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PENYAKIT KULIT AKIBAT VIRUS

Dr. dr. Ago Harlim, MARS, SpKK

VIRAL INFECTION OF SKIN AND MUCOSA

- ◉ Poxvirus
- ◉ Human papiloma virus
- ◉ Infectious exanthems
- ◉ Human herpes virus

- ◉ Herpes zoster
- ◉ Herpes simpleks
- ◉ Veruka
- ◉ Kondiloma akuminatum
- ◉ moluskum kontagiosum
- ◉ Varisela
- ◉ Variola

HERPES ZOSTER

- ◉ E/ virus varisela-zoster
- ◉ Varisella virus berdiam di ganglion posterior ss tepi dan ganglion kranialis
- ◉ Lokasi: tu torakalis
- ◉ GK/ gejala prodromal sistemik ,lokal
- ◉ Vesikel berkelompok dengan dasar eritematosa dan edema, unilateral, dematomal, \pm KGB
- ◉ Masa tunas 7 -12 hari, resolusi 1-2 minggu

- Vesikel keruh, \pm pustul, krusta
 - Pada muka: herpes zoster oftalmikus, Syndroma Ramsay Hunt
 - Neuralgia paska herpetik
 - Test tzanck
 - DD/ HSV
- penyakit rematik, angina

TERAPI

- Acyklovir
- Valasyclovir : 3x
1000mg
- Famcyclovir : 3x
500mg
- Pevention
- Supportive therapy
- Chronic stage :NPH
 - Capsaicin
 - Doxepin,
 - Gabapentin
 - Lidocain

VARISELA

- ◉ Virus varicella-zoster
- ◉ Cacar air
- ◉ Transmisi: aerogen
- ◉ Masa inkubasi: 7-21 hr
- ◉ Masa penularan: 1 minggu
- ◉ Dd/ variola jk menyeluruh
- ◉ Prodromal
- ◉ Erupsi kulit:
- ◉ Papul erithematosa
- ◉ Vesikel, (tear drop)
- ◉ Pustul, Krusta
- ◉ Penyebaran: sentrifugal
- ◉ Komplikasi : ensephalitis, penumonia dll, ibumil

PENGOBATAN

- ◉ Simptomatis
- ◉ Lokal
- ◉ antivirus
- ◉ Vaksinasi

VARIOLA

- Keadaan umum buruk
- Monomorf
- E / poxs virus
- Penularan aerogen dan bisa lewat pakaian
- Viremia
- 4 stadium: prodromal, makulopapular, vesiko pustular, resolusi
- Karantina
- Antiviral
- Prognosis : mortalitas bisa hingga 50%

HERPES SIMPLEKS

- ◉ Penyakit kelamin
- ◉ Kontak kulit [Herpes whitlow]
- ◉ Tipe 1 dan 2
- ◉ Kena daerah mukokutan
- ◉ Gk/ infeksi primer
- ◉ Fase laten
- ◉ Rekurens
- ◉ Vesikel berkelompok diatas kulit yg sebab dan eritematosa, cairan jernih, seropuluren, krusta, ulserasi
- ◉ Terapi

VERUKA

Hiperplasi epidermis

E/ human papiloma virus (group papova)

Transmisi kontak kulit , autoinokulasi

KLASIFIKASI

- ◉ Veruka vulgaris

Bulat keabuan, lentikular, konfluen → plakat, verukosa, filiformis, kobner +

- ◉ Veruka plana juvenilis

Milier, lentikular, licin

Leher, muka, manus, pedis, lutut, pergelangan tangan

- ◉ Veruka plantaris

- ◉ Veruka akuminatum

KONDILOMA AKUMINATUM

- ◉ HPV type tertentu → 16 dan 18 → kanker serviks
- ◉ Type 6,11 derajat ringan
- ◉ Lokasi: pria → perineum, anus, sulkus koronarius, glad penis, uretra eks, pangkal penis. Wanita: vulva, intoutus vagina, porsio
- ◉ Vegetasi bertangkai, kemerahan , agak hitam, papilomatosa
- ◉ Giant kondiloma (Buschke)

TERAPI

- ◉ Bahan kaustik : Ag No3 25%, acid salisilat 40%, fenol. Podopilin 10-25%, TCA 50%, 5 FU 1-5%
- ◉ Bedah beku
- ◉ Bedak skapel
- ◉ Bedah laser
- ◉ Bedah listrik
- ◉ Interferon 4-6mU /im. 3x seminggu hg 6 mg
- ◉ imiquimod

MOLUSKUM CONTAGIOSUM

- ◉ e/ Poks virus
- ◉ Gk/ papul, keputihan, delle jk dipijat ada isi.
- ◉ Anak , jika dewasa termasuk STD
- ◉ Lokasi: tergantung umur
- ◉ Terapi : keluarkan atau hancurkan isinya
- ◉ Terapi pasangan seksualnya

FIGURE 25-1 Molluscum contagiosum: trunk Discrete, solid, skin-colored papules, 1 to 2 mm in diameter, with central umbilication on the chest of an adolescent female. The lesion with an erythematous halo is undergoing spontaneous regression.

