



PERI CINTA

(PERIKSA DINI CEGAH PENYAKIT
REPRODUKSI WANITA)

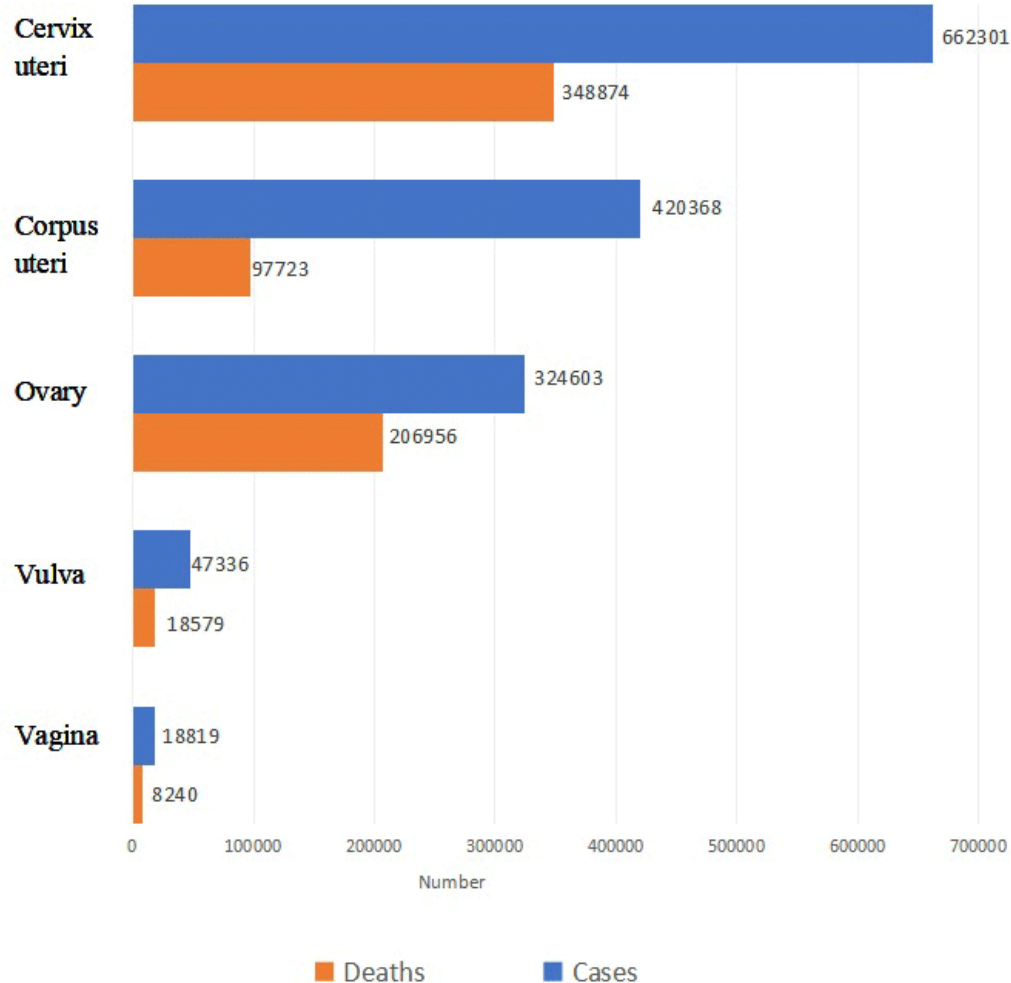


Dr.HERVI WIRANTI.SpOG

a.

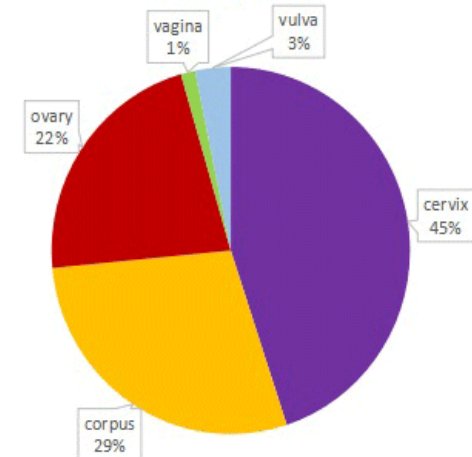
PREVALENCE

Worldwide



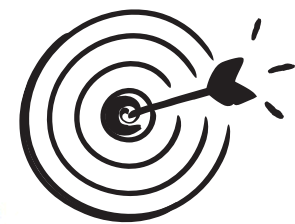
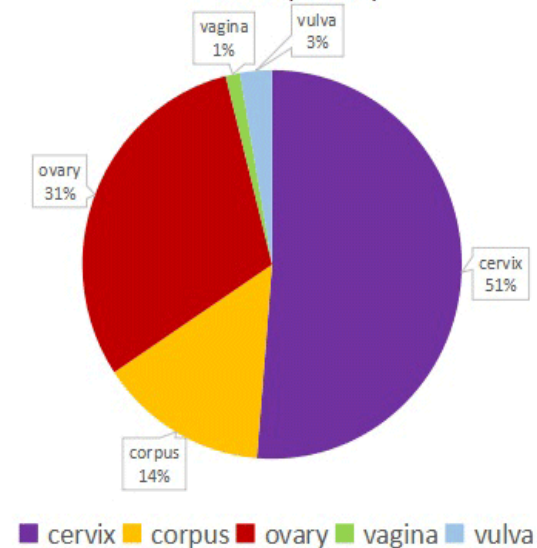
b.

Cases(0-85+)



c.

Deaths(0-85+)



Zhu, et al. (2024). Global burden of gynaecological cancers in 2022 and projections to 2050. *Journal of Global Health*, 14: <https://doi.org/10.7189/jogh.14.04155>

TYPES OF GYNECOLOGIC MALIGNANCIES

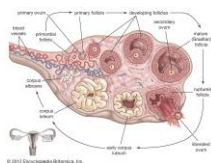


CERVICAL CANCER

Due to human papillomavirus (HPV) infection.

Regular screenings can help with early detection and prevention.

PAP SMEAR

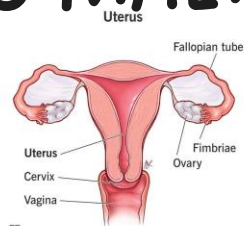


OVARIAN CANCER

Often diagnosed at an advanced stage.

Risk factors include age, genetics, and family history.

Routine ultrasound screening

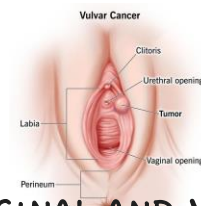


UTERINE CANCER

Endometrial cancer and uterine sarcoma

Symptoms : abnormal bleeding and pelvic pain.

Routine ultrasound screening and maintaining regular menstrual period

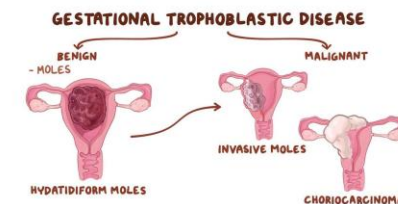


VAGINAL AND VULVAR CANCER

Symptoms include unusual vaginal discharge and bleeding, abnormal vaginal / vulvar mass

Risk factors include HPV and smoking.

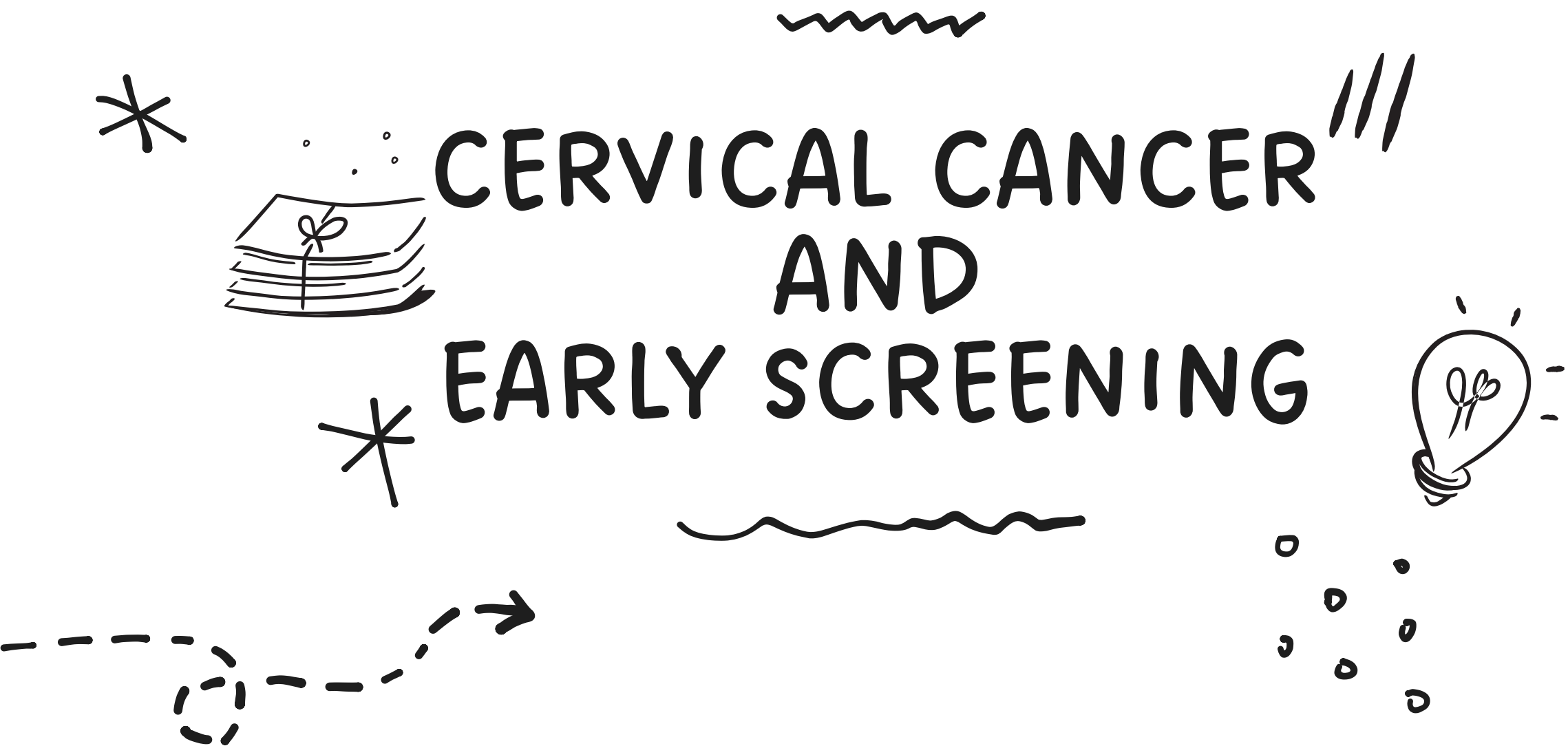
HPV Vaccination



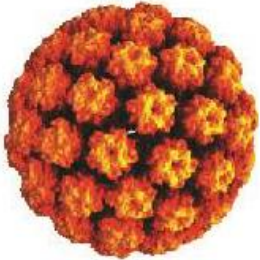
MALIGNANT TROPHOBLASTIC DISEASE

Abnormal fertilization of an egg, leading to the growth of atypical trophoblastic tissue instead of a normal embryo and placenta.

