show to features psoriasis. Patients treated with urea 10 % and desoksimethason cream 0.25 %. The patients showed clinical improvement after 1 month of therapy. PASI score, BSA score and CDLQI score also were decrease. Keywords: Mild psoriasis vulgaris, rare case, childhood

NORWEGIAN SCABIES IN PATIENT WITH DOWN SYNDROME
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Background: Scabies is a skin infection caused by Sarcoptes scabiei var.hominis. The clinical symptoms of scabies can be more severe in patient with mental retardation and down syndrome, this is known as crusted scabies or Norwegian scabies. In Dr M Djamil Hospital Padang, there are 5 cases have been reported from 2014-2018. Diagnosis was made by microscopic examination and dermoscopy. The best treatment for Norwegian scabies is ivermectin combination with topical scabicide. Case: A case of Norwegian scabies was reported in a 14-year-old girl with a history of mental retardation and suspected down syndrome. Clinical features of the patient include erythematous plaques, erythematous papules, coarse white scale throughout the body, erosion, excoriation, fissures, yellowish white crusted especially on the palms and feet. Complaints and symptoms have been occured for 3 years without adequate treatment. Sarcoptes scabiei var. hominis mites were found on microscopic examination. On a dermoscopic examination, a triangle sign was found. Patient was cured by permethrin 5% and lanolin 10% application and showed improvement after 10 days of therapy. Discussion: Norwegian scabies often occurs in patient with mental retardation and down syndrome as happened in this patient. Although patient was only treated with permethrin topical without oral ivermectin as the chosen therapy, clinical improvement was still observed. Keywords: Norwegian scabies, mental retardation, down syndrome.

Keywords: Generalized fixed drug eruption, rare case
A CASE OF MID BORDERLINE LEPROSY MIMICKING GRANULOMA ANNULARE

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**Background:** Leprosy is a chronic granulomatous disease caused by *Mycobacterium leprae*, an intracellular acid-fast bacillus that tends to infect the skin and peripheral nerves. It is a great imitator, reddish plaque with annulare configuration and absence sensory symptoms on lesion can be mimicking granuloma annulare. Histopathology examination can confirmed diagnosis. **Case report:** A 54 year old man presented with midborderline. There were annular plaque with central clearing and absence of lesion anesthesia on face, both of ear, both of arm, trunk, lower leg since 3 month ago. Dermatology state: erythematous plaque, punch out lesion, infiltrate on earlobes, eyebrows. The result of histopathology examination revealed Mid borderline leprosy. Patient diagnosed with Mid borderline leprosy. We treated our patients with MDT MB 1x/day, neurotropic 3x1 tab and zinc 1x20mg. **Discussion:** This is case of leprosy masquerading clinically as granuloma annulare. Indentifying characteristic cutaneous lesions and histopathology examination is useful for confirmed diagnosis and classification of leprosy. **Keywords:** midborderline leprosy, granuloma annulare,mimicking

A CASE OF LAMELLAR ICHTHYSIS

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**Introduction:** Lamellar Ichthyosis (LI) is a severe disorder apparent at birth and persisting unremittingly throughout life. Lamellar Ichthyosis is characterized by large, darkbrown, and plate-like scales that form a mosaic or bark-like pattern, ectropion, eclabium, scarring alopecia, keratoderma palmoplantar and hypohidrosis. The incidence of lamellar ichthyosis is approximately 1 per 200,000 to 300,000 live births. The case of lamellar ichthyosis is the second case reported in Dr. M. Djamil Padang Hospital in the last 5 years. **Case report:** We reported a case of 11 years-old boy with thick scale in all over his body, history of a collodion membrane at birth, was reported. He was complained dry skin with a brown scale and cracked skin that feel itchy and pain that increased on his leg since 3 month ago. There is no consanguinity of his parents On physical examination revealed normoweight, ectropion, keratitis ODS, and eclabium on dermatologic state there were large, darkbrown, and plate-like scales on almost of his body. Histopathology examination showed epidermal hyperkeratosis with orthokeratosis. Diagnosis this patient was a lamellar ichthyosis. Therapy of lamellar ichthyosis involves topical lanolin 10%, urea 10%, natrium fusidat ointment 2%, oleum cocos twice daily. **Discussion:** The rare case of lamellar ichthyosis is reported. Diagnosis in this case was made from a complete history and physical examination and histologic examination. **Keywords:** lamellar ichthyosis, rare case
A CASE OF TUBERCULOSIS VERRUCOSA CUTIS OF 39 YEARS DURATION

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Background: Tuberculosis verrucosa cutis (TVC) is rare true secondary cutaneous tuberculosis and sometimes difficult to make diagnosis. Lesions progress slowly and if untreated persist for many years. Case: Reported a case of TVC in a 49-year-old woman with a chief complaint of brownish reddish patches with rough in the edge of patches, not accompanied by pain, itch and numbness on the right leg that has expanded since 39 years ago. There was a history of trauma before the lesions appear. No history of bacilli Calmette – Guerin (BCG) immunization, tuberculosis infection in patient and families. A physical examination revealed two well-demarcated annular lesions on her right leg. The lesions had raised hyperkeratotic brownish-red border and exhibited central slightly atrophic skin on the right knee and upper back thigh to the calf. There was increasing of erythrocyte sedimentation rate (ESR). Chest radiograph was in normal limit. Acid – fast bacilli examination from sputum and lesions, and GeneXpert examination were negative. The result of histopathological examination with hematoxylin eosin staining and immunohistochemistry with ESAT 6 staining are suitable for TVC. Patient was treated with anti tuberculosis drug in form of fixed dose combinations (FDC) and showed improvement. Discussion: The chronicity of TVC is well known. Clinically, histopathological characteristics and response to antitubercular therapy confirmed the diagnosis of TVC. Keywords: disease duration, tuberculosis verrucosa cutis, anti tubercular drug

A CASE OF STEVEN JOHNSON SYNDROME ET CAUSA SUSPECT CARBAMAZEPIN, LORAZEPAM, RISPERIDON, GENTAMICIN, RANITIDIN, HALOPERIDOL ON SCHIZOAFFECTIVE PATIENT