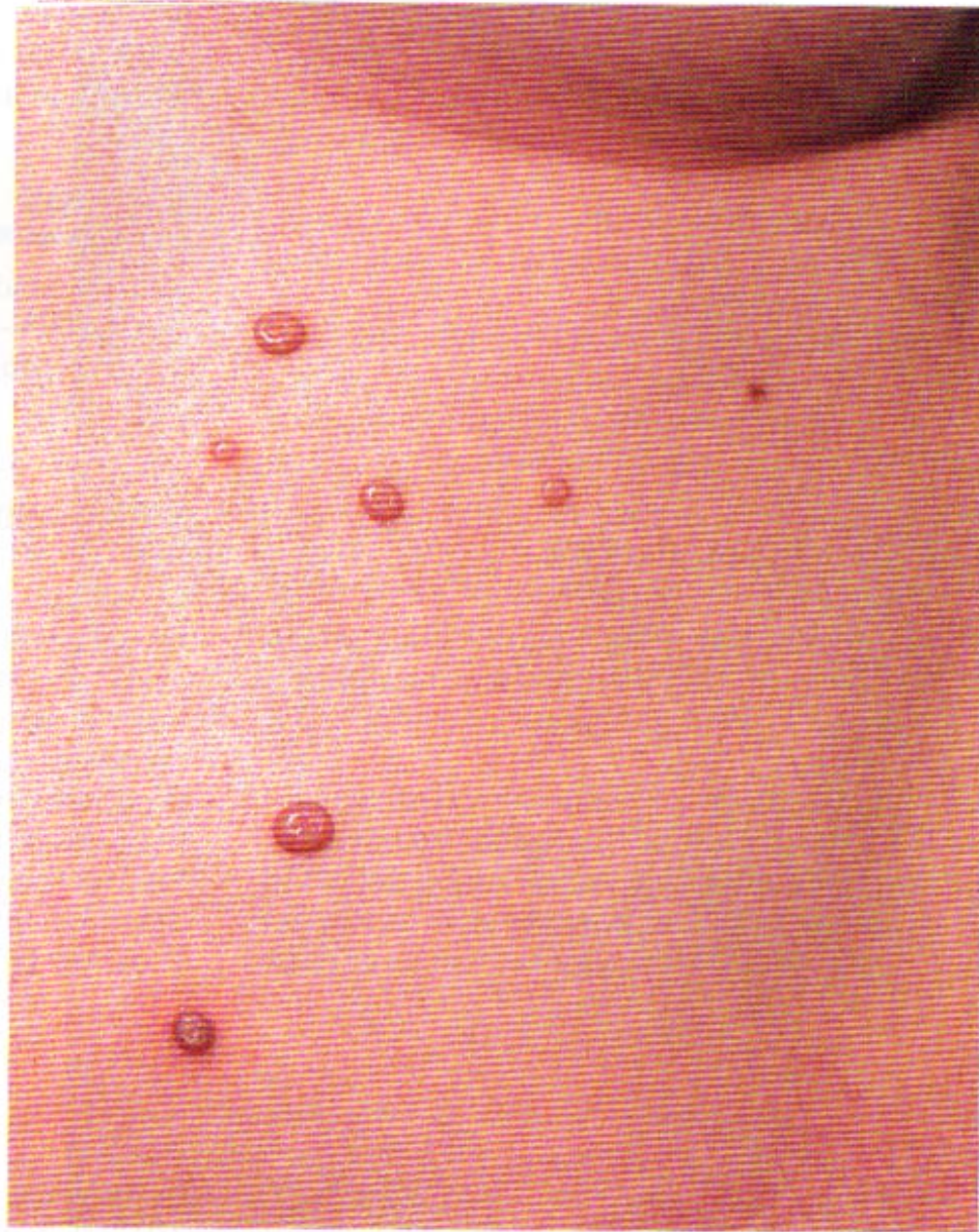




FIGURE 25-2 Molluscum contagiosum: penis *Multiple, small glistening pink papules on the penile shaft.*