Symptoms: bigger uterus / fundal height than gestational age

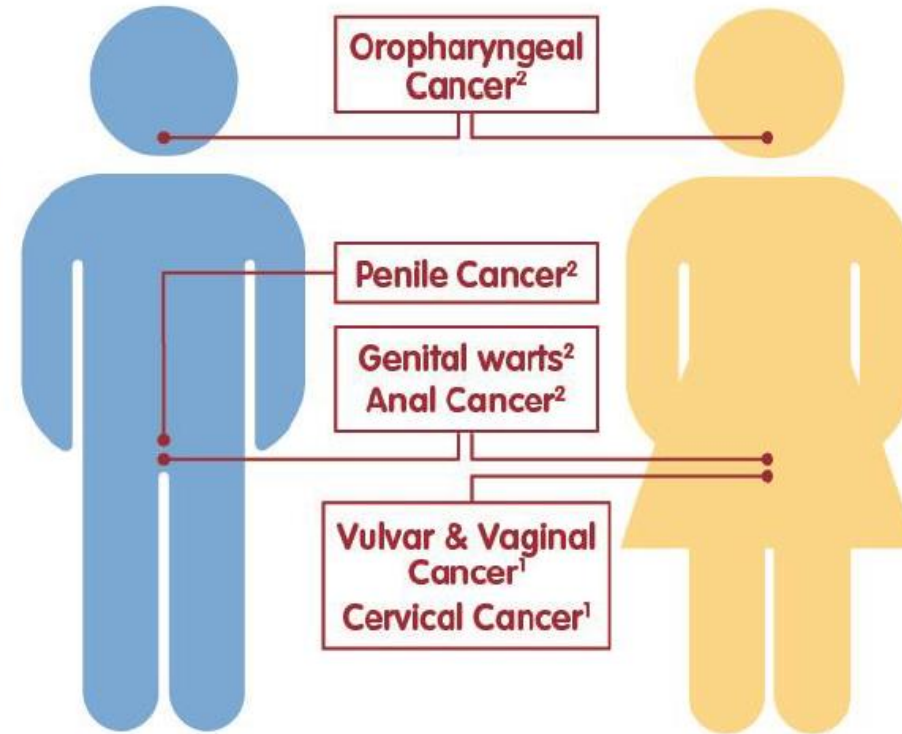


SEBERAPA BAHAYAKAH HUMAN PAPILLOMA VIRUS?



Human Papilloma Virus
menyebabkan berbagai
kanker dan penyakit terkait
HPV lainnya

- Tipe HPV yang **kanker high risk** grup – 16, 18.¹
- Tipe HPV yang **non-kanker low risk** grup – 6, 11.¹
- Estimasi kejadian kutil kelamin di Indonesia: **54% laki-laki, 46% perempuan.**¹



Referensi: 1. Human papillomavirus vaccines: WHO Position paper 2017, <http://www.who.int/wer>

2. Bruni L, et al. IICARC: Information Centre on HPV and Cancer (HPV Information center). Human Papillomavirus and Related Diseases In Indonesia. Summary Report 10 December 2018. [1/2/2019]

INFEKSI HPV ADALAH PENYEBAB UTAMA KANKER SERVIKS

Kanker serviks adalah kanker pada serviks (leher rahim) – bagian bawah pada rahim yang menghubungkan rahim dan vagina.



Referensi: American Cancer Society. Cervical Cancer.
Available at <https://www.cancer.org/cancer/cervicalcancer/about/whatis/cervicalcancer.html>. Accessed March 7, 2017.

DATA KANKER SERVIKS

No.	Country	Globocan 2008		Globocan 2012		
		Incidence	Death	Incidence	Death	Prevalence (5 years)
1.	Indonesia	13.762	7.493	20.928 ↑	9.498 ↑	59.107
2.	Vietnam	5.174	2.472	5.146 ↓	2.423 ↓	15.297
3.	Malaysia	2.126	631	2.145 ↑	621 ↓	6.130
4.	Singapore	228	123	300 ↑	106 ↓	1.057
5.	Brunei	15	9	35 ↑	11 ↑	98
6.	Kamboja	1.578	867	1.512 ↓	795 ↓	4.281
7.	Laos	491	270	314 ↓	168 ↓	927
8.	Myanmar	6.434	3.536	5.286 ↑	2.998 ↓	15.378
9.	Filipina	4.544	1.856	6.670 ↑	2.832 ↑	20.587
10.	Thailand	9.999	5.216	8.181 ↓	4.513 ↓	30.501

HPV

**mengakibatkan
3600 kasus baru
kutil kelamin
setiap 1 jam
di seluruh dunia¹**

Di Indonesia, kejadian kutil kelamin terus meningkat. Saat ini merupakan salah satu kasus infeksi menular yang tinggi²

Referensi: 1. Human papillomavirus vaccines: WHO Position paper 2017. <http://www.who.int/wer/2>. Data on File. Wrester Indriatni. Indonesia Epidemiology Sexual Transmitted Disease in 12 teaching hospital, 2007-2011.



Pic 1: <http://www.chestersexualhealth.co.uk/genitalwarts.htm> Accessed Nov 25, 2009

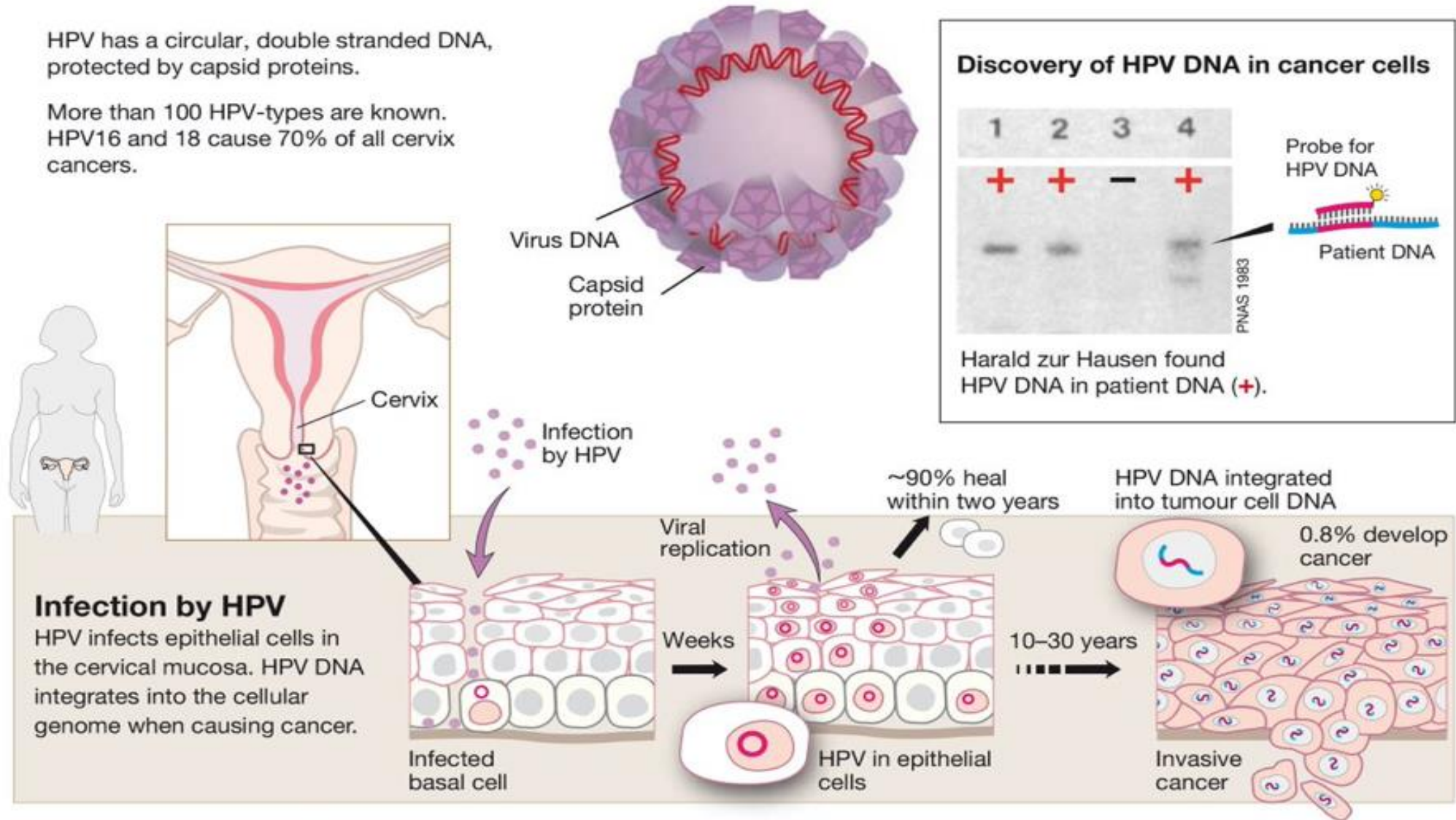


Pic 2: http://www.herpescoldsores.com/std/genital_warts_pictures.htm Accessed Nov 25, 2009