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Background: Stevens Johnson syndrome (SSJ) is an acute mucocutaneous reaction characterized by extensive necrosis and epidermolysis, characterized by painful bullae. Case: A case of Stevens Johnson Syndrome in a 32-year-old female patient with schizoaffective was reported. Patients present with chief complaints of blackish reddish patches followed by the appearance of painful vesicles in the face, neck, chest, back and upper arms with redness and of the eye and erosion on the lips since 4 days before being hospitalized. There is a history of first-time drug consumption, namely Carbamazepine, Lorazepam, Ciprofloxacin, and Risperidone. On physical examination vital sign in normal limit. In dermatologic status of erythematous plaques, erythematous macules, vesicles, bullae, erosion and excoriation of the face, neck, chest, back, and both upper arms, erosive lip mucosa, excoriation and blackish red crusts. On eye examination there is hyperemia and hypersecretion. Epidermolysis + 1% with SCORTEN= 0. Patient was treated by stopping suspected drugs, and the patient was given D5% IVFD: 0.9% NaCl 3: 1, 4x5mg dexamethasone (iv), 2x80mg (iv) gentamicin, 2x50mg ranitidine (iv), 2x2 haloperidol 5 mg, 0.9% NaCl on the lips and genitals, and 2.5% hydrocortisone cream on reddish patches. On the 5th day of treatment,
A CASE OF TOXIC EPIDERMAL NECROLYSIS EC SUSPECT AMOXICILLIN AND FRADIOMYCIN SULFATE+GRAMICIDIN HCI IN 11 YEAR-OLD BOY
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Background: Toxic Epidermal Necrolysis (TEN) is one of severe adverse drug reactions that is rare, acute and life-threatening, involving mucocutaneous characterized by extensive necrolysis and detachment of the epidermis. The estimated incidence in children is lower than in adult, about 2 to 2.25 cases per million per year in the pediatric population. This was the third case of TEN on children since 2012 at dr. M. Djamil Hospital, Padang. Case: A case of Toxic Epidermal Necrolysis of 11-year-old boy was reported. Patient came with red patches and blistering skin on the most of body accompanied by red and watery eyes, swollen and erosion on the lips, erosion on genitalia, since one day before hospital’s admission. There was a history of getting amoxicillin and fradiomycin sulfate+gramicidin HCI medications for fever and pain to swallow that he got before. On clinical examination, the child was look comosments but irritable and moderate illness. Epidermolysis was about ± 47%. Laboratory examination was leucopenia with SCORTEN on 1st day was 1. Discussion: Diagnosis was made based on history and physical examination. The suspected causative drug was amoxicillin and fradiomycin sulfate+gramicidin HCI. This drugs are quite rare to cause TEN compare to another drugs. Keywords: rare case, toxic epidermal necrolysis, amoxicillin, fradiomycin sulfate+gramicidin HCI

HISTOPATHOLOGICAL FEATURES OF RECURRENT ORAL ULCERATION DIAGNOSED AS ORAL PEMPHIGUS VULGARIS: A CASE REPORT
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Background: Pemphigus is a rare group of life-threatening muco-cutaneous autoimmune blistering diseases. Frequently, oral lesions precede the cutaneous ones. Sometimes oral clinical features could be misdiagnosed as aphthous ulcer especially when cutaneous lesion could not be found. Histopathology examination is essential to diagnose any vescicobullous diseases. Case Report: A case of 44-year-old man with chief complaint recurrent oral ulceration since two years ago, working diagnosed as suspect...
tuberculosis cutis orificialis was reported. Histopathological examination showed suprabasilar blisters contained of acantholytic cells. Basillary cells remained attached to the basement membrane and lamina propria, arranged like “thombstones appearance”. Lymphocytes and neutrophils were the main inflammatory cells in dermis. **Discussion:** Clinically, it may be difficult to differentiate recurrence aphthous-like ulcer as oral pemphigus, especially when oral lesion was the main clinical feature. To make diagnose of pemphigus, histopathological examination is necessary and must be done. In some case when both direct and indirect immunofluorescence could not be performed, immunohistochemistry is one of alternative to determine the autoantibodies that involve in disease. Unfortunately this examination is not available in our department and several studies still on going in purpose to replace immunofluorescence with immunohistochemistry. **Keywords:** recurrent oral ulceration, oral pemphigus vulgaris, histopathology

**CONDYLOMA ACUMINATA CAUSED BY HUMAN PAPILLOMA VIRUS TYPE 11, 16, 18 IN PREGNANT WOMEN: A CASE REPORT**

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**Background:** Condyloma acuminata known as sexually transmitted diseases caused by human papilloma virus (HPV) due to type 6 and 11, whereas type 16 and 18 can cause malignancy. Reproductive tract infections in pregnant women especially caused by sexually transmitted diseases is an important etiology for maternal and perinatal morbidity and mortality that endangers mother and baby. The risk of being infected by HPV in pregnant women is twice than non pregnant women. Condyloma acuminata in pregnant women need attention because of size and vascularity rapidly enlargement. **Case report:** A case of condyloma acuminata caused by HPV type 11, 16, 18 in pregnant women. In anamneses there are non-itchy and painless warts, grow around vagina, and increased since ± 1 month ago. This is her first pregnancy in 16-18 weeks gestational. Patient said her husband had warts on testicles. History of last sexual contact with her husband ± 1 month ago without using condom. Venereologic status found pink vegetation with a verrucous surface on vagina. Positive acetowhite test results on warts. Patients treated with TCA 50% once a week. **Discussion:** HPV infection can be transmitted through sexual and perinatal contact from the mother with condyloma acuminata to neonate. In this patient condyloma acuminata was found on the vagina, treated with TCA 50% and showed improvement. TCA spots is safely applied to pregnant women because it is not absorbed systemically. **Keywords:** condyloma acuminata, HPV, pregnant
DERMOSCOPY FEATURES AND HISTOPATHOLOGICAL OF LICHEN AMYLOIDOSIS IN
67 YEARS-OLD MALE

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Background: Lichen amyloidosis is characterized by hyperkeratotic brown-colored papules and plaques with frequently occurs pruritic plaques on the extensor surfaces, anterior thighs or forearms. Lichen amyloidosis is the most common form of primary localized cutaneous amyloidosis. Many supportive examination can help established of diagnosis. Case: A case of a 67-year-old male patient with lichen amyloidosis was reported. Patient complaint there were multiple brownish papules and hyperpigmented plaque on both of arms and both of legs that were increased in number and size and also felt itchy since 1.5 years ago. From physical examination was found high blood pressure, with nutritional state in normal range. On dermatologic state there were multiple discrete and coalescing hyperkeratotic papules, hyperpigmentation plaque, erosion and excoriation on both of arms, both of legs with localized distribution. The hematological examination was within normal limit. On histopathology examination showed hyperkeratotic and acanthosis on the epidermis and an amyloid deposit appears on the papillary dermis. On dermoscopy showed the above-brown with the central hub was replaced by a whitish scar-like centre. The patient was treated with combined topical steroid potent with salicylic acid 7% and dermabrasion, electrocauter,with curretage.

Discussion: The case of lichen amyloidosis is reported. Diagnosis in this case was made from a complete history and physical examination, dermoscopy and histopathology examination. On dermoscopy showed the above-brown with the central hub was replaced by a whitish scar-like centre. In there, the centre was surrounded by some brownish dots or a rim of white collarette in lesion at right arm The diagnosis of this patient was lichen amyloidosis. Keywords: Lichen Amyloidosis, histopathological, dermoscopy

MULTIPLE PIGMENTED FOLLICULAR CYSTS, A RARE VARIETY OF MULTIPLE EPIDERMAL CYSTS ON THE VULVA

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Background: A pigmented follicular cyst is an infrequent variant of an epidermal cyst which has rarely been reported. The condition consists of a single pigmented lesion which occurs predominantly in adult men, and is usually located on the head and neck region. Although benign, pigmented follicular cyst can affect quality of life when multiple and symptomatic. We report an example of a multiple pigmented follicular cyst, which was located in the vulva. This is the second cases in a period of 10 years in the Department of Pathology, Dr. M. Djamil Hospital, Padang. Case report: A 48-years-old woman, with chief complain there were yellowish lumps with no itchy or pain affecting the the vulva since seven years ago. Working diagnosed as suspect multiple xanthoma reported. Histopathological examination showed stratified squamous epithelium on epidermis with so many cysts were lined by stratified squamous
epithelium with multiple pigmented hair shafts and laminated keratin are present within the cavity. In the dermis layer showed inflammatory cell infiltration, hyperemic blood vessels and enlarged lymph nodes.

