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Research Article

**NEW METHODOLOGIES TO TREAT PATIENTS WITH  
SEXUALLY TRANSMITTED DISEASES:  
A MULTIDISCIPLINARY APPROACH****<sup>1</sup>Dr Resham Sitara, <sup>2</sup>Dr Asifa Zaib, <sup>3</sup>Dr Muhammad Numan Qayyum**<sup>1</sup>Allama Iqbal Memorial Teaching Hospital Sialkot<sup>2</sup>Faisalabad Medical University, Faisalabad<sup>3</sup>Allama Iqbal Memorial Teaching Hospital Sialkot**Article Received:** February 2020    **Accepted:** March 2020    **Published:** April 2020**Abstract:**

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

**Keywords:** Treat, Patients, Sexually Transmitted Diseases, Multidisciplinary Approach.

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**INTRODUCTION:**

There are around 480 million curable and incurable sexually transmitted diseases worldwide, responsible for around 30 different bacteria, viruses and parasites, including mother-to-child transmission each year. and taking blood and blood products in case of immunodeficiency virus infection and human immunodeficiency virus (HIV) infection and syphilis<sup>1</sup>. The most important conditions are gonorrhoea, chlamydia and trichomoniasis, syphilis, carcinoid, genital herpes, genital warts and HIV infection and hepatitis B. Acquired immunodeficiency syndrome (AIDS) is a dangerous and deadly disease that attacks the immune system caused by HIV, prevents its damage and protects the human body from the harmful effects of various diseases. HIV is one of a group of retroviruses that attack mature T4 cells that play a direct role in defending many diseases. In 1981, the Center for Disease Control and Prevention first recognized AIDS as a disease and was identified as a causative agent of HIV in the first half of the 1980s. First patient reports and October 2012. A total of 1,002 AIDS patients were reported, and the subgroup of people taking injectables is the majority of patients<sup>2</sup>. The onset of disease is characterized by a decrease in the number of blood and lymphocytes in the lymph nodes and spleen, as well as a reduced number of mature T lymphocytes and a reduced level of antibodies. Syphilis, gonorrhoea and other sexually transmitted diseases can often be detected in AIDS patients<sup>3</sup>. Syphilis (lues) is a sexually transmitted disease caused by the bacteria *Treponema pallidum*, which can be said to have gone extinct. The body penetrates the vagina, mouth or skin, enters the lymph nodes and stretches throughout the body<sup>4,5</sup>. 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 bloody, painless wound. 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. This performance is followed by a latent stage without signs of disease, followed by a tertiary stage of non-infectious syphilis<sup>6</sup>. There are benign tertiary syphilis, cardiovascular syphilis and nerve syphilis. Diagnosis is carried out according to the instructions. Laboratory studies on sexually transmitted diseases or fluorescent antibody absorption tests that should have a positive response. It is an inflammatory disease of the liver caused by viral hepatitis, cytomegalovirus, Epstein Barr virus, Coxsackie virus, varicella zoster, herpes simplex, adenovirus, rubella virus, parotid virus, measles virus and similar diseases in this group<sup>7</sup>.

There are 5 types of hepatitis A, B, C, D, E and hepatitis other than ABC. Hepatitis A is an infectious epidemic that migrates by feco-oral route in less developed countries with lower socioeconomic conditions. Hepatitis B is an infectious disease that is transmitted through sexual contact and blood as a result of an infection caused by a virus caused by chronic hepatitis, cirrhosis and hepatocellular carcinoma<sup>8</sup>. A similar pattern is observed for hepatitis C. This article does not discuss the symptomatology of other sexually transmitted diseases, so we will not describe them further. In addition, the change in various forms of microorganisms and the presence of asymptomatic disease in some situations enables routine diagnosis and timely examination of potentially affected persons. On the other hand, AIDS is more common in at least one of the sexually transmitted diseases listed above, which further complicates the identification of the disease's etiology and the targeting of diagnostic tests that can contribute<sup>9</sup>. early detection and timely treatment. Early diagnosis and targeted therapy significantly improve the patient's quality of life and perhaps treatment. From our point of view, an AIDS patient based on problems that previously arose when determining algorithmic diagnostic procedures will emphasize the importance of communication between doctors to provide the patient with a multidisciplinary approach to recognizing facts. etiology of the disease, especially in the early stages, followed by effective treatment.