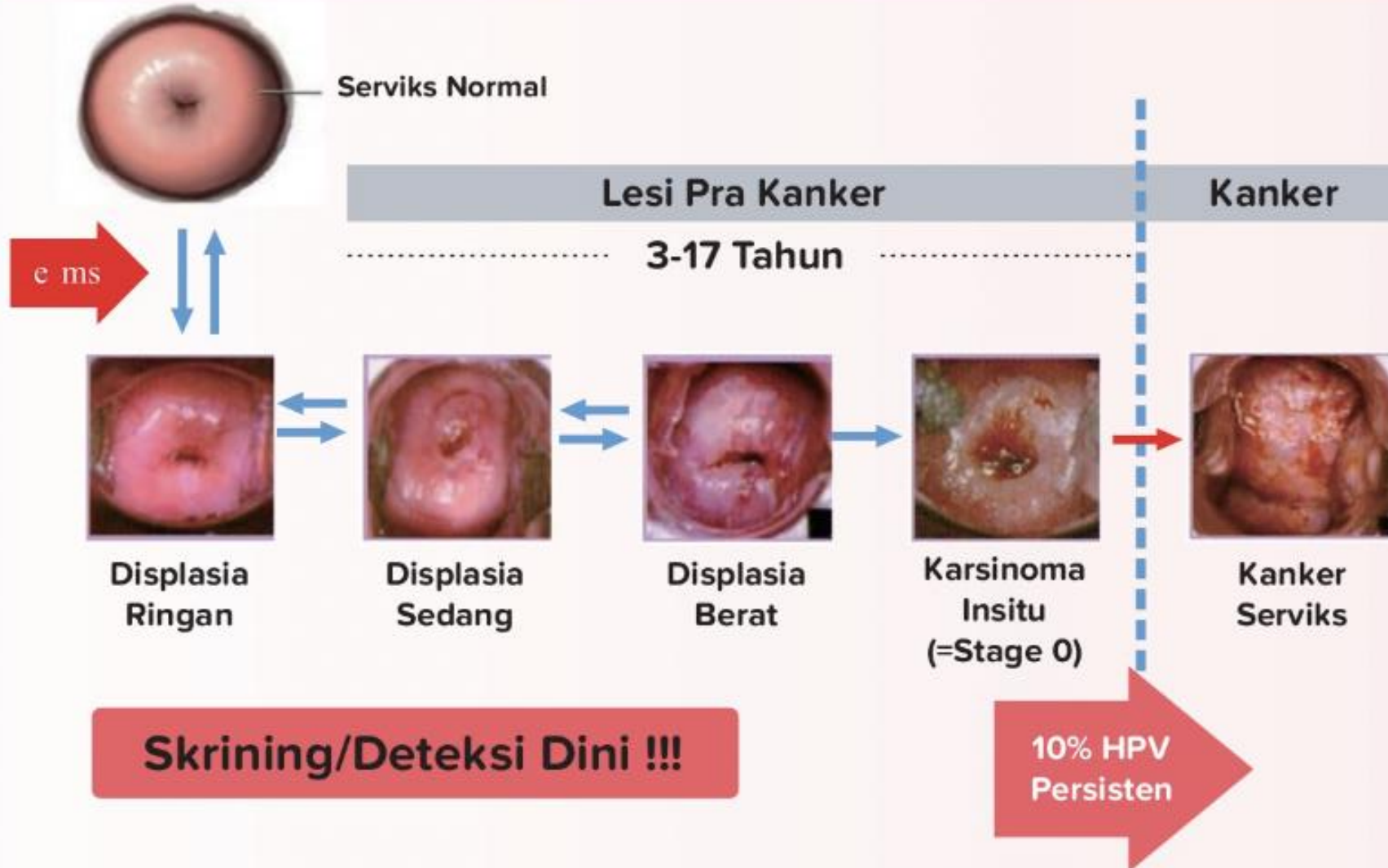
HPV – human papilloma virus

HPV has a circular, double stranded DNA, protected by capsid proteins.

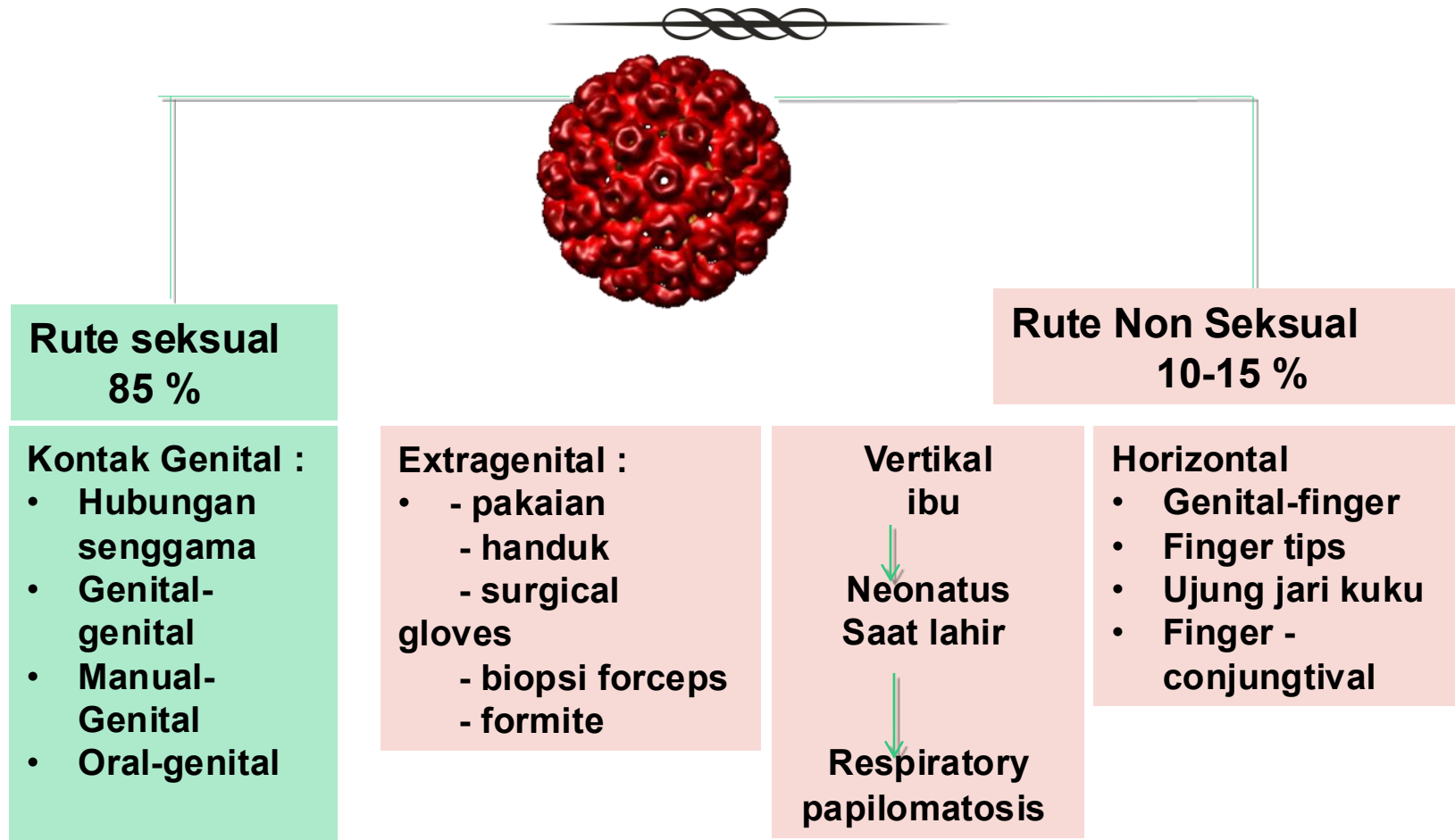
More than 100 HPV-types are known. HPV16 and 18 cause 70% of all cervix cancers.



PERJALANAN ALAMIAH KANKER SERVIKS



FAKTANYA HPV TIDAK HANYA MENULAR MELALUI HUBUNGAN SEKSUAL



KANKER SERVIKS INDONESIA

70% of cases present at late stages;

screening coverage is below 5%, far from the ideal 80%.