**Discussion:** Clinically, it may be difficult to distinguish multiple xanthomas with multiple pigmented follicular cysts. To make diagnosis, histopathological examination is necessary. From histopathology results showed multiple pigmented follicular cyst, a rare variant of multiple epidermal cyst. **Keywords:** multiple pigmented follicular cysts, epidermal cyst

**UNUSUAL MANIFESTATIONS OF PRIMARY CUTANEOUS PERIPHERAL T-CELL LYMPHOMA (PTCL) IN 42 YEAR OLD MALE: A VERY RARE CASE**

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Cutaneous T-cell lymphoma (CTCL) is a heterogeneous group of neoplasms which have variable clinical presentation, histologic appearance and prognosis. Primary cutaneous peripheral T-cell lymphoma (PTCL) is least common form. Diagnosis prove to be difficult. Immunohistochemistry examination may prove useful. Widespread disease requires systemic therapy. We report a very rare case of male patient in fourth decade of life with unusual manifestations on his face and body. Diagnosis was made by histopathology and immunohistochemistry study. **Keywords:** primary peripheral cutaneous T-cell lymphoma, unusual manifestations, diagnosis

**ECZEMA HERPETICUM MISDIAGNOSED AS IMPETIGO IN A 2 MONTHS OLD INFANT—A CASE REPORT**

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Eczema herpeticum (EH) also known as Kaposi Varicelliform Eruption is a rare, severe disseminated infection due to a virus that occurs at sites of pre-existing skin lesion, most commonly associated with atopic dermatitis. Despite the low incidence it carries a high morbidity and mortality of an irreversible sequelae. Diagnosis is challenging, in general based on the clinical diagnosis from the hallmark cutaneous findings. Pediatric department consulted a 2-months-old female infant to our department of dermatology and venereology with a suspected diagnosis of impetigo. Patient came with chief complaint appearance of new multiple vesicles on the face, trunk and genital area, and on the bilateral palms and soles associated with fever and malaise despite on antibiotics. Patient was born from a healthy mother, absence of erosion
CORTICOSTEROID-SPARING ERITROMYCIN ORAL FOR PEMPHIGUS FOLIACEUS

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Pemphigus foliaceus (PF) is a chronic autoimmune disease in the skin characterized with intraepidermal flaccid bullae due to acantholysis and immunohistopathology in the presence of IgG directly to the surface of keratinocyte cells. Incidence of PF 0.5 cases/million/year with age range 40-60 years. Pemphigus foliaceus is rarely treated with erythromycin sparing agents and is the first time in Dr.Mohammad Hoesin Hospital Palembang. Efficacy and safety of erythromycin therapy are limited so that proper knowledge is required for optimal management of PF. We report a case, female 58 years old, with flaccid bullae and crusts on the facial, trunk, and extremity since 6 weeks ago. The Nikolsky sign positive. Diagnosis of pemphigus foliaceus based on anamnesis, physical examination and histopathological. The first-line therapy of PF is corticosteroids. This patient was given 80 mg of methyl prednisolone and tapering off to 40 mg with sparing agent erythromycin tablet 500 mg every 6 hours. Mechanism of action corticosteroids as anti-inflammatory, immunosuppressive, antiproliferative and vasoconstrictive. Erythromycin was chosen because the drug is easy to obtain compared to other sparing agents, affordable prices and there is remission of the disease. More case reports and studies are needed to assess the efficacy and side effects of erythromycin in the management of PF. Keywords: pemphigus foliaceus, treatment, corticosteroids, sparing agent, erythromycin

COMPARISON BETWEEN MODIFIED KLIGMAN’S FORMULA AND GLYCOLIC ACID 10% FOR EPIDERMAL MELASMA

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Melasma, a common hyperpigmentation skin disorder is characterized by brown patches on centrofacial area. UV light has been shown to trigger and exacerbate melasma. Application of sunblock is recommended. First line of treatment is modified Kligman’s formula. We report two cases of women in third decade of life with epidermal melasma. Sunblock SPF 45 was applied every morning; modified Kligman’s formula was applied nightly for patient 1, likewise for patient 2 with 10% glycolic acid (GA). Routine follow-up were scheduled every 2 weeks. After 4 weeks, both treatments showed good results for epidermal melasma. Keywords: epidermal melasma, modified Kligman’s formula, glycolic acid
ALOPECIA UNIVERSALIS: TWO CASES WITH ZINC DEFICIENCY
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Alopecia universalis (AU) is a rare case, characterized by complete hair loss in all parts of the body which is an advanced form of alopecia areata (AA). The pathogenesis of AA remains unknown. Autoimmune mechanism, deficiency of vitamin and trace element such as zinc may induced and worsened AA to AU. We report two cases of AU with zinc deficiency in 25 and 12 years old women. Complete hair loss in all parts of the body initiated from scalp, extended to axilla, pubis, eyebrows and eyelashes. There is no terminal and vellus hair in all parts of the body. Low zinc level serum (4.055 µg/dL and 63.4 µg/dL) in both patients were noted. Zinc is a potent inhibitor of hair follicle regression and accelerates hair follicle recovery. Zinc inhibits hair follicle regression during the involution phase of the hair cycle catagen by the inhibition of endonuclease activity and decrease the keratinocytes apoptosis. Zinc deficiency in both case were suspected from low intake and excess zinc requirement. **Keywords:** Alopecia universalis, zinc deficiency, hair loss

BORDERLINE LEPROSY RELAPSE WITH ERYTHEMA NODOSUM LEPROSUM REACTION
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Leprosy (Morbus Hansen/MH) relapse is a condition where the patients who have completed the treatment course of multi drug treatment (MDT) show new onset of clinical manifestation. There are many criteria that help to diagnose leprosy relapse which include clinical, bacteriological, histopathological, and serological criteria. Erythema nodosum leprosum (ENL) is an immunologic reaction found mostly in patients with multibacillary (MB) leprosy. The majority of ENL cases occur during 1-year course of therapy but can also be seen in untreated cases. A 32-year-old man came with the chief complaint of having painless erythematous plaques, painful nodules and crusts since 6 months prior to his visit. Around 1.5 years ago, the patient was diagnosed MH with release of treatment (RFT). Generally, the patient looked moderately ill and had a fever. Neurological examination showed enlargement of ulnar and common peroneal nerves bilaterally. Acid-fast bacilli (AFB) staining revealed BI +2 with MI 8% and histopathological study showed granuloma and foamy macrophages and lymphocyte infiltration. Grenz zone was also found that also indicated a borderline leprosy. The patient was given MDT-MB and corticosteroid therapies in which the doses were tapered off every 2 weeks. The patient was eventually diagnosed as having borderline leprosy relapse with ENL reaction according to his clinical history, cutaneous manifestations, such as painless erythematous plaques, painful nodules and crusts. The results of AFB staining and histopathological study were available that also confirmed the diagnosis. The MDT-MB and corticosteroid therapies resulted in a favourable outcomes. **Keywords:** leprosy relapse, erythema nodosum leprosum, diagnosis
Dapsone hypersensitivity syndrome (DHS) is a rare case. Another name is "Five Week Dermatitis". Classic triad consists of fever, exfoliative dermatitis, and internal organs involvement. The pathogenesis is unknown, thought to be caused by hydroxylamine, a toxic compound and plays a role in the incidence of haemolytic anemia. The diagnosis is made when the hypersensitivity reaction occurs in 2-8 weeks during dapsone therapy with at least two of these symptoms are present : Fever, skin eruption, lymphadenopathy, and liver function disorder. Treatment of the DHS involves prompt discontinuation of dapsone. Corticosteroids have proved helpful but doses up to 1 g / day of methylprednisolone for 3 days and tapering off for 4-6 weeks. Case : A 33-year-old woman was diagnosed with multibacillary leprosy and received multibacillary multi-drug therapy (MDT-MB) for the second month. Six weeks after starting the therapy, fever appeared and exfoliating skin on almost entire body. On clinical examination, multiple eritematous to hyperpigmented macules were found with crusting and rough scales. there also anemic conjunctiva, subicteric sclera, and hepatomegaly. Laboratory tests found anemia, lymphocytosis, and increased liver enzymes. After discontinuation of dapsone and oral administration of 32 mg / day of methylprednisolone which reduced by 8 mg every 2 weeks, clinical and laboratory finding show improvement. The clinical manifestations of DHS can resemble other drug allergies and have fatal consequences if it not handled properly. Keywords: Dapsone hypersensitivity syndrome, multibacillary leprosy, corticosteroids.