**CASE REPORT:**

Male patient aged 45 years appears in the first half of the 2018 in the Dental OPD of Nishter Hospital Multan. The Dental Clinic in light of changes in the right upper jaw and palate, and difficulty swallowing that lasts a year ago. From the clinical examination allocated expressed cachexia, nipple changes in the skin, and anamnestic patient again complains of constant fatigue and sub-febrile temperature and stomach pain and joint pain. Based on the medical history of increasing the scope of complaints indicates a detailed clinical evaluation by a specialist in internal medicine. 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). 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 medical history as well as changes in the binder differential diagnosis indicated the Kaposi's sarcoma (Figure 2). Leather changes suggested a viral verruca. In the opinion of the biopsy suggested the expansion of treatment in terms of exclusion of KS, with a recommendation to do

hematological and serological testing. The current blood picture predominantly decreased iron, hemoglobin, hematocrit, and lymphocytes and increased neutrophils. Indicated the immunological treatment, HLA tissue typing, hepatitis markers, and HIV testing. Immunological tests showed hypergammaglobulinemia, 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. Tissue indicating that no genetic changes, and markers of hepatitis B showed a positive reaction. The patient was referred to the Division of AIDS Clinic for Infectious Diseases "Dr. Fran Mihaljevic" in Zagreb, where, after a confirmed positive result of HIV, began indicated and tailored therapy the patient. After the implementation of hospitalization and patient education, the patient 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.

#### DISCUSSION:

Long known to the diagnosis and identification of sexually transmitted diseases are not only subject to one physician specialty but the knowledge and skills needed within the other branches to medical specialties, as well as a specialist dentist. Further aggravating circumstances diagnosing STDs are patient compliance and accuracy of medical history, with experience and mutual cooperation between physicians are invaluable in terms of detection of sexually transmitted diseases and their prevention, as well as in order to ensure prompt treatment of individual cases<sup>10,11</sup>. Many authors have confirmed suspicions that speak in favor of suspicions that a sexually transmitted infectious disease may not be present in patients who had been exposed to high-risk group, but in the same patient can be diagnosed several sexually transmitted diseases. Begovac *et al*<sup>12</sup>. investigated a group of patients with SIDA which is further defined and infection with hepatitis B virus. Passon in his study found a combination of sexually transmitted diseases, HIV and hepatitis B virus infections with present and malignant syphilis<sup>13</sup>. Research Smikle *et al*<sup>14</sup>. focused on the proportion of active or chronic hepatitis B in HIV-positive patients. In the study, Campos and his associates found that the prevention and awareness of sexually transmitted diseases in psychiatric patients is lower than in a population with no diagnosed mental illness, suggesting the possibility of unhindered spread of sexually transmitted diseases, both within the same subgroups as well as in the general population with no diagnosed mental illness. Lima and his associates researched and found that pregnant women in Brazil, there is a

high percentage of the presence of sexually transmitted diseases such as HIV, syphilis, hepatitis B or C. Similar research conducted Kupek and associates. Ruan *et al*<sup>15</sup>. confirmed that STDs are in a very high percentage of the homosexual group, which is usually diagnosed syphilis, HIV and hepatitis, wherein the Todd *et al*. confirmed that the injectors increase the share of STDs additional oral sex. Based on prevention makes continuous education of the general population, risk groups and registered patients, proper protection during sexual intercourse, disposable needles, gloves, and control of blood and tissue transplants. In our case, when the enlargement process, and HIV testing, we tested and proven markers of hepatitis B and thus partly confirm previous observations of many researchers.

#### CONCLUSION:

Good and detailed case history and detailed clinical findings will result in a proper algorithm diagnostic procedure that allow diagnosis of the disease. Cross-team collaboration more specialist medical 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 diagnostic for early determination of the causes of disease, and timely administration of targeted therapies. A multidisciplinary approach to addressing the symptoms and diagnostic procedures of planning is the key to success in detecting the etiology of sexually transmitted diseases and timely administration of therapy during which the patient has a direct benefit in terms of potential cures or longer time may be successfully kept under control, and the environment in which the patient lives and safer in terms of preventing the spread of disease.

#### PATIENT'S PERSPECTIVE:

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

#### COMPETING INTERESTS:

My competing interest is to prove that many diseases do not specifically have to necessarily reside on the body. 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 multidisciplinary approach to the disease itself.

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