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# Paper 4

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## NATIONAL SYMPOSIUM & WORKSHOP

# The 3<sup>rd</sup> Aceh Surgery Update 2019

in Conjunction with

The 1<sup>st</sup> Indonesian General Surgeon Society (PABI) Aceh Chapter Meeting

The 1<sup>st</sup> Ikatan Alumni Bedah Unsyiah (IABU) Annual Meeting

## “Tips and Traps in Emergency Surgical Daily Practice”

Dr. Zainoel Abidin General Hospital &  
Building D Multipurpose Auditorium F-MIPA Unsyiah, Banda Aceh, 06 - 08 December 2019

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## Foreword



### Assalamu'alaikum Wr. Wb

Praise and gratitude we pray the presence of Allah SWT for all His mercy and guidance we can still work and work to help in the field of education and humanity. With our greetings and prayers, we are praised to the Holy Prophet Rahmatan lil alamin Rasulullah Muhammad SAW who has brought us from the realm of darkness to a world full of knowledge.

In it's third year, the **2019 Aceh Surgery Update** will be held in conjunction with The 1<sup>st</sup> Indonesian General Surgeon Society (PABI), Aceh Chapter Meeting and The 1<sup>st</sup> Unsyiah Surgical Alumni Association (IABU) Annual Meeting, on December 06<sup>th</sup> – 08<sup>th</sup> December 2019 at Dr. Zainoel Abidin Hospital and Building D Multipurpose Auditorium F-MIPA Universitas Syiah Kuala Banda Aceh, with the theme of **Tips and Traps in Emergency Surgical Daily Practice**. The scientific program this time was very special with the presence of the *Bali Medical Journal* indexed by Web of Science in scientific publications for all topics presented, both in symposium sessions and free papers.

I would like to welcome all the experts who have been willing to attend to be the resource persons at this scientific event. A big thank you to all the committees and sponsors who helped to make this big activity a great success. Finally, I also welcome to all delegates, I hope you all get a high valuable scientific experience in the Banda Aceh, the City of Gemilang.

Wassalam,

Sincerely yours,

**Yopie Afriandi Habibie, MD, SpBTKV-E, FIHA, FICS, FACS**  
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## RESEARCH

## Coordination medical team for emergency response

**Lucky Tjahjono**

Head Division of Emergency Response, Executive Board Indonesian Doctors Association.

**Introduction:** The purpose of this presentation is to socialize the Emergency Medical Teams of the Indonesian Doctors Association - the IDI Executive Board and ask for input to strengthen the IDI EMT towards global/regional engagement. IDI Emergency Medical Team is a team under the auspices of the Indonesian Doctors Association that is dedicated to disaster mitigation & response efforts such as disaster/health crisis response, active mitigation within the framework of efforts to reduce disaster risk/DRR (Disaster Risk Reduction). EMT IDI is a place for every Branch & Regional IDI that has been playing an active role in disaster mitigation & Response. All IDI members who have an interest and ability to play an active role in disaster mitigation & response activities can become members of the IDI EMT.

**Methods:** In an effort to make a disaster response, EMT IDI played a role in the pre-hospital area, which included the handling of disaster victims, Rapid Health Assessment, activation/support of Health Clusters. Medical assistance, Communicator & Advocacy & Coaching System. EMT IDI also provides support in the form of MOBILE and FIXED (Type-1 EMT). Besides that, EMT IDI can also carry out supporting type-2 EMT at referral services including hospitals.

**Result:** In implementing disaster mitigation & response efforts, PB IDI coordinates with Cross-Sector, Stakeholders, especially the National Disaster Management Agency and the Ministry of Health and Health Office, in collaboration with the Regional IDI involving the Branch IDI.

**Conclusion:** During a disaster, the response in the initial phase is carried out by the nearest EMT IDI Branch which will be strengthened by the IDI EMT Region and PB IDI EMT. EMT IDI members are competent to make efforts in basic medical emergencies based on IDI Disaster Management standards. Referring to WHO directives, it is necessary to strengthen integration and structuring professional organizations, which are some things that must be done: (1) EMT Capacity Strengthening, Capacity & Training, (2) Timely activation, Coordination of EMT, (3) Clinical, Technical, Operational Minimum Standard and Best Practice, (4) Quality Assurance, Classification, (5) Global/Regional Commitment & Partnership

**Keywords:** emergency response, disaster management, protocols.

## *Mycobacterium tuberculosis* strains infection caused different level of apoptosis macrophage cells derived from pulmonary tuberculosis patients in Indonesia

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**Introduction:** *Mycobacterium tuberculosis* (MTB) is the causative agent of human tuberculosis and facultative intracellular pathogen of macrophage cells. Apoptosis macrophage plays a critical role for the host defence to resist MTB infection. The Beijing strain of MTB is regarded as "hypervirulent" due to its ability to inhibit apoptosis macrophage, expand the infection and disease of tuberculosis.

**Methods:** Active pulmonary tuberculosis patients were diagnosed based on AFB sputum smear, gene Xpert MTB/RIF, and chest X-ray. Bronchoalveolar-lavage was performed to specify specimens and identify MTB strain using RD9 and TbD1 primers by PCR methods, respectively. Detection of MTB strain by genome sequencing and DNA homology analysis can be performed with BLAST grams. Apoptosis level was measured by TUNEL assay methods.

**Results:** MTB strain were detected in all patients in which 24 and 6 isolates and classified as the hypervirulent homologous of Beijing strains and 6 isolates of the *Mycobacterium bovis* BCG homologous strain, respectively. Apoptosis level detected decrease in macrophage cells derived from patients with hypervirulent homologous of Beijing strains infection compared with *Mycobacterium bovis* strain infection ( $p < 0.05$ )

**Conclusion:** A homologous Beijing strain and *Mycobacterium bovis* strain were detected among pulmonary TB patients in Indonesia. A hypervirulent strain infections have a great ability to inhibit apoptosis of macrophage cells in human. Therefore, laboratory test to determine MTB strains should be integrated in National Tuberculosis Control Program in the country.

**Keywords:** pulmonary tuberculosis, MTB strain, bronchoalveolar lavage, apoptosis macrophage

## The effectiveness of dextrose prolotherapy functional outcome in frozen shoulder patients in the pain clinic of Dr. Zainoel Abidin General Hospital

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**Introduction:** Frozen shoulder is a severe shoulder pain condition that persists more than 3 months and accompanied by gradually progressive stiffness. Its incidence is 2-5% in general population. Dextrose prolotherapy is a regenerative injection therapy that can initiate inflammation, increase proliferation of fibroblast and induce collagen tissue synthesis and tissue healing, in order to improve functional outcomes. This study aimed to assess the effectiveness of dextrose prolotherapy on functional outcome of patients with a frozen shoulder in the pain clinic of Zainoel Abidin General Hospital, Banda Aceh.

**Methods:** This study used on a group pretest and posttest design. A non-probability sampling was used with a total sample of 40 patients. Data were

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