A CASE OF KEOID TREATED WITH CRYOSURGERY
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Keloid is a bulge or tumor that is dense soft, with a slippery surface and sometimes there is telangiectasia, developing beyond the wound border, invading adjacent normal tissue. There are various types of procedure to treat keloids, taking into account the time of occurrence of lesions, location, severity, clinical symptoms of the patient, and possible recurrence. We reported a case of keloids in the anterior thoracic treated with cryosurgery. Keywords: Keloid, cryosurgery, complication, recurrence

A RARE CASE OF ERYTHEMA NODOSUM LEPROSUM NECROTICANS
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Erythema nodosum leprosum (ENL) is an immune complex mediated reaction that may complicate the course of leprosy. Erythema necroticans is an uncommon manifestation of type 2 ENL reaction, encountered in lepromatous and borderline lepromatous cases of leprosy. A 66-years-old man, was treated in surgery division with purulent and perforated wound. The lesion begin as a painfull nodul on both legs since 3 weeks ago. There were infiltrates on both earlobes and bilateral madarosis. Diagnosis of
leprosy was confirmed by slit skin smear, bacterial index +2. Patient was diagnosed with erythema nodosum leprosum necroticans and was treated with MDT-MB, neurotropic vitamin, wound care with silver sulfadiazine every 2 days. Clinical improvement came after 1 month follow up. **Keywords:** erythema nodosum leprosum, erythema necroticans

**DISSEMINATED HERPES ZOSTER IN ADVANCED STAGE BREAST CANCER PATIENT AFTER CHEMOTHERAPY: A CASE REPORT**

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Disseminated herpes zoster is a rare and debilitating disease that can decrease patient’s quality of life, not only because of the disease but also its long term complication, post herpetic neuralgia, that commonly seen in immunocompromised patient. Disseminated herpes zoster defined as more than 20 vesicles outside the area of the primary and adjacent dermatomes. It is caused by the varicella zoster virus due to reactivation of the virus from dorsal root or cranial nerve ganglia. Risk of herpes zoster generally related to immunosuppressive disorders such as cancers and immunosuppressive therapies. We reported a rare case of disseminated herpes zoster in 48-year-old woman with history of advanced stage breast cancer 3 days after chemotherapy. The lesion presented as multiple painful blisters that appeared in the upper right of the back 4 days ago, which then spread to the right arm and hand, then all over the body. The tzank smear showed multinucleated giant cells. Gram smear from erosion showed gram positive cocci bacteria. Patient was diagnosed with disseminated herpes zoster with secondary infection and got treated with oral antiviral drug, analgesic and neurotropic vitamin combined with salicylic talc for intact blisters and topical antibiotic for the erosions. The lesions improve in the 2 and 4 weeks follow-up observations, but the pain still persist. **Keywords**: disseminated herpes zoster, disseminated shingles, herpes zoster

**CASE REPORT : PATIENT WITH TYPE 1 NEUROFIBROMATOSIS WITH SENSORINEURAL HEARING LOSS**

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Neurofibromatosis is a genetic disorder characterized by enhanced cellular growth that results in tumorigenesis on the neural tissues. In this paper, we reported a case of a 37-year-old man who came with the chief complaint of growing masses in all over his body that developed since childhood. The patient was also found having sensorineural hearing loss. The diagnosis in the presented case was made according to the National Institute of Health Consensus Development Conference. **Keywords**: Neurofibromatosis type 1; Recklinghausen's disease; Sensorineural hearing loss; Neurofibromatosis type 2
PUNCH BIOPSY AND SHAVE EXCISION AS A TREATMENT MODALITY FOR FIBROEPITHELIAL POLYP WITH SEBORRHEIC KERATOSIS: A CASE REPORT
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Introduction: Fibroepithelial polyp is a benign tumor derived from dermal and epidermal fibrovascular tissues and commonly found along with seborrheic keratosis. This lesion usually cause cosmetic problems. The management of such cases generally employs electrodessication, cryotherapy and surgical excision. Surgical excision is the preferred as treatment modality, particularly for pedunculated and embedded lesion. Case: A 53-year-old male patient, complaint of a brownish colored bulge on his left head with itch since 1 year ago. Initially, the bulge was small, but it increased in size especially in the last 6 months. The patient worked as a construction worker and was often exposed to the sun on his face and head during working. The patient never wore special protection. The patient did not have any history of diabetes mellitus or other systemic diseases. The patient also did not have history of keloid. Physical examination on left temporal region found a solitary pedunculated tumor, brownish in color, papillomatous surface, and non-tender on palpation with multiple hyperpigmented papules and plaque around the tumor. Treatment given was surgery with shave excision and punch biopsy. Postoperative tissue was sent for histopathological examination. The result of histopathological examination found morphological image in accordance with fibroepithelial polyp with hyperkeratosis-type seborrheic keratosis. After surgery, the area was sutured with simple interrupted sutures, the patient also got 500 mg of mefenamic acid tablets orally. The wound was kept clean and dry, and the patient was recalled on the third day postoperative for wound care, and seventh day to remove stitches. The wound was already dried and closed on the seventh day. Discussion: Fibroepithelial polyp and seborrheic keratosis often cause cosmetic problem. The management of such cases generally employs electrodessication, cryotherapy and surgical excision. Excision surgery is an effective therapy because it can eliminate lesion completely with minimal scar complication that may occur. Shave excision is one of the procedures in skin surgery which is simple to perform with good cosmetic result. Punch biopsy is a technique to obtain tissue which can be used to aid in diagnosis using a form of tool with a cylindrical blade. This technique can cut through dermis to the subcutaneous tissue. In this case, the modality chosen was shave excision followed by punch biopsy, considering that they can eliminate lesion completely and minimalize scar formation. Conclusion: Shave excision and punch biopsy are a fast method of removing epidermal and dermal lesion. Adequate local anesthesia is needed to reduce pain during the procedure. Keywords: fibroepithelial polyp, seborrheic keratosis, shave excision, punch biopsy