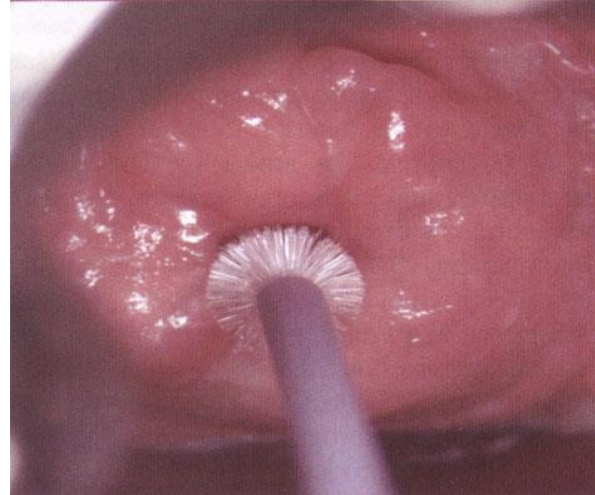
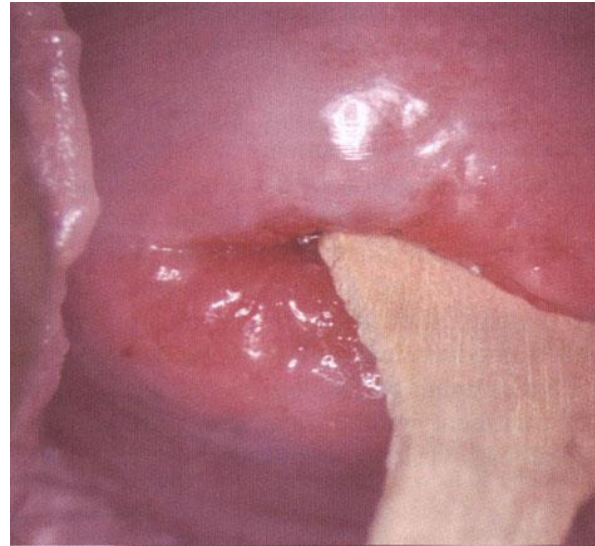
**RS Sardjito : 36.633 kasus
(2022)**

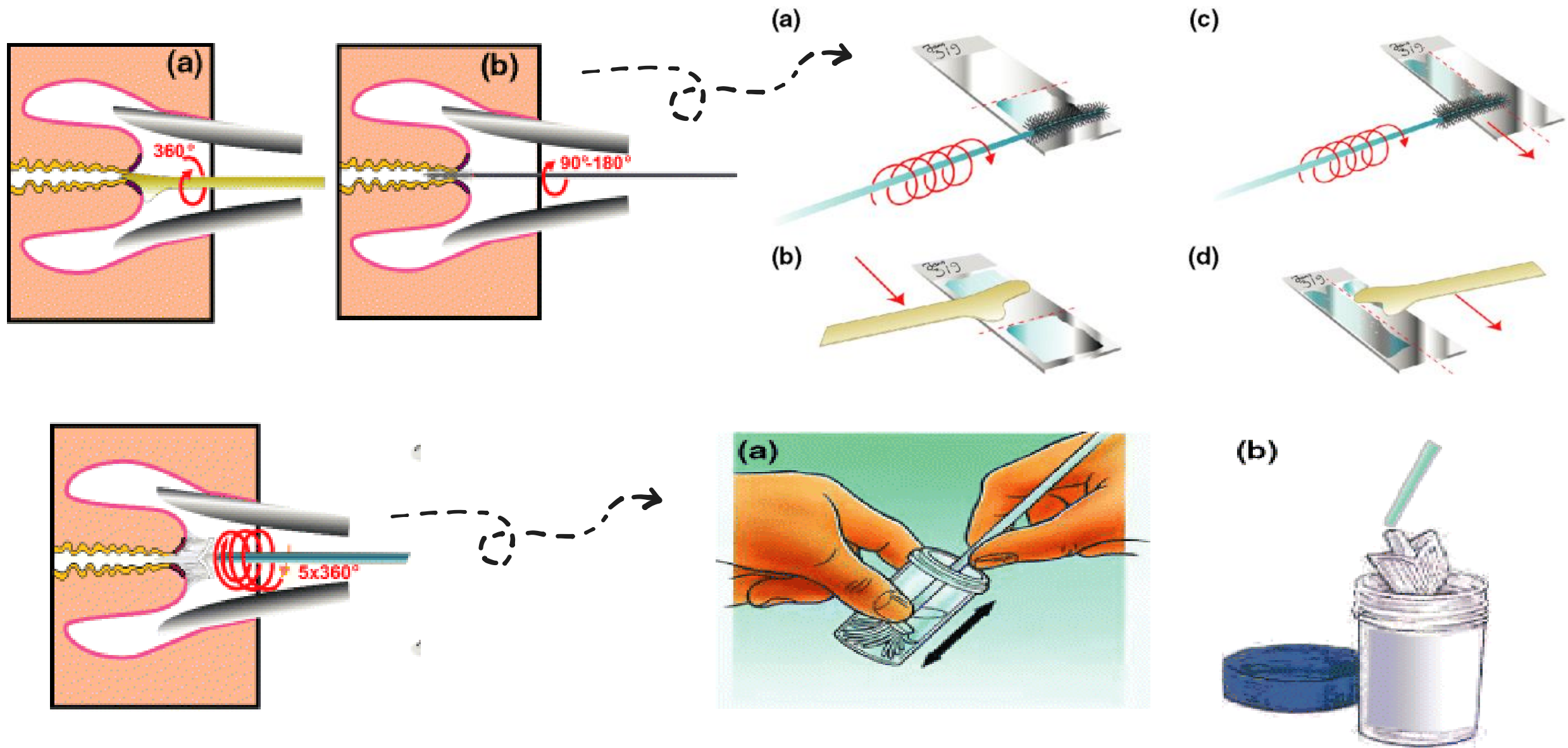
SCREENING

///

PAP SMEAR TECHNIQUE

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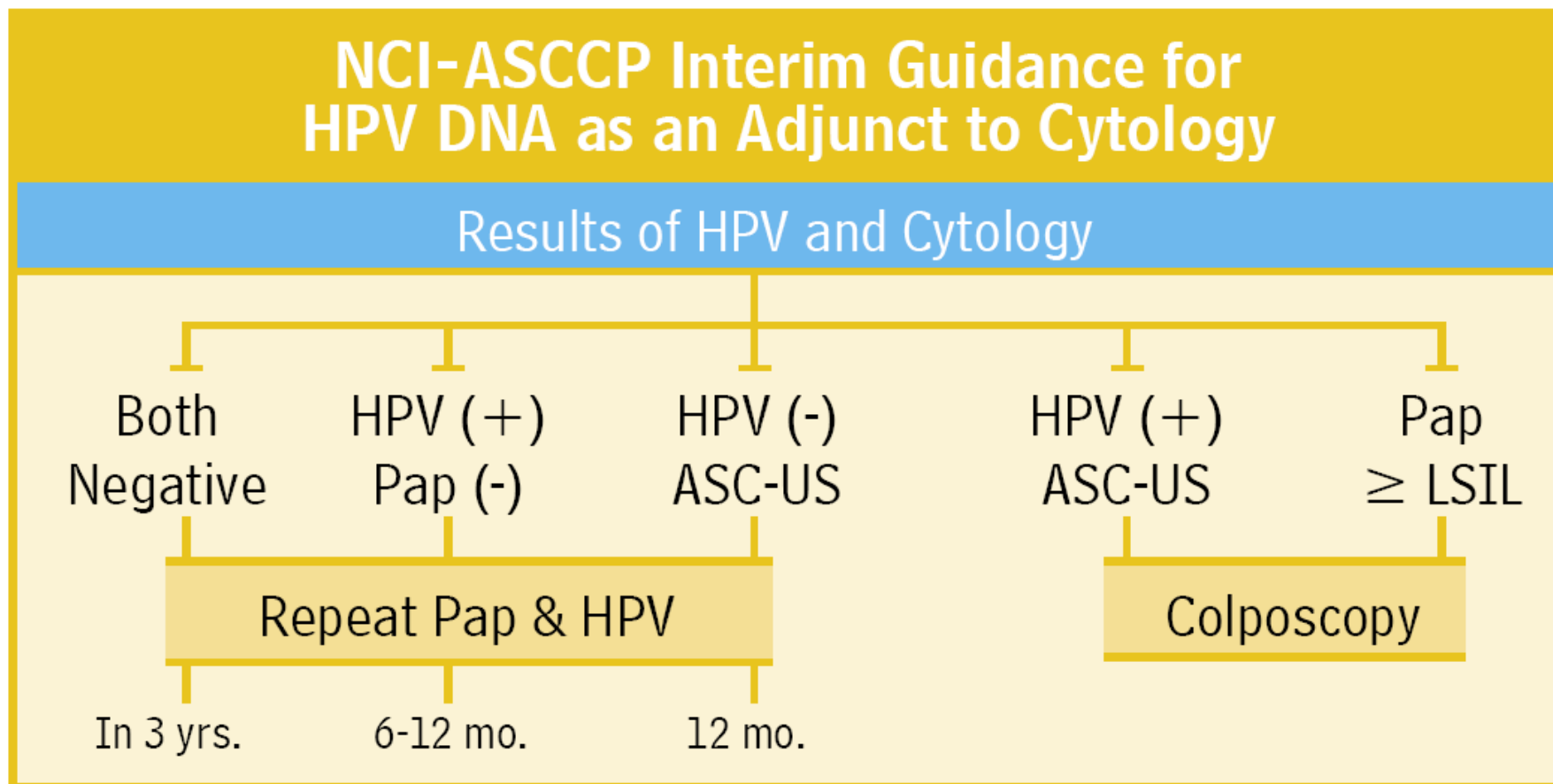




Arbyn et al: European guidelines for quality assurance in cervical cancer screening: recommendations for collecting samples for conventional and liquid-based cytology



HPV TEST IN SCREENING ALGORITHM:

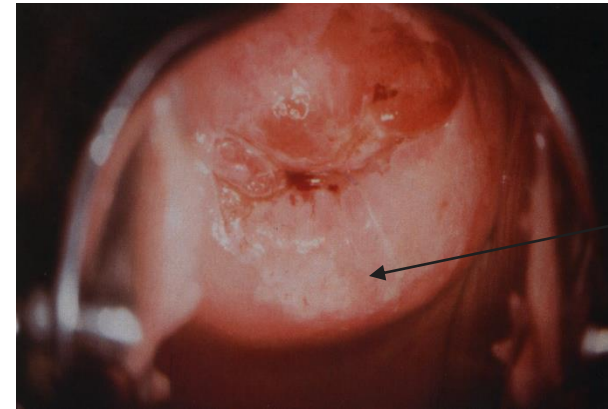


Tampilan pemeriksaan IVA

Sebelum asam asetat



Setelah asam asetat

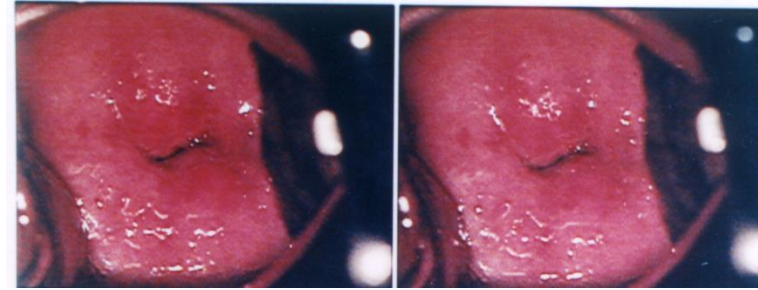
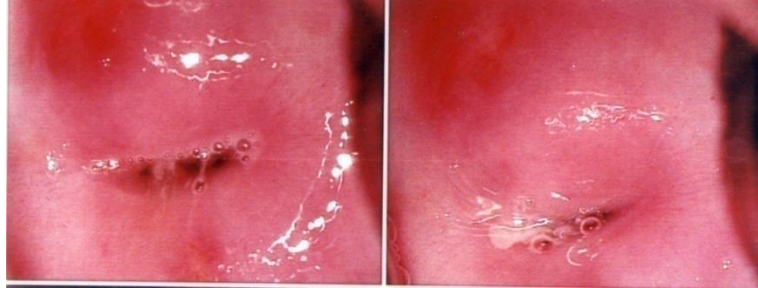