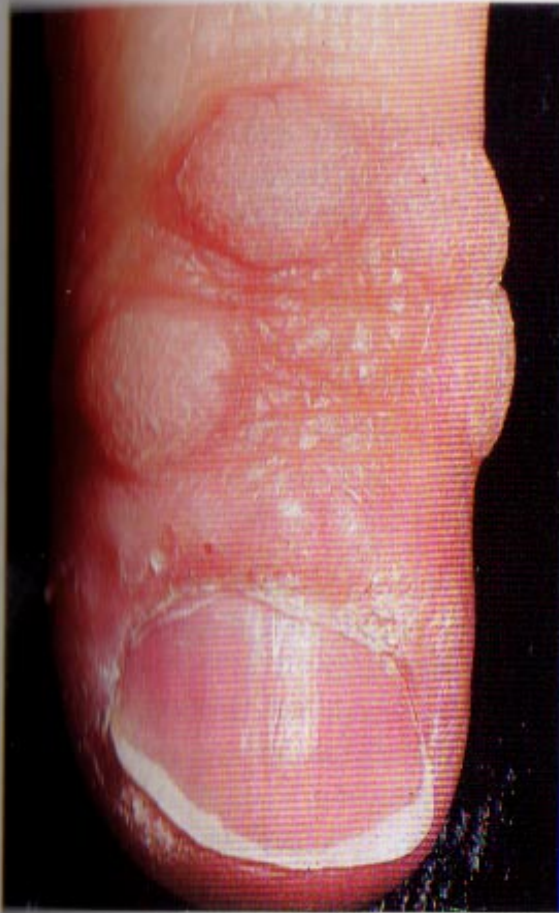


FIGURE 25-9 (Left) Verruca vulgaris: periungual *Hyperkeratotic papules located periungually on the dorsum of a finger. Similar lesions were present on all fingers of both hands. All modalities of therapy had failed. The warts resolved with microinjections of bleomycin. Note, black and brown dots.*

FIGURE 25-10 (Right) Verruca vulgaris in an immunocompromised individual *Large, very thick, fissured, painful periungual and subungual warts are present on two fingers of a 20-year-old male treated with immunosuppressive drugs after renal transplantation. Similar lesions were also present on multiple toes.*

FIGURE 25-12 Verruca plantaris

Confluent, skin-colored, verrucous papules, forming a mosaic, disrupting the normal dermatoglyphics of the plantar foot. The thrombosed capillaries (brown dots) differentiate the lesion from a corn (an often painful, translucent, yellowish, keratotic granule) and a callus (a poorly demarcated, hyperkeratotic plaque with normal dermatoglyphics at pressure sites). The patient had some degree of immunocompromise associated with prior non-Hodgkin's lymphoma. Warts nearly resolved with oral acitretin.





FIGURE 25-13 Verruca plana (flat warts) *Flat-topped, pink papules with sharp margination and minimal hyperkeratosis on the dorsa of the hands and fingers.*



FIGURE 25-24 Herpes simplex virus infection: primary gingivostomatitis *Multiple, very painful erosions on the lower labial mucosa with erythema and edema of the gingiva; fibrin deposits on teeth and gingiva. Fever and tender submandibular lymphadenopathy were also present.*



FIGURE 25-25 Herpes simplex virus infection: recurrent herpes labialis *Grouped and confluent vesicles with an erythematous rim on the lips, 24 h after onset of symptoms.*



FIGURE 25-38 Varicella-zoster virus infection: varicella Multiple, very pruritic, erythematous papules, vesicles ("dewdrops on a rose petal"), and crusted papules on erythematous, edematous bases on the face and neck of a young female. The spectrum of lesions, arising over 7 to 10 days, is typical of varicella.



FIGURE 25-39 Varicella-zoster virus infection: varicella Multiple papules and vesicles on erythematous bases in a random pattern of dissemination on the trunk. Note different stages of evolution of individual lesions.



FIGURE 25-40 Varicella-zoster virus infection: herpes zoster with cluster of grouped vesicles grouped and confluent vesicles surrounding erythema on the chest wall.



FIGURE 25-43 **Varicella zoster virus infection: ophthalmic herpes zoster** *Crusted ulcerations and vesicles on the right forehead and periorbital area in the ophthalmic branch of the trigeminal nerve; marked facial edema is also present. Vesicles on the tip of the nose indicates nasociliary involvement. Hutchinson's rule: involvement of the nasociliary nerve suggests that eye involvement may occur.*

TERIMA KASIH