A CASE OF PSORIASIS VULGARIS TREATED WITH NARROW-BAND ULTRAVIOLET B PHOTOTHERAPY
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Psoriasis is a chronic inflammatory disease of the skin that is characterized by the presence of erythematous papules and plaques accompanied by squamous, and can also occur pustular or erythrodermic eruptions. The areas most often involved are the scalp, elbows, knees, hands, feet, torso, and nails. The prevalence of psoriasis varies in each population, varying from 0.1% to 11.8% in the world. The incidence of psoriasis in Asia is low at 0.4% of the population. The incidence of psoriasis does not differ between men and women, and is found most often between the ages of 15 and 30 years. The efficacy of phototherapy especially ultraviolet B (UVB) for psoriasis patients has long been known. The source of UVB fluorescence with a wavelength of 311 ± 2 nm called narrowband UVB (NB-UVB), gives better results in terms of removing lesions and length of time remission with a lower risk of skin cancer.
A case of psoriasis vulgaris in a woman treated with NB-UVB phototherapy are reported. This patient showed significant improvement after several times of therapy using NB-UVB phototherapy combined with topical 0.25% desoxymethasone therapy. Keywords: Psoriasis vulgaris, phototherapy, narrowband UVB

**BORDERLINE LEPROMATOUS LEPROSY WITH MILD TYPE-1 LEPROSY REACTION BEFORE MULTI-DRUG THERAPY: A CASE REPORT**

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Leprosy is chronic infectious disease caused by *Mycobacterium leprae*, which is as an obligate intracellular. The disease activates the peripheral nerves as the first affinity, then the skin and mucosa of the upper respiratory tract, and go to other organs except the central nervous system. It is still endemic in many regions of the world, especially in the tropical and subtropical region. We report a case of 40-year-old woman with erythematos plaque on the whole body since 1 week before go to hospital. Patient also complained the plaque increase of number. Fever, tingling, and pain on joint were denied. History of edema on hand and feet was denied. Dermatological examination shown multiple erythematous plaque more than five lesions, symmetrical distributed. Histopathological showed thinning epidermal layer that shown clear sub-epidermal zone (grenz zone), in dermal layer shown the infiltrate contains foamy macrophages (Virchow cells) and histiocytes cells to form granulomas. Ziehl-Nielsen shown the acid-fast bacilli were found. The patient treated with multibacillary treatment, which are Rifampicin 600 mg, DDS 100 mg, and Clofazimine 300 mg once monthly, continued with DDS 100 mg and Clofazimine 50 mg daily for one month; neurotropic vitamin and urea 10% as emollient. Keywords: borderline lepromatous leprosy, Hansen disease, type-1 leprosy reaction, reversal reaction

**MULTIBASILLARY LEPRAE BORDERLINE LEPROMATOUS TYPE WITH ERYTHEMA NODOSUM LEPROSUM REACTION : ESTABLISHING THE DIAGNOSIS**

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Leprosy is a chronic infectious disease with major involvement in the skin and peripheral nervous system caused by the bacterium bacillus Mycobacterium leprae. *Borderline lepromatous* (BL) is one of leprosy types characterized by annular with poorly demarcated outer borders and sharply defined punch out centers. This case report aimed to know and establish the diagnosis of multibasillary leprae borderline lepromatous. A 65 year old man came with a complaint of numbed erythematous patches. Smear test showed the presence of IB + 3 and IM 10%. Histopathological examination found red intact acid bacilli. Based on these findings we diagnosed him with multibasillary borderline lepromatous. We gave multy drugs therapy (MDT) for MB type for 12 months. But at 4 month follow up ENL reaction appeared thus. We managed him with continued MDT and prednisone 40 mg / 24 hours with tapered dose the ENL clinical improvement. The clinical feature of leprosy depends on the host response. Skin lesions can be
hyposthesia or anesthesia. The peripheral nerve is palpable and thick. Symmetrical anesthesia of the fingertips may also occur. Keywords: borderline lepromatous, erythema nodusum leprosum, leprosy

CUTANEOUS T CELL LYMPHOMA
MYCOSIS FUNGOIDES TYPE: A CASE REPORT
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Cutaneous T Cell Lymphoma (CTCL) belongs to the group of lymphoproliferative disorders with malignant characteristics in skin T lymphocyte cells and the most common type is mycosis fungoides (MF). Its incidence is around 6 per 1 million individuals worldwide, with mortality rate of 43%. There are 4 stages of MF clinical manifestations, ie patch, plaque, tumor and internal organ involvement. These make physicians difficult to diagnose MF, especially in the early stage. This case report aimed to describe the establishment of MF diagnosis. A 59 y.o man presented with a solid tumor on his leg, erythematous plaque and hipopigmented patch on his body since 3 years ago. The histopathology and immunochemistry staining examinations of CD3 and CD20 markers support the diagnosis of CTCL MF type in tumor stage. Investigation of peripheral blood smear, chest radiographs, abdominal and lymphonode ultrasonography was performed to determine MF stage, revealing T3N2M0B0 (stage IVA). Chemotherapy was planned for this patient. Keywords: cutaneus t cell lymphoma, histopathology, mycosis fungoides, tumor

DERMATITIS ARTEFACTA WITH Proteus mirabilis INFECTION IN COINCIDENCE WITH PYODERMA GANGRENOSUM IN SCHIZOPHRENIC PATIENT
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Dermatitis artefacta (DA) is a psychiatric disorder with secondary manifestations on the skin. One of the most common skin lesions in DA is chronic ulcer which also can be caused by pyoderma gangrenosum (PG). There are some bacteria found in chronic ulcer such as Proteus mirabilis. A forty-one years old female with chronic wounds on her chest and left leg. Based on history taking of present illness, physical examinations, laboratory tests and histopathology of the skin lesions, the patient was diagnosed with DA and PG. She was also diagnosed with schizophrenia catatonic type. Chest x-ray showed pneumonia while the swab culture showed growth of Proteus mirabilis. She was given an oral cefadroxile 500 mg three times daily, cetirizine 10 mg once daily, wound dressing and gentamycin ointment twice daily. She also received oral risperidone 0.5 mg twice daily combined with behavioral therapy from Psychiatric Outpatient clinic. Dermatitis artefacta is a psychocutaneous disorder with uncommon morphology. The most common psychological condition related to DA is schizophrenia. There are some specific
histopathology features of DA such as dominant destruction of epidermal layer, multinucleated epidermal keratinocytes or destruction of keratinocytes. Chronic ulcers in DA might be mimicking with PG, which is a chronic recidive neutrophilic dermatoses. *Proteus mirabilis* is one of the most common causes of urinary tract infection, meanwhile it can also cause chronic ulcers and respiratory tract infection as pneumonia. **Keywords:** dermatitis artefacta, proteus mirabilis, pyoderma gangrenosum, schizophrenia