Bercak
putih

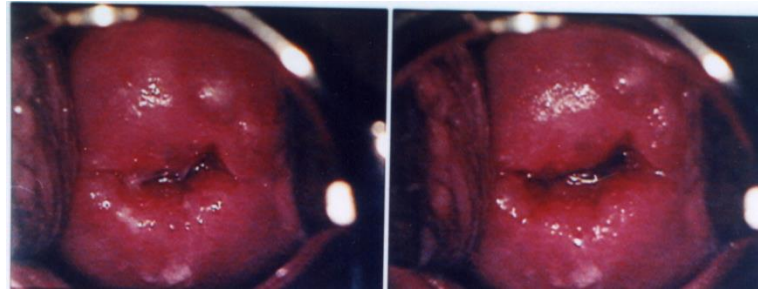
**Inspeksi Visualisasi dengan
aplikasi Asam asetat**

Tampilan IVA

NORMAL



OVULA NABOTI



EKTOPI SERVIKS

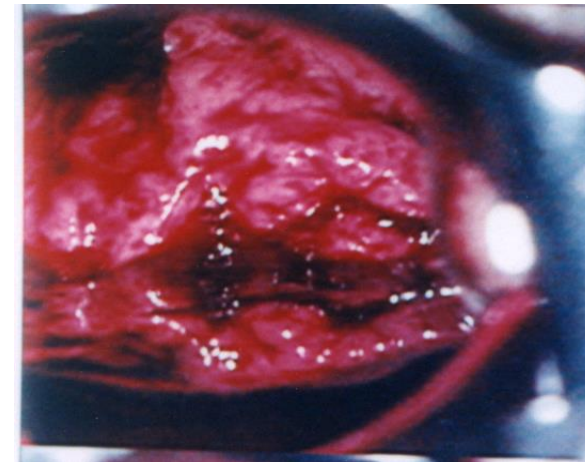


Tampilan IVA

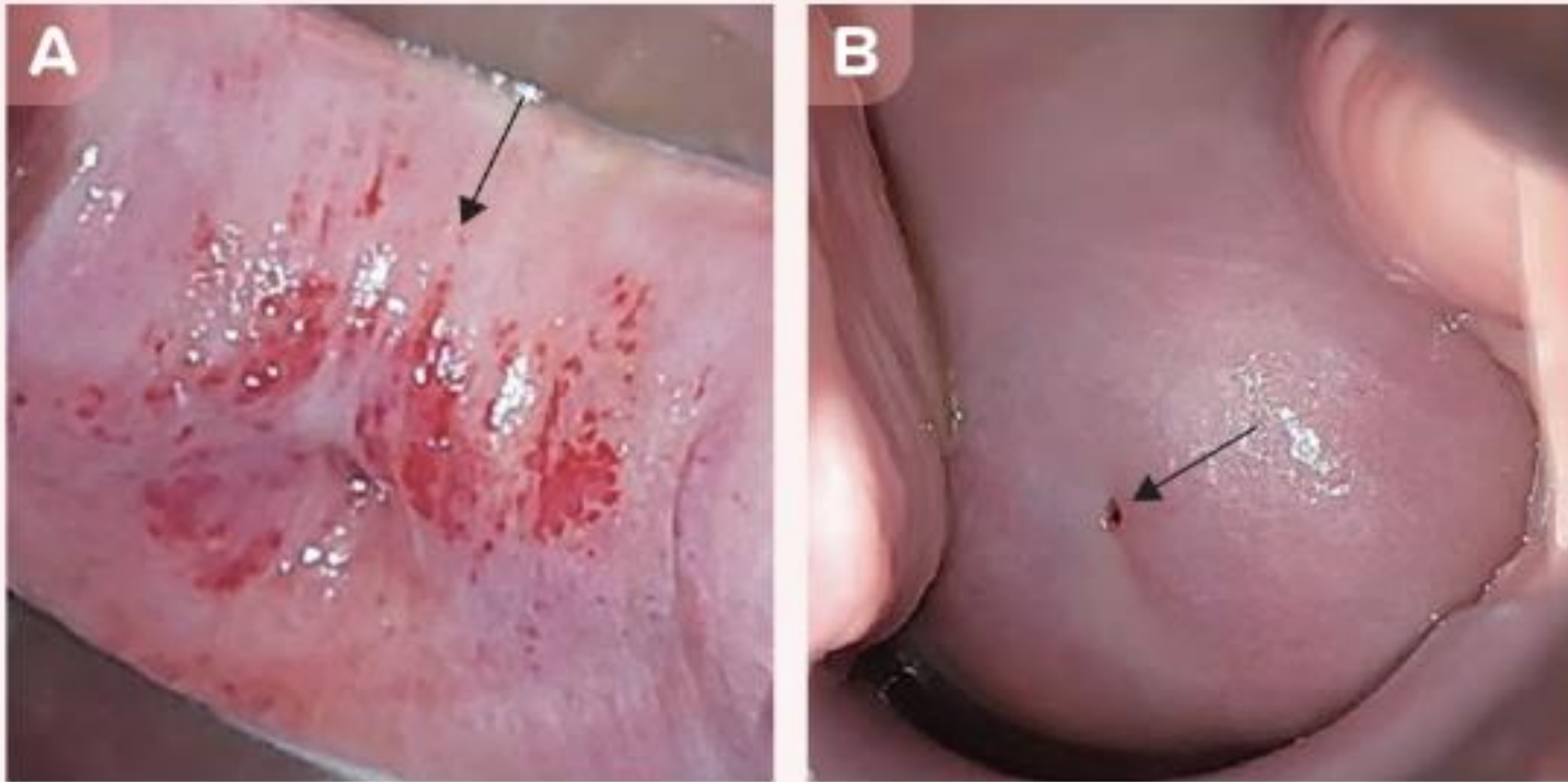
Lesi intra epitel serviks derajat rendah ~ NIS I



KANKER SERVIKS Invasif



IVA TEST – TIDAK BISA DIBACA PADA WANITA MENOPAUSE

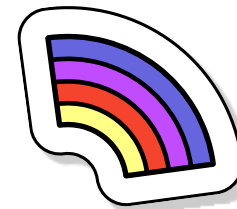
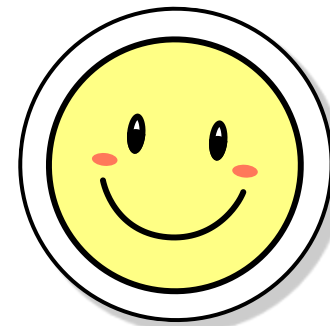
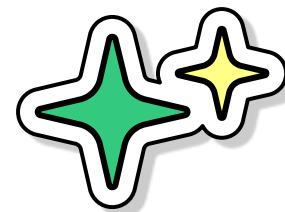


Gambar 2.7. SSK Tersembunyi pada Perempuan *Menopause*.

PENGOBATAN LESI PRA-KANKER SERVIKS

- **HPV**
 - : **Observasi**
 - Medikamentosa**
 - Destruksi : Krioterapi**
 - Elektrokauterisasi**
 - Elektrokoagulasi**
 - Laser**
 - Eksisi**
- **Displasia ringan (NIS 1)** : **Observasi**
 - Destruksi**
 - Eksisi**
- **Displasia sedang (NIS 2)** : **Destruksi**
 - Eksisi: Diatermi loop (LEEP dan LLETZ)**
- **Displasia keras (NIS 3)** : **Destruksi**
 - Eksisi : Konisasi, LEEP dan LLETZ, histerektomi**

