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Research Article

**INNOVATIVE PROCEDURES TO HANDLE VICTIMS WITH  
SENSUALLY CONVEYED SYNDROMES: A MULTIFACETED  
APPROACH**<sup>1</sup>Dr Humira Khurshid, <sup>2</sup>Aimen Iftikhar, <sup>3</sup>Dr Muhammad Usman Sarwar<sup>1</sup>Railway Hospital Rawalpindi IIMC and Trust Rawalpindi, <sup>2</sup>Allied Hospital Fsd, <sup>3</sup>Nishtar Hospital Multan.**Article Received:** November 2020 **Accepted:** December 2020 **Published:** January 2021**Abstract:**

*It is seen in adults every year in the world. The most communal infections are gonorrhoea, syphilis, trichomoniasis, chlamydia, genitalia herpes, chancroid, genitalia warts and human immunodeficiency virus and catarrhal inflammation B sickness, as well as structural changes and their presence. According to the World Health Organization, 520 million new cases of sensually spread infections caused by germs, parasites and viruses, including sensually spread infections from mother to child during pregnancy and delivery. Cooperation of doctors is one of the main points of identification, early identification, improvement of diagnostic checks and therapeutic cure and handling. Asymptomatic sickness hinders routine diagnostic checks and therapeutic cure and handling. These points are important for improving the victim's quality of life and overall protection. In our case report, appropriate collaboration between clinicians has improved the early detection and cure and handling of AIDS. On the other hand, if AIDS is detected, it is possible to detect at least one additional sensually conveyed sickness in the same victim, which makes it difficult to diagnose the etiology of the sickness and to schedule diagnostic checks and treat the sickness early enough.*

**Keywords:** Multifaceted Approach, Handle, Sensually Conveyed Syndromes, Victims.**Corresponding author:****Dr. Humira Khurshid,**

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**INTRODUCTION:**

The most important conditions are gonorrhea, chlamydia and trichomoniasis, syphilis, carcinoid, genitalia herpes, genitalia warts and HIV infection and catarrhal inflammation B. There are around 480 million curable and incurable sensually conveyed syndromes worldwide, responsible for around 30 different bacteria, viruses and parasites, including mother-to-child transmission each year and taking plasma and plasma products in case of immunodeficiency virus infection and human immunodeficiency virus (HIV) infection and syphilis. HIV is one of a group of retroviruses that attack mature T4 cells that play a direct role in defending many syndromes. Acquired immunodeficiency syndrome (AIDS) is a dangerous and deadly sickness that attacks the immune system caused by HIV, prevents its damage and protects the human body from the harmful effects of various syndromes. First victim reports and October 2012. In 1981, the Center for Sickness Control and Prevention first recognized AIDS as a sickness and was identified as a causative agent of HIV in the first half of the 1980s. The onset of sickness is characterized by a decrease in the number of plasma and lymphocytes in the lymph nodes and spleen, as well as a reduced number of mature T lymphocytes and a reduced level of antibodies. A total of 1,002 AIDS victims were reported, and the subgroup of people taking injectables is the majority of victims. Syphilis (lues) is a sensually conveyed sickness caused by the bacteria *Treponema pallidum*, which can be said to have gone extinct. Syphilis, gonorrhea and other sensually conveyed syndromes can often be detected in AIDS victims. The body penetrates the vagina, mouth or skin, enters the lymph nodes and stretches throughout the body<sup>4,5</sup>. Performs a secondary stage, which heals after 3-12 weeks, and then 6-12 weeks after the primary stage, is characterized by mouth sores, proteinuria, fatigue, loss of appetite, nausea, fever and rarely jaundice. The symptoms that occur with syphilis are divided into three stages. The primary stage is characterized by the presence of a wound or ulceration in the penis, mouth, tongue, cervix or fingers, usually 1-13 weeks after infection, and is moved to open a plasmay, painless wound. There are benign tertiary syphilis, cardiovascular syphilis and nerve syphilis. This performance is followed by a latent stage without signs of sickness, followed by a tertiary stage of non-infectious syphilis. It is an inflammatory sickness of the liver caused by viral catarrhal inflammation, cytomegalovirus, Epstein Barr virus, Coxakie virus, varicella zoster, herpes simplex, adenovirus, rubella virus, parotid virus, measles virus and similar syndromes in this group. Identification is carried out

according to the instructions. Laboratory studies on sensually conveyed syndromes or fluorescent antibody absorption checks that should have a positive response. Catarrhal inflammation B is an infectious sickness that is conveyed through sexual contact and plasma as a result of an infection caused by a virus caused by chronic catarrhal inflammation, cirrhosis and hepatocellular carcinoma. There are 5 types of catarrhal inflammation A, B, C, D, E and catarrhal inflammation other than ABC. Catarrhal inflammation A is an infectious epidemic that migrates by feco-oral route in less developed countries with lower socioeconomic conditions. In addition, the change in various forms of microorganisms and the presence of asymptomatic sickness in some situations enables routine identification and timely examination of potentially affected persons. A similar pattern is observed for catarrhal inflammation C. This article does not discuss the symptomatology of other sensually conveyed syndromes, so we will not describe them further. Early identification and targeted therapy significantly improve the victim's quality of life and perhaps cure and handling. On the other hand, AIDS is more common in at least one of the sensually conveyed syndromes listed above, which further complicates the identification of the sickness's etiology and the targeting of diagnostic checks that can contribute early detection and timely cure and handling. Etiology of the sickness, especially in the early stages, followed by effective cure and handling. From our point of view, an AIDS victim based on problems that previously arose when determining algorithmic diagnostic procedures will emphasize the importance of communication between doctors to provide the victim with a multifaceted approach to recognizing facts