**VERRUCOUS CUTIS TUBERCULOSIS : A CASE REPORT**

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Cutis tuberculosis is an infection caused by *Mycobacterium tuberculosis*, *Mycobacterium bovis* and *Bacil Calmette Guerin* (BCG) complex. Globally, in 2016 there are 10.4 million cases of Tb (8.8 million–12 million) that equal to 120 cases per 100,000 populations. Verrucous cutis tuberculosis is a clinical form of secondary cutis tuberculosis. The clinical manifestations are a verrucous plaque with irregular border, coarse consistency or soft on the center surrounded by hyperpigmented halo and serpiginous lesions. It is usually painless without systemic symptoms. This case report to aimed to elucidate the diagnosis of verrucous cutis tuberculosis. A 50 years old man complained of a verrucous plaque with irregular border, coarse consistency and soft on its center on the right inferior extremity. The lesion was surrounded by hyperpigmented halo and there is a serpiginous lesions, painless and no systemic symptoms. Histopatological test showed hyperplasia and pseudopithelomatous hyperkeratosis, tuberculoid granule with or without necrosis and there is no basil. Supporting examinations with peripheral blood smear and thorax X-ray are normal. The diagnosis was made by clinical manifestations and histopatological test. The patient treated with oral anti tuberculosis and after 2 months of therapy gives an improvement to the lesions. Verrucous cutis tuberculosis have a disease pathway like other skin diseases, accurate diagnosis and oral antituberculosis treatment as early as possible can gives improvement to the lesions. **Keywords:** histopathology, oral anti tuberculosis, verrucous cutis tuberculosis

**ASHY DERMATOSIS IN A 33 YEAR OLD WOMAN : A RARE CASE**

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Ashy dermatosis first described by Ramirez in 1957. It is a rare, benign and chronic disorder belongs to the group of acquired idiopathic hypermelanoses. The onset occurs at any age but usually in the 2nd – 3rd decade of life and more common in women with Fitzpatrick skin type of III-VI. The clinical manifestation is asymptomatic gray-blue hyperpigmented patch of variable shape, in size of 0.5 cm – 2 cm with varying shades of gray. Dermoscopy of ashy dermatosis demonstated gray colored dots or globules. Histopathological features show lichenoid reaction with basal vacuolization, colloidal bodies and pigment incontinence. This case report was intended to investigate and establish the diagnosis of ash dermatosis so that appropriate management can be applied. A 33 year old woman, came to dermatologyvenereology outpatient clinic of Dr.Moewardi Hospital, Surakarta, with ashy colored spots all over the body since 6 month before admission. She treated herself with ointments purchased at a drug store, but there was no improvement. Dermoscopic finding gray small dots or globules surrounding with ash shadows. Histopathological examination showed atrophic epidermal, hyperkeratosis, basal
vacuolization, dropping melanin in the basal layer of epidermis, while the dermis layer had pigment incontinence and fibrosis. Gold standard for diagnosing ashy dermatosis has not been established until now. Therefore thorough history taking and dermatological examination are necessary because ashy dermatosis is sometimes considered as lichen planus pigmentosus. Keywords: ashy dermatosis, ashy macule, dropping melanin, globule

**DERMOSCOPIC AND IMMUNOHISTOCHEMISTRY ANDROGENETIC ALOPECIA IN A FEMALE TEENAGER**

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Androgenetic alopecia (AGA) is a nonscarring progressive miniaturization of the hair follicle. The ratio of men to women is 2:1 with the age range of 14-18 years. Early onset AGA in prepubertal age causes anxiety and withdrawal of children from their social life. A girl 14 years old came to Dr. Moewardi Hospital, Surakarta with hair loss for 3 months. Dermoscopy showed with yellow and black dots as well as vellus hair. The baldness patterns in this patient closely resembled those of AGA. CD3 and CD8 immunohistochemistry tests showed no infiltration density of CD3 and CD8 T lymphocyte cells in both the epidermis and intrafollicular. Hence, the patient was diagnosed with AGA. Androgenetic alopecia is one of the causes of alopecia in children and adolescents where baldness begins after puberty. Dermoscopy features of AGA are the presence of more than 4 yellow dots in 4 frontal regions, hair thickness that differs from the frontal area compared to the occipital area and more than 10% thin hair in the frontal region. Immunohistochemistry test showing the presence of intrafollicular CD T cell lymphocyte infiltration is also a marker that distinguishes AA from AGA. Keywords: adolescents, androgenetic alopecia, classification of AGA, dihydrotestosterone

**SYSTEMIC LUPUS ERYTHEMATOSUS WITH ACUTE CUTANEOUS LUPUS ERYTHEMATOSUS MANIFESTATION MIMICKING PSORIASIS**

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Acute Cutaneous Lupus Erythematosus (ACLE) is an autoimmune disease which has manifest on the skin and it is one of Systemic Lupus Erythematosus (SLE), characterized by rashes on the face and body especially in sun exposure area.¹ The prevalence of ACLE in Indonesia in particular has never been reported. A 32-year-old woman was referred from internal medicine departement with rash all over her body, accompanied by photosensitivity and joint pain. Dermatological examination revealed nonscarring alopecia, malar rash, partly hyperpigmented erythematous macules, patches and plaques all over her body. Laboratory examination were found anemia, leukopenia, impaired renal function and proteinuria. The ANA test results was reactive, while the dsDNA antibody examination showed nonreactive. Patients with ACLE has more severe systemic symptoms like photosensitivity and arthralgia. Most patients with ACLE meet the revised criteria of Systemic Lupus International Collaborating Clinics (SLICC) year 2012. Serologic ANA test is reactive in 95% patients with ACLE, often with anti-dsDNA. Acute cutaneous lupus erythematosus may resemble similar manifestation to those in SCLE but with more severe systemic symptoms and impaired renal function. Keywords: acute cutaneous lupus erythematosus, arthritis, autoimmune disease
CASE REPORT

IMMUNE RECONSTITUTIONAL DISEASE IN IMMUNOCOMPETENT HIV-INFECTED WOMAN WITH CERVICAL HERPES ZOSTER

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Herpes zoster (HZ) is reactivation of varicella zoster virus (VZV) in a latently infected ganglion and characterized by painful vesicles in the area innervated by the ganglion. Its incidence increases with age, malignancy and condition affecting cellular immunity like human immunodeficiency virus (HIV). This case report aim to enhance increase knowledge about the HZ occurring in immunocompetent HIV-infected patient. 52-year-old woman came with burning sensation vesicles on the left neck extended to cheeks and outer ear. Dermatological examination showed discrete multiple vesicles which are partially confluent with erythematous base as high as the left C2-C3 dermatome. Tzanck examination found multinucleated giant cell. This patient has been on antiretroviral therapy (ART) for HIV since 8 years ago, with CD4+ count was 1500 cells/mm³. She was treated with acyclovir 5x 800 mg tablets for 10 days and showed improvement and no more lesion appeared. Herpes zoster is generally occurs in patients with CD4+ counts <500 cells/mm³ but in this case, it occurred in HIV patients with CD4+ count >1,500 cells/mm³. The immunologic mechanism of this condition is still unclear, but may be related to the immune reconstitution disease (IRD) phenomenon, which associated with high increase of CD8 cells’s percentage after administration of ART. **Keywords: CD4+, herpes zoster, HIV, immune reconstitution disease (IRD)**

RELAPSED MULTIBASILLARY LEIPRAE LEPROMATOUS LEPROSY TYPE WITH ERYTHEMA NODOSUM LEPROSUM REACTION : ESTABLISHING THE DIAGNOSIS