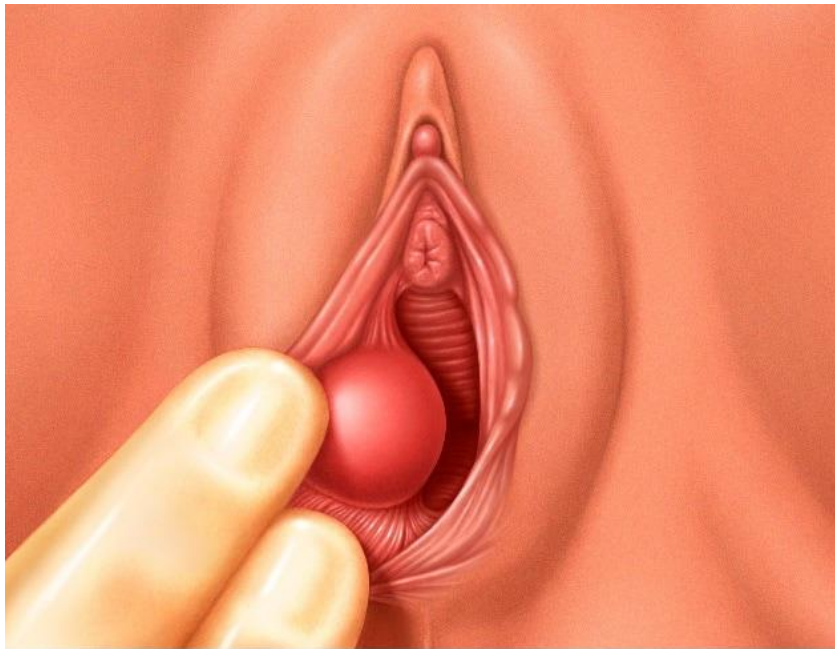
VULVAR AND VAGINAL TUMORS



BENIGN

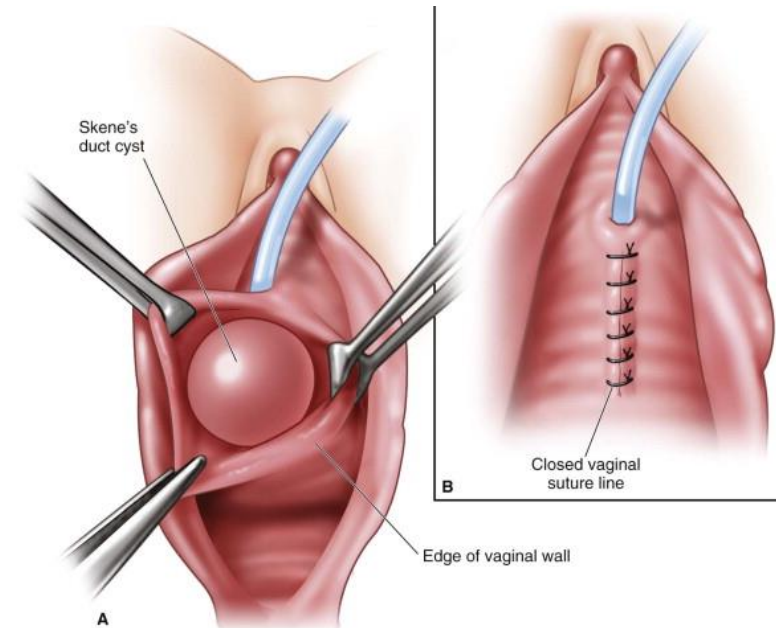
BENIGN VULVAR VAGINAL MASSES

Bartholin Cyst



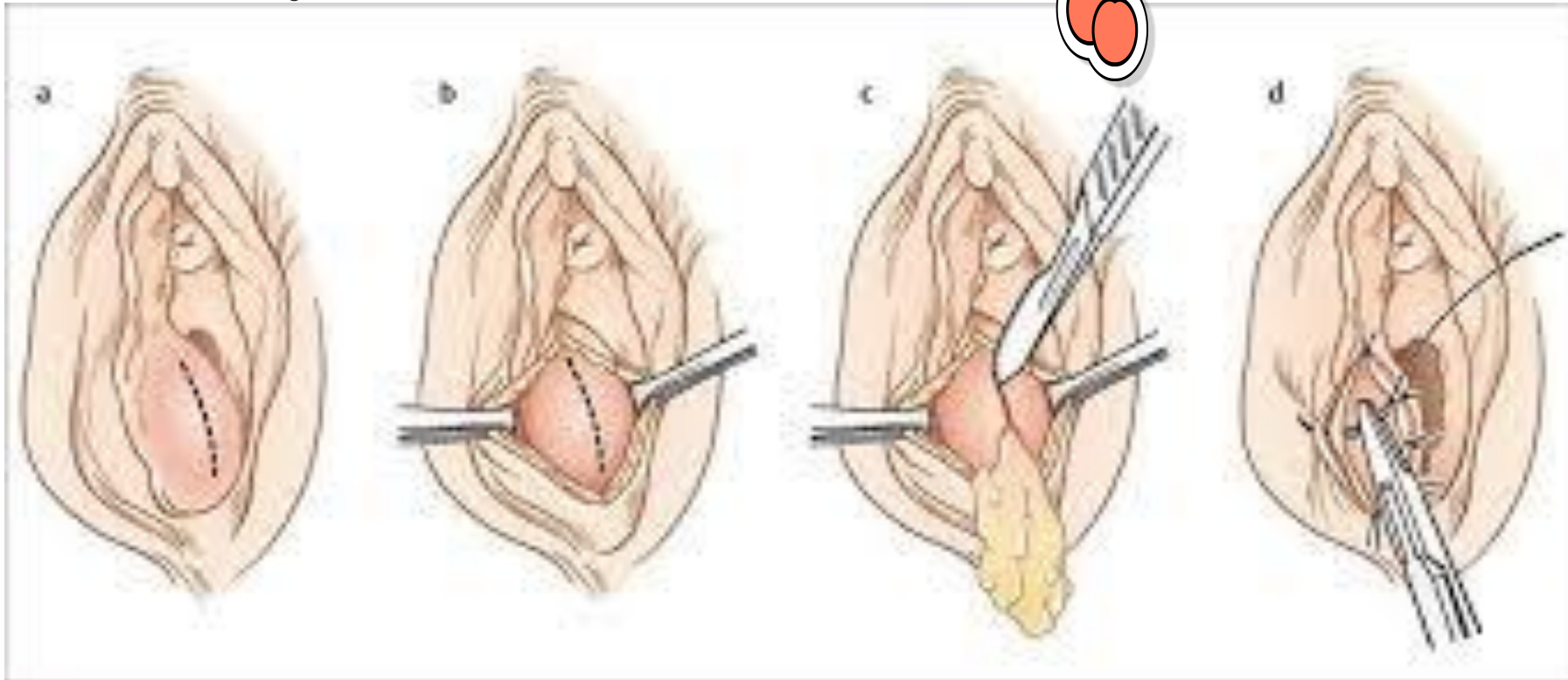
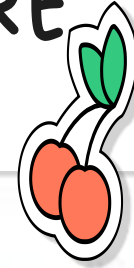
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ParaUrethral Cyst / Skene



MARSUPIALIZATION PROCEDURE

Bartholin Cysts



Malignant Tumors



MALIGNANT VULVAR TUMORS



85 %

Squamous Cell Carcinoma

5 %

Melanoma

2 %

Sarcoma

1 %

Basalioma





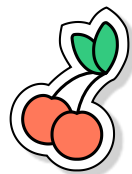


MELANOMA





MELANOMA ?



Normal Mole	Melanoma	Sign	Characteristic
		Asymmetry	when half of the mole does not match the other half
		Border	when the border (edges) of the mole are ragged or irregular
		Color	when the color of the mole varies throughout
		Diameter	if the mole's diameter is larger than a pencil's eraser

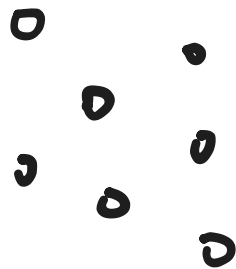


MANAGEMENT AS A GENERAL PRACTITIONER

- Primary diagnosis : realizing abnormal vulvar vaginal mass
- Biopsy or refer to general OBGYN for biopsy



OVARIAN CANCER



Laterally

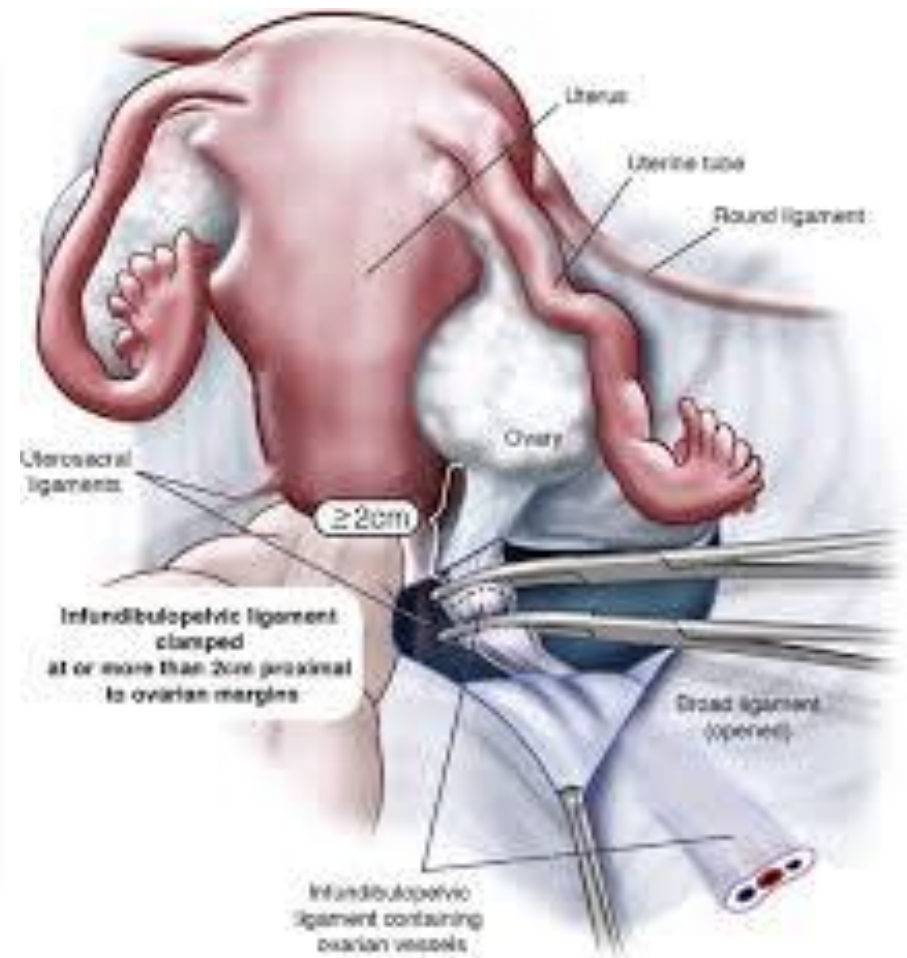
- ◆ Infundibulopelvic ligament containing structures therein, i.e. ovarian vessels, nerves and lymphatics.

Medially

- ◆ Ovarian ligament.
- ◆ Medial end of the Fallopian tube.
- ◆ Mesosalpinx containing utero-ovarian anastomotic vessels.

Middle

- ◆ Broad ligament.



