

Deteksi serologi treponema pallidum pada cairan serebrospinal dengan infeksi intrakranial = Serology detection of treponema pallidum in cerebrospinal fluid with intracranial infection

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Abstrak

ABSTRAK
Sifilis adalah penyakit menular seksual kronik yang memiliki manifestasi klinis yang bervariasi dan menetap untuk waktu yang lama. Neurosifilis merupakan salah satu komplikasi sifilis sistemik dengan temuan di cairan serebrospinal dengan atau tanpa gejala yang jelas. Pemeriksaan yang saat ini tersedia dalam mendukung diagnosis hanya tersedia pemeriksaan analisis cairan serebrospinal dan serologi *Treponema pallidum*. Saat ini belum diketahui prevalensi neurosifilis di rumah sakit peneliti dan profil serologi *Treponema pallidum* dari bahan cairan serebrospinal. Penelitian ini merupakan penelitian potong lintang, dilakukan November 2017-Maret 2018 terhadap 50 cairan serebrospinal dan darah yang diperiksa analisis cairan serebrospinal dengan keterangan klinis terduga infeksi intrakranial. Serum dan cairan serebrospinal diperiksa RPR, TPHA, anti-*Treponema pallidum* ELISA IgG dan khusus cairan serebrospinal diperiksa pula rapid test *Treponema pallidum*. Uji statistik menggunakan chi square and Fisher exact test. Dari penelitian terhadap 50 cairan serebrospinal dan serum didapatkan rapid test *Treponema pallidum*, RPR dan TPHA cairan serebrospinal reaktif 4/8. Dari bahan serum didapatkan RPR reaktif 8/16 dan TPHA reaktif 9/18. Anti-*Treponema pallidum* ELISA IgG positif 4 sampel/8. Dari 50 sampel didapatkan 7/14 neurosifilis, 4 confirmed neurosyphilis dan 3 probable neurosyphilis sesuai kriteria Center for Disease Control and Prevention. Profil analisis cairan serebrospinalnya tidak berwarna, jernih, tidak ada bekuan, hitung sel 12.71/9.20 sel/l, dominasi mononuklear 11.57/9.47 sel/l, Pandy positif, protein cairan 42.29/21.49 mg/dl, glukosa cairan 55/5.16 mg/dl, glukosa serum 101.04/20.10 mg/dl, dan klorida 122.14/2.48 mEq/L. Pemeriksaan RPR, TPHA, dan anti-*Treponema pallidum* ELISA IgG dengan bahan serum dan cairan serebrospinal memiliki hubungan bermakna. Dari penelitian ini didapatkan 14 sesuai dengan neurosifilis dari populasi penelitian dan didapatkan 85.71 dengan HIV reaktif. Pada pasien HIV disarankan RPR dan TPHA serum untuk pemeriksaan skrining sifilis.

ABSTRACT
Syphilis is a chronic sexually transmitted disease that has varying clinical manifestations and persist for a long time. Neurosyphilis is one of the complications of systemic syphilis with findings in cerebrospinal fluid with or without obvious symptoms. Examinations currently available for diagnostic support were cerebrospinal fluid analysis and serology of *Treponema pallidum*. There is currently no known prevalence of neurosyphilis in the research hospital and serologic profile of *Treponema pallidum* from cerebrospinal fluid. This study was a cross sectional study, conducted November 2017-March 2018 against 50 cerebrospinal fluid and blood samples that examined cerebrospinal fluid analysis with clinical information of suspected intracranial infection. Serum and cerebrospinal fluid examined by RPR, TPHA, anti-*Treponema pallidum* ELISA IgG and particularly rapid test *Treponema pallidum* for cerebrospinal fluid. Statistic tests were chi square and Fisher exact test. From a total of 50 cerebrospinal fluid and serum, 4/8 had reactive cerebrospinal fluid *T. pallidum* rapid tests, RPRs and TPAs. From serum there were 8/16 reactive RPRs and 9/18 reactive TPAs. Anti-*Treponema pallidum* ELISA IgG was positive 4 samples/8. Among the 50 samples, 7/14 had neurosyphilis, 4 were confirmed neurosyphilis and 3 were probable neurosyphilis according to Center for

Disease Control and Prevention criteria. The cerebrospinal fluid analysis profile is colorless, clear, without clot, cell count 12.71 9.20 cells/l, mononuclear 11.57 9.47 cells/l, positive for Pandy, cerebrospinal fluid protein 42.29 21.49 mg/dl, glucose 55 5.16 mg/dl, serum glucose 101.04 20.10 mg/dl, and chloride 122.14 2.48 mEq/L. Rapid Plasma Reagin, TPHA, and anti-Treponema pallidum ELISA IgG were associated between serum specimen and cerebrospinal fluid. Neurosyphilis was found in 14 of our patient population and 85.71 was reactive for HIV. Rapid Plasma Reagin and TPHA in sera were recommended for syphilis screening for HIV patient.