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Leprosy is a disease caused by *Mycobacterium leprae* which manifest in the skin and peripheral nerves causing neuropathy or disability. Relapse in leprosy is a condition in which patients who have successfully completed the multi drug therapy (MDT) program completly and appropriately but there are new symptoms of the disease either during the monitoring period or after. Erythema nodosum leprosum reactions can occur at any time, namely before, during and after MDT therapy. A 43 years old woman came to Dermatovenereology outpatient clinic with complaining of painful red lumps on her face and extremities. Dermatological examination revealed multiple erythematous nodules with partial hyperpigmented poorly demarcated patches on her face, superior and inferior limbs. Skin slit smears test indicated the presence of BI + 3 and IM 0%. Histopathological examination demonstrated an ENL reaction with a solid acid-resistant bacillus. The patient was diagnosed with leprosy MB type LL relapse with ENL. Relapsed or recurrent in leprosy can occur due to a variety factors, one of them is the presence of persister bacilli. Several criterias can be used as reference for diagnosing relapse including clinical, AFB examination and histopathological features. **Keywords: erythema nodosum leprosum, leprosy, relapse.**
Pityriasis rubra pilaris (PRP) is a rare papulosquamosa disease, idiopathic, which can develop into erythroderma. There is no universally effective therapy algorithm and some cases reported no response to various therapies. Cyclosporine A can be considered as one of the therapy choice of PRP, although the results still vary. A 30 years old breastfeeding female patient came with chief complaint of rash all over her body with some unaffected skin that appeared since 9 months ago. The patient had already treated with some topical medication. Vital sign within normal limit. Dermatological examination showed salmon-red papule and plaque with some island of normal skin, called nappes claires, but without palmoplantar hyperkeratosis. Histological examination present classical features of PRP. Laboratory examination within normal limit. She was treated with cyclosporine A with an initial dose of 225mg/day, vital sign was evaluated regularly. Significant clinical improvement occurred in 5 weeks. In this case, Cyclosporine A had proven to be effective as a therapy in breastfeeding PRP patient, because it can inhibit the proliferation of keratinocyte in vitro. Keywords: Cyclosporine A, pityriasis rubra pilaris, breastfeeding

SWEET’S SYNDROME ASSOCIATED WITH BLAST CRISIS OF CHRONIC MYELOID LEUKEMIA ON 47-YEAR-OLD WOMAN

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Sweet’s Syndrome (SS) is a group of symptoms: fever, neutrophilia, erythematous and tender skin lesions with dense neutrophils in the dermis, which responded well to systemic corticosteroids. Hematologic malignancy is commonly associated with SS (Malignancy Associated Sweet’s Syndrome/MASS). Chronic myeloid leukemia (CML) is a malignancy rarely associated with SS. A 47-year-old woman came with complaint of painful red bumps in almost all of her body since 9 months ago, accompanied by high fever. Patient was diagnosed with CML since 8 months ago. Dermatological examinations showed papules, nodules, erythematous plaques, some of which were horseshoe-shaped, with vesicles and bullae, some hemorrhagic erosions and crusts in almost all over the body. Hematological examination showed anemia, leukocytosis, thrombocytopenia, neutropenia, and increased of blood sedimentation rate and C-Reactive protein. Histopathological examination showed neutrophil cells in the dermis. Patients was diagnosed with Sweet’s syndrome associated with blast crisis of CML and received methylprednisolone 0,5-1 mg/BW/day. Evaluation at 7th week showed clinical improvement. Sweet’s syndrome can be a cutaneous sign of malignancy and often manifests extracutaneously which may cause fatal consequences. Recurrence often occurs in MASS with blast crisis of CML. Corticosteroids are very effective for both cutaneous and extracutaneous manifestations. Keywords: malignancy associated sweet’s syndrome, chronic myeloid leukemia, corticosteroid
EFFICACY OF TOPICAL 0.1% ADAPALENE GEL FOR THE TREATMENT OF ACANTHOSIS NIGRICANS ASSOCIATED WITH OBESITY

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Acanthosis nigricans (AN) is a common skin disorder, mostly associated with obesity. Treatment for AN related to obesity is difficult especially in adolescence. The condition of AN often becomes the reason for patients seeking treatment because the cosmetic problem. Adapalene is one of the choices that can be used to improve the condition of AN. A 17 years old girl complained dark, coarse and thickening skin being distributed on the neck, face, axillae, and elbow folds for 4 years. Dermatological examination showed multiple hyperpigmentation plaques with a velvety texture, varied in sizes 1-10cm, and irregular edges. Histopathological examination showed hyperkeratosis and papillomatosis epidermis, increase of melanin on basal layer, and also found some horn cyst on epidermis. Patient was treated with topical adapalene 0.1% and sunblock SPF 33. Patient had also been evaluated with Felix von Luschan’s skin color chart and Investigator/Patient Global Evaluation (IGE/PGE) every 3 weeks. Based on skin color chart, there were significant clinical improvement on face, neck, and elbow folds. The main treatment for AN associated with obesity is behavioral weight management. Additional therapy is given in certain cases to improve clinical AN on a cosmetic base. In this case, there was a marked clinical improvement with good cutaneous tolerance after used adapalene for 9 weeks. Keywords: acanthosis nigricans, obesity, adapalene

MULTIBACILLARY HANSEN’S DISEASE AND PULMONARY TUBERCULOSIS CO-INFECTION

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Pulmonary tuberculosis (TB) and leprosy that occur together in one individual are rarely found. Co-infected cases were reported 2-6 in every 100,000 population annually worldwide. The incidence co-infection can occur due to immunocompromised conditions. We reported a 51-year-old woman complained generalized reddish lumps that appear occasionally since 1 year ago. Patient took methylprednisolone twice a day for 1 year. Physical examination revealed multiple nodules and erythematous plaques throughout the body, and thickening of left common perineal nerve. Slit skin smear was negative and no hypoesthesia spots were found. Skin biopsy in nodule demonstrated woven epidermal keratosis, lymphocyte and neutrophil infiltrate around dermis subcutaneous fat, foam cells, and grenz zone, suggesting lepromatous leprosy and erythema nodosum leprosum. Routine thoracic radiology examination shows fibro infiltrates and consolidation at the top of right lung, suggesting pulmonary TB. Gene Expert Examination from sputum, showed very low detection of rifampicin sensitive tuberculosis. Patient received multidrug therapy (MDT) for Multibacillary Morusb Hansen (MB MH), methylprednisolone and Anti-Tuberculosis Drug (ATD). Co-infection of leprosy and TB is rare, presumably because of cross-immunity. In cases of co-infection, leprosy infection usually precedes TB. This is due to longer incubation period of leprosy than TB. The mechanism of co-infection in these patient could be due to long-term corticosteroid use, causing individual susceptible to TB infection. Patient was treated with methylprednisolone, MDT MB and ATD, and getting better. Therapy in this
OVERLAPPING PRIMARY AND SECONDARY SYPHILIS IN HUMAN IMMUNODEFICIENCY VIRUS (HIV) PATIENT
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Syphilis outbreaks have been rapidly escalating especially on who have sexually risky behavior and Human Immunodeficiency Virus (HIV). Coinfection between these two organisms could manifest similar or varied to syphilis without HIV. Overlapping of stages are account to 25% of cases and attributable to the defect of cellular and humoral immune response. We reported 55 years old man with chief complaint reddish rash all over his body, baldness, and painless wound on his genital. He was sexually active since 25 years ago via genito-genital, genito-anal, genito-oral routes, had multiple sexual partners both male and female, seldom used condom, and always being the insertive. Dermatological examination revealed alopecia non-cicatrical on frontoparietal region, painless solitary ulcer with clean base on collium penis, also multiple erythematous macules, patches, and plaques all over body. Spirochaeta was found with darkfield microscope. Histopathology examination revealed secondary syphilis lesion. Venereal Disease Research Laboratory (VDRL) 1:16, TPHA reactive, reactive HIV rapid test, and CD4+ cell count 111 cell/µL. He was treated by single dose of benzathine penicilline G 2.4 million units intramuscular and antiretroviral drugs. After injection, he suffered from Jarisch-Herxheimer reaction and treated with paracetamol. On sixth month evaluation, only revealed alopecia non-cicatrical on frontoparietal region, VDRL was non-reactive and CD4+ cell count 325 cell/µL respectively. Serological tests are scheduled on 9th, 12th, and 24th months after therapy. He was educated to be faithful with single sexual partner and using condoms. Keywords: primary syphilis, secondary syphilis, HIV