**CASE REPORT:**

The Dental Clinic in light of changes in the right upper jaw and palate, and difficulty swallowing that lasts a year ago. Male victim aged 45 years appears in the first half of the 2019 in the Dental OPD of Punjab Medicinal and Dental Hospital. Macroscopic determine bilateral retromolar hyperplasia right upper jaw, dark blue to brown, extending to the middle palate, not fading to external pressure and focal bleeding (Figure 1). From the clinical examination allocated expressed cachexia, nipple changes in the skin, and anamnestic victim again complains of constant fatigue and sub-febrile temperature and stomach pain and joint pain. Based on the medicinal history of increasing the scope of complaints indicates a detailed clinical evaluation by a specialist in internal medicine. Leather changes suggested a viral verruca. In the opinion of the biopsy suggested

the expansion of cure and handling in terms of exclusion of KS, with a recommendation to do hematological and serological testing. Underwent biopsy part in the oral cavity and one lesion which was located on the chin. Specialist Pathologic histological changes in the epithelium covering the mouth could fit in viral infection, based on epidemiological and medicinal history as well as changes in the binder differential identification indicated the Kaposi's sarcoma (Figure 2). Immunological checks showed hyper gammaglobulinemia, elevated beta and gamma globulin with reduced alpha globulins, decreased CH50 and C3 and NK cells, decreased CD3/CD4 with elevated CD3 and CD3/CD8 and elevated total protein. Indicated the immunological cure and handling, HLA tissue typing, catarrhal inflammation markers, and HIV testing. Tissue indicating that no genetic changes, and markers of catarrhal inflammation B showed a positive reaction. The present plasma picture predominantly decreased iron, hemoglobin, hematocrit, and lymphocytes and increased neutrophils. After the implementation of hospitalization and victim education, the victim regularly comes to the control of the Dental Clinic and the Department of AIDS, it feels good, and the changes in the oral cavity were withdrawn in less visible brownish stains located on the back of the palate. The victim was referred to the Division of AIDS Clinic for Infectious Syndromes "Dr. Fran Mihaljevic" in Zagreb, where, after a confirmed positive result of HIV, began indicated and tailored therapy the victim.

#### DISCUSSION:

Further aggravating circumstances diagnosing STDs are victim compliance and accuracy of medicinal history, with experience and mutual cooperation between physicians are invaluable in terms of detection of sensually conveyed syndromes and their prevention, as well as in order to ensure prompt cure and handling of individual cases. Long known to the identification and recognition of sensually conveyed syndromes are not only subject to one physician specialty but the knowledge and skills needed within the other branches to medicinal specialties, as well as a specialist dentist. Begovac *et al.* investigated a group of victims with SIDA which is further defined and infection with catarrhal inflammation B virus. Many authors have confirmed suspicions that speak in favor of suspicions that a sensually conveyed infectious sickness may not be present in victims who had been exposed to high-risk group, but in the same victim can be diagnosed several sensually conveyed syndromes. Research Smikle *et al* focused on the proportion of active or chronic catarrhal

inflammation B in HIV-positive victims. Passon in his research found a combination of sensually conveyed syndromes, HIV and catarrhal inflammation B virus infections with present and malignant syphilis. Lima and his associates researched and found that pregnant women in Brazil, there is a high percentage of the presence of sensually conveyed syndromes such as HIV, syphilis, catarrhal inflammation B or C. Similar research conducted Kupek and associates. Ruan *et al.* In the research, Campos and his associates found that the prevention and awareness of sensually conveyed syndromes in psychiatric victims is lower than in a population with no diagnosed mental illness, suggesting the possibility of unhindered spread of sensually conveyed syndromes, both within the same subgroups as well as in the general population with no diagnosed mental illness confirmed that STDs are in a very high percentage of the homosexual group, which is usually diagnosed syphilis, HIV and catarrhal inflammation, wherein the Todd *et al.* confirmed that the injectors increase the share of STDs additional oral sex. In our case, when the enlargement process, and HIV testing, we tested and proven markers of catarrhal inflammation B and thus partly confirm previous observations of many researchers. Based on prevention makes continuous education of the general population, risk groups and registered victims, proper protection during sexual intercourse, disposable needles, gloves, and control of plasma and tissue transplants.

#### CONCLUSION:

Cross-team collaboration more specialist medicinal practitioners and dental specialists in our case has enabled faster and easier planning of diagnostic procedures, and reaffirmed that the timely collaboration and team doctors of various specialties required in a planned and targeted diagnostics for early determination of the causes of sickness, and timely administration of targeted therapies. Good and detailed case history and detailed clinical findings will result in a proper algorithm diagnostic procedure that allow identification of the sickness. The environment in which the victim lives and safer in terms of preventing the spread of sickness and a multifaceted approach to addressing the symptoms and diagnostic procedures of planning is the key to success in detecting the etiology of sensually conveyed syndromes and timely administration of therapy during which the victim has a direct benefit in terms of potential cures or longer time may be successfully kept under control,

#### VICTIM'S PERSPECTIVE:

My gingiva enlarged that I couldn't swallow without pain. I came with a high temperature that lasted for a while. I was positively surprised by the approach of the doctors, their co-operation and their efficiency of detecting my syndromes after which I was given therapy. I felt weak and tired. After a detailed exam, they took a tissue sample and I was sent to a series of checks.

### COMPETING INTERESTS:

The starting symptoms can occur inside the mouth as non-specific states. And so, it is of great importance to do a detailed anamnesis, a detailed diagnose and to have a multifaceted approach to the sickness itself. My competing interest is to prove that many syndromes do not specifically have to necessarily reside on the body.

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