Recommended Management of Ovarian Masses Found with Imaging

Type of Ovarian Mass	Recommendation
Simple Cyst ± Hemorrhage	
Premenopausal woman	
* ≤ 3 cm diameter	Invariably functional; no additional treatment required
* > 3 cm diameter	Majority are functional; TVS repeated in 6-8 weeks; cyst may be removed if persistent
Postmenopausal woman	
* ≤ 5 cm diameter	Majority are benign; CA 125 measurement and repeat TVS recommended; may observe if normal CA 125 level and no interval cyst growth
* > 5 cm diameter	Ovary may be removed if persistent or symptomatic
Complex mass	
Displays any of the following: •Septation. Mural nodule •Irregular wall thickening •Shadowing echodensity •Regional, diffuse, bright echoes •Hyperechoic lines and dots	Malignancy difficult to exclude unless typical mature cystic teratoma or endometrioma identified In post menopausal women complex masses are removed
Solid or predominantly solid-appearing mass	Recommend removal

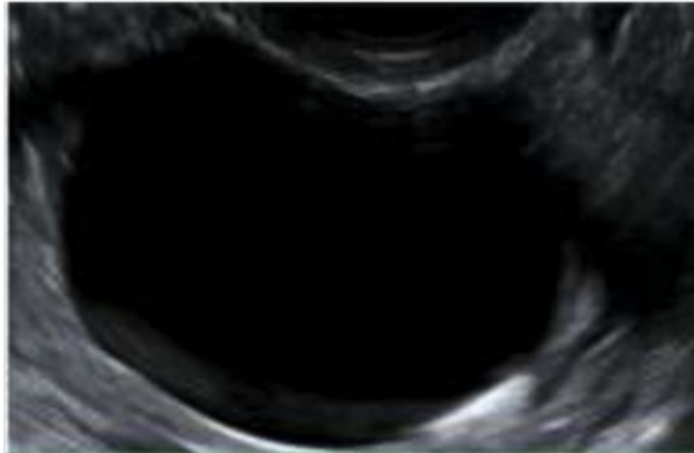
TUMOR MARKERS

Marker	Conditions associated
Ca-125	• Produced by mesothelial cells • Often elevated in epithelial ovarian cancer • NOT tumor-specific antigen • Elevated in 1% of healthy controls, or in non-malignant disease: myoma, endometriosis, salpingitis. • Risk of malignancy high if > 300 U/mL, or in patients > 50 yo • Useful for detection of persistent or recurrent tumor, and monitoring response to therapy
AFP	Yolk sac tumor, embryonal cell carcinoma
B-HCG	Ovarian chorioCa, mixed germ cell tumor, embryonal cell carcinoma
Inhibin A & B	Granulosa cell tumors
LDH	Dysgerminoma
CEA, CA19-9	Mucinous epithelial ovarian Ca

SENSITIVITY AND SPECIFICITY OF CA-125 FOR DETECTION OF OVARIAN CANCER IN THE PRESENCE OF AN ADNEXAL MASS

	Ca 125 reference value (U/mL)		
Indicator	>30	>35	>65
Sensitivity	81	78	56.5-72
Specificity	75	82-95	99-92.5
Positive predictive value	58	82	93

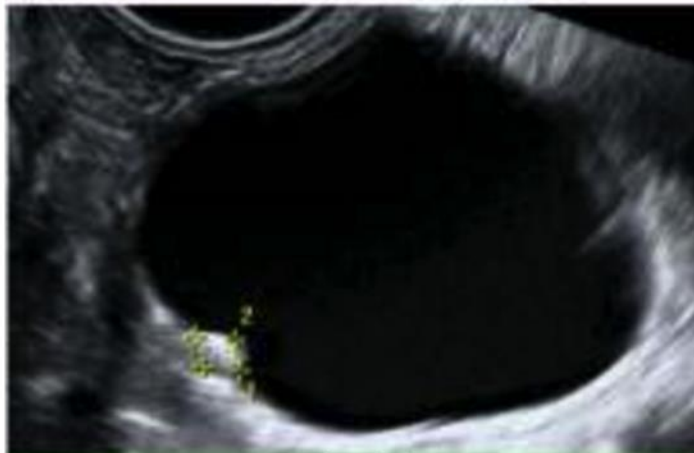
IOTA ULTRASOUND ASSESSMENT FOR MALIGNANCY



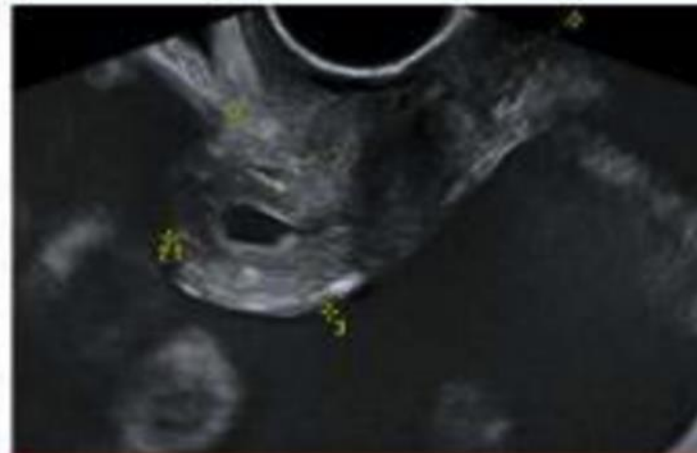
B1: Unilocular cyst



M1: Irregular solid tumor

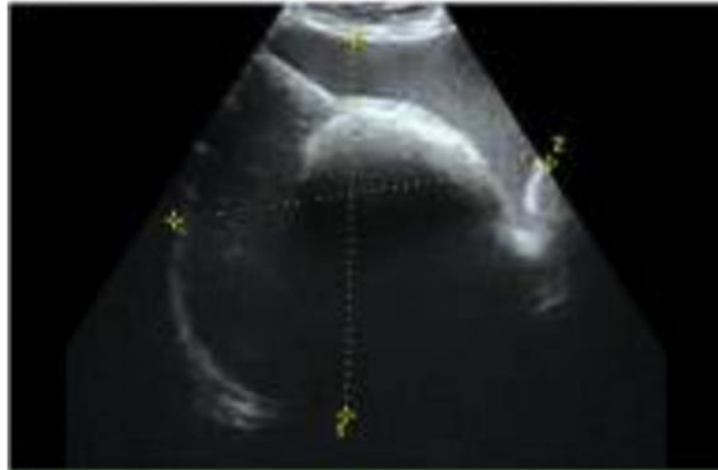


B2: Presence of solid components,
with largest diameter < 7 mm

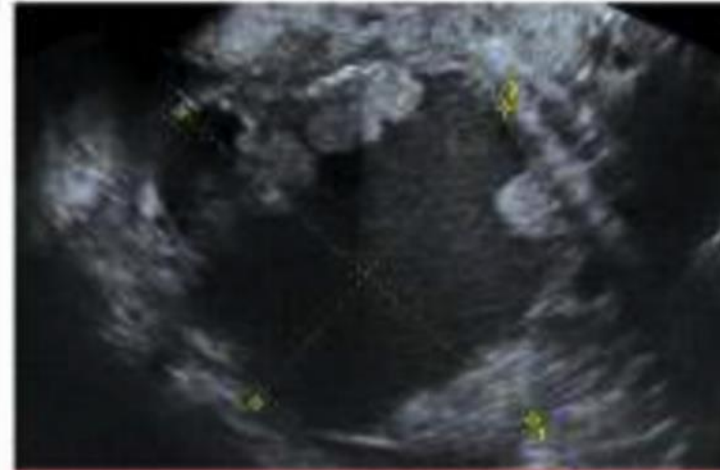


M2: Presence of ascites

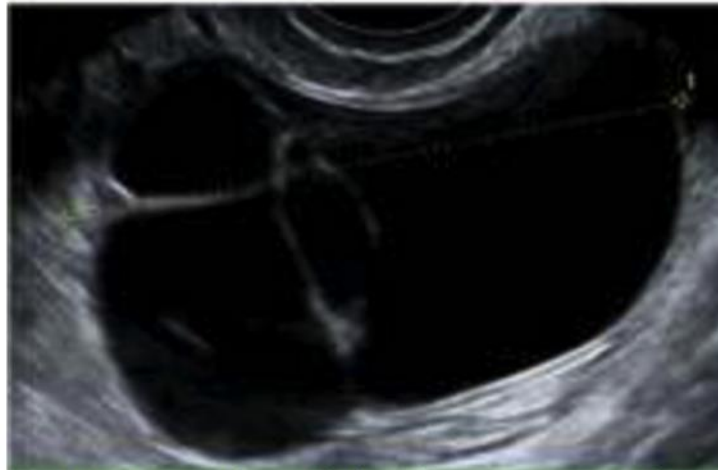
IOTA ULTRASOUND ASSESSMENT FOR MALIGNANCY



B3: Presence of acoustic shadows



M3: At least four papillary structures



B4: Smooth multilocular tumor, with largest diameter < 100 mm



M4: Irregular multilocular solid tumor with largest diameter $\geq$ 100 mm

IOTA ULTRASOUND ASSESSMENT FOR MALIGNANCY

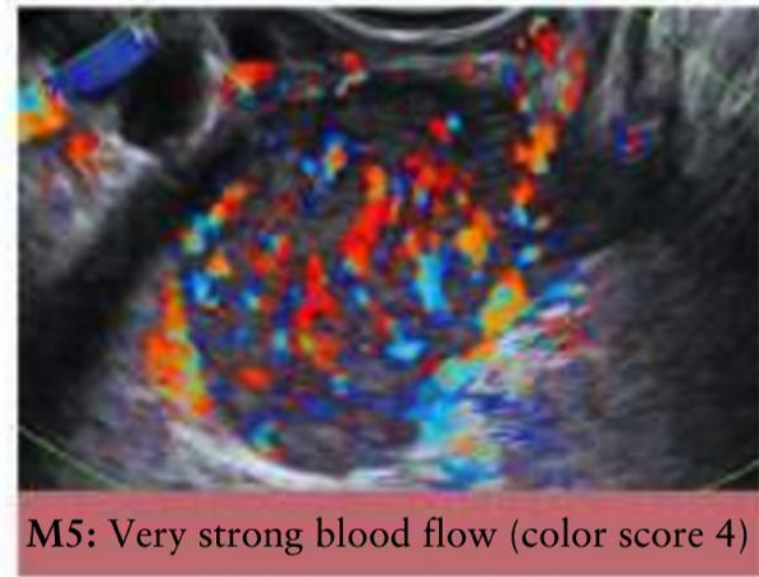
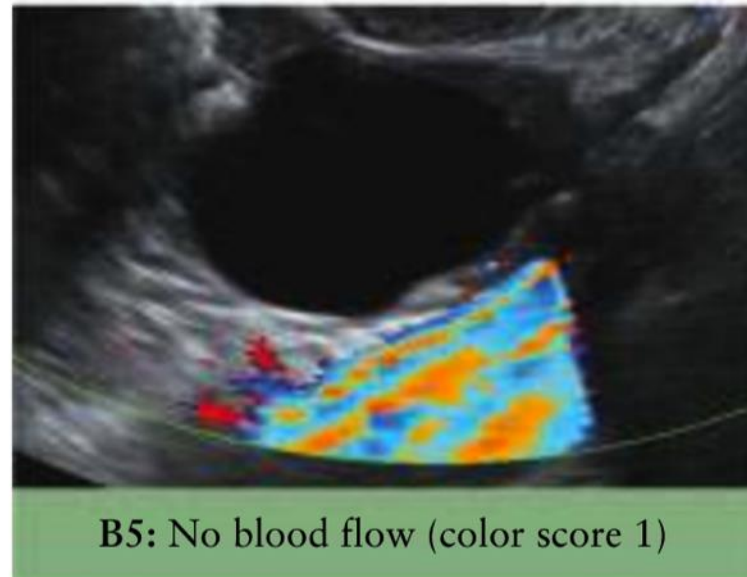


Figure 3 Ultrasound features used in the International Ovarian Tumor Analysis (IOTA) simple rules, illustrated by ultrasound images. B1–B5, benign features; M1–M5, malignant features.

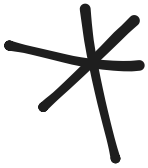
Sensitivity 95%, specificity 91%

GATOT PURWOTO SCORE

- Tumor consistency (solid / mixed solid)
- Cachexia (weight loss > 10% ideal BW)
- Ascites
- Neovascularization ($RI \leq 0,4$)
- Ca125 (>35 U/mL)
- Score 2 on each variable if positive
- Sens 96 %, spes 97%, PPV 96%, NPV 97%, accuracy 96%

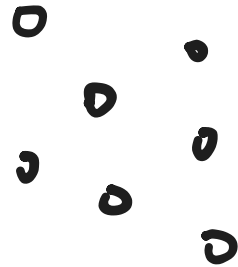
TABLE 9-4. Recommended Management of Asymptomatic Ovarian Masses Found with Imaging

Type of Ovarian Mass	Recommendation
Cysts with Benign Qualities	
<i>Simple Cyst</i>	Simple cysts, regardless of patient age, are almost certainly benign
Premenopausal	
≤ 3 cm diameter	Normal anatomic finding
≤ 5 cm diameter	No additional treatment required
> 5 but ≤ 7 cm diameter ^a	TVS repeated in 6–12 weeks to document resolution; if persistent, then yearly TVS ^b
> 7 cm diameter ^a	MRI or surgical evaluation
Postmenopausal	
≤ 1 cm diameter	Normal anatomic finding
≤ 5 cm diameter ^a	CA125 measurement; if normal level, then TVS repeated in 6–12 weeks; if persistent cyst, then yearly TVS ^b
> 7 cm diameter ^a	MRI or surgical evaluation
<i>Hemorrhagic Cyst^c</i>	
Premenopausal	
≤ 3 cm diameter corpus luteum	Normal anatomic finding
≤ 5 cm diameter	No additional treatment required
> 5 but ≤ 7 cm diameter	TVS repeated in 6–12 weeks; if persistent, then consider MRI or surgical evaluation
Early postmenopausal ^d	CA125 measurement; if normal, then TVS repeated in 6–12 weeks; if persistent cyst, then consider MRI or surgical evaluation
Any size	
Late postmenopausal ^d	Surgical evaluation
Any size	
<i>Endometrioma</i>	TVS repeated in 6–12 weeks; if persistent, then yearly TVS ^b
<i>Mature cystic teratoma (dermoid cyst)</i>	If not surgically removed ^e , then yearly TVS ^b
<i>Hydrosalpinx</i>	May be observed as clinically indicated
<i>Peritoneal inclusion cyst</i>	May be observed as clinically indicated



UTERINE CANCER

(ENDOMETRIAL CANCER AND
SARCOMA)



SYMPTOMS

ABNORMAL VAGINAL / UTERINE
BLEEDING

BOTH IN PRE-MENOPAUSE AND
POST-MENOPAUSAL WOMEN

FAKTOR RESIKO

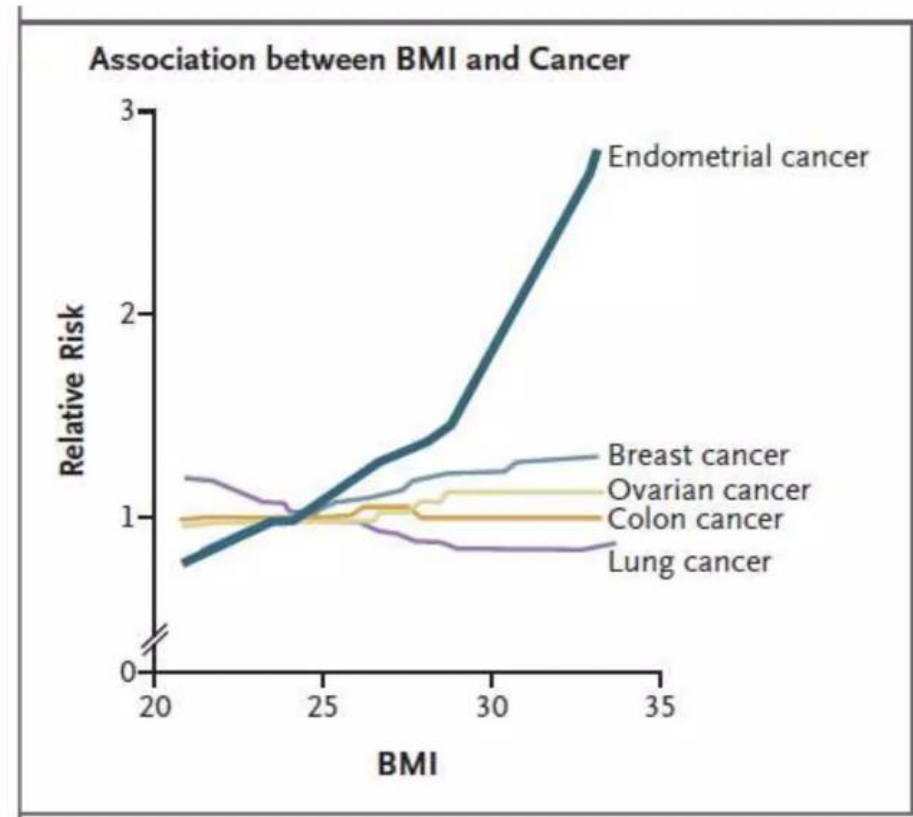
□ Obesity

Bhaskaran K, Douglas I, Forbes H, dos-Santos-Silva I, Leon DA, Smeeth L. Body-mass index and risk of 22 specific cancers: a population-based cohort study of 5.24 million UK adults. Lancet 2014; 384: 755-65.

□ Lifetime risk

- 3 % → 3-fold increase

□ 50 % increased risk / 5 units increase in BMI



FAKTOR RESIKO

Irregular menstrual cycle /
NO period > 4-6 months

- ❑ Metabolic Syndrome (DM, HTN, PCOS)

- ❑ Old age

- Median age: 63 years
- > 90 % cases after 50 years

- ❑ Reproductive factors

- Early menarche, late menopause, nulliparity
- Endogenous / Exogenous estrogens
- Tamoxifen (x 2 risk)

Hyperplasia is the
precancerous lesion of
endometrial cancer

FAKTOR RESIKO

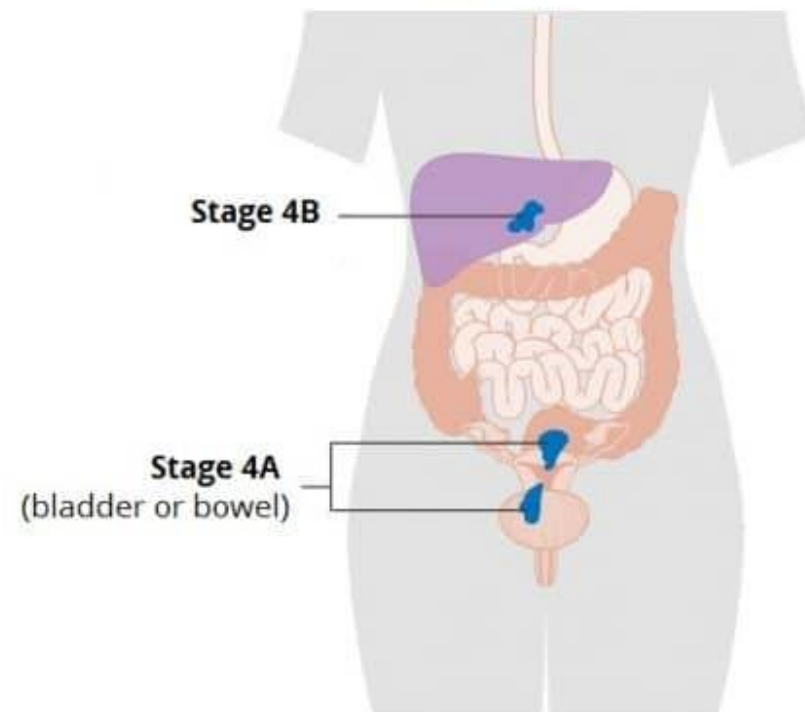