MULTISYSTEM LANGERHANS CELL HISTIOCYTOSIS HIGH-RISK GROUP: A CASE SERIES
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Langerhans Cell Histiocytosis (LCH) has diverse manifestations from asymptomatic to aggressive involving many organs. Histopathological examination play an important role as basic diagnostic standard for LCH. The Writing Group of the Histioocyte Society proposes guideline for diagnosing LCH, divided into presumptive, designated, and definitive diagnosis. We report two cases, the first case is 14 month-old girl and the second case is 18 month, both presented with similar clinical manifestation and multi organ involvement. Dermatological examination revealed red papules and plaques covered by brownish scales and crusted on scalp and body, and erosion in some folds of body. Histopathological examination of first case, revealed early purpuric phase. S100 immunostaining revealed hyperplasia of Langerhans cell but still could not support diagnosis of LCH. Fine Needle Aspiration Biopsy (FNAB) examination was perform second month observation on enlarged submandibular lymph node suggesting LCH and treated with chemotherapy. On second case, histopathological examination revealed proliferation of round-oval nucleated cells, pleomorphic, some reniform nuclei, amphophilic cytoplasm. S100 and CD1a immunostaining revealed positive in the proliferative cell. The diagnosis of LCH in this patient was
definitive but patient passed away before receiving chemotherapy. Multisystem LCH is unpredictable, which poor prognosis often associated with high-risk group. **Keywords:** Langerhans Cell Histiocytosis, multisystem organ, histopathology, S100

*Neisseria gonorrhoeae* **RESISTANCE TO ELEVEN ANTIBIOTICS IN PATIENT WITH ANORECTAL GONORRHEA AND HIV**

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Gonorrhea is the second most prevalent sexually transmitted disease in the world. The resistance of *Neisseria gonorrhoeae* towards recommended antibiotics has been acknowledged since almost a century ago and now several cases of failure treatment with cephalosporin have been found. Due to the broad spread of resistances, the incidence of rare form of gonorrhea infection such as anorectal gonorrhea may erupt and cause major burden in medical world. We reported one case of 21-year-old-male HIV patient who came to outpatient clinic of dermatology and venereology dr. Saiful Anwar Regional General Hospital Malang for small bumps on his anal that expel yellowish pus since one and a half year ago. Patient is a MSM (Male Having Sex with Male) with anal-genital mode of sexual intercourse. Physical examination revealed multiple bumps expelling pus on perianal and perineal region. Gram staining from the perianal pus revealed intracellular diplococcus Gram negative and Thayer Martin culture revealed growth of *Neisseria gonorrhoeae*. The result of Kirby Bauer disc diffusion test showed resistance towards cefixime, azithromycin, ceftriaxone, cefepime, cefodoxime, cefuroxime, penicillin, ceftazidime, tetracycline, ofloxacin and ciprofloxacin. Patient was diagnosed anorectal gonorrhea with perianal fistulas and treated with intramuscular injection of ceftriaxone 250 mg based on the highest diameter of inhibition zone on Kirby Bauer disc diffusion test. After two courses of therapy, we obtain clinical and microbiological improvement. Perianal fistulas were treated with repair fistulectomy. **Keywords:** anorectal gonorrhea, resistance, HIV

**CIRCUMSCRIBED MORPHEA SUCCESSFULLY TREATED WITH TACROLIMUS 0,1% OINTMENT : A CASE REPORT**

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Morphea is a rare fibrosis disorder in the skin, which therapy is rarely satisfying. Tacrolimus is currently one of choice for active phase morphea therapy which unresponsive to topical steroid. A 29-year-old woman complained of appearing violaceous red patches on the forehead since 5 years ago and followed with the same lesion on the left cheek since 1 year. The lesion become thicker and wider. The patient also complained a defect on the central part of forehead since 2 years ago. Patient had already treated with topical steroid for 8 week but no improvement. Dermatological examination in the frontal region showed an atrophy surrounded by violaceous patch, in the maxillary region the lesion is dusky violaceous plaque. Raynaud’s phenomenon and ANA test were negative. Schedel examination was in normal limit. Histopathological examination found dense fibrocolagen on the dermis surrounded by lymphocyte
infiltrate. The patient’s baseline Dyspigmentation, Induration, Erythema and Telangiectasis (DIET) score was 4 on forehead region and 5 on maxillary region. Modified localized sclerodermat skin severity index (mLoSSi) score was 3 on forehead region and 5 on maxillary region. Patient treated with tacrolimus 0.1% ointment and after 8 week, there was improvent on the lesions which less erythema and softer. DIET and mLoSSi score also decreased. In this case tacrolimus 0.1% ointment proved to be an successfully treatment for patients with circumscribed morphea. **Keywords**: Circumscribed morphea, active phase, tacrolimus 0.1% ointment

**FIVE YEARS OLD FEMALE WITH CONDYLOMA ACUMINATA AND HIV INFECTION**

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**Introduction**: Although Condyloma acuminata is the largest sexually transmitted infection, incidences in children is uncommon.¹,² Transmissions in children is unique and complicated as it could transmitted through vertical and horizontal pathway by *Human Papillomavirus* (HPV). **Objective**: To report a case of five years old female with Condyloma Acuminata and HIV infection. **Case Presentation**: Five years old female presented with itching, painful, bleeding papule in anogenital area since one month. It showed multiple hiperpigmented papule with verucose surface, some were confluented forming plaque in varied size of 0.5-2cm. No history of sexual intercourse, gynecologic findings showed intact hymen. No history of warts in parents. No history of wart in other bodypart. She’s HIV-infected since born from vertical transmission. She was delivered by caesarian section. CD4+ count were 621. PCR test (+) HPV infection. The patient got 90% TCA every once a week. **Conclusion**: Patient had an improvement by treatment with TCA 90% once a weeks and the transmission of the anogenital warts on the patient still unknown. **Keywords**: Condyloma acuminata, Human Imunnodeficiency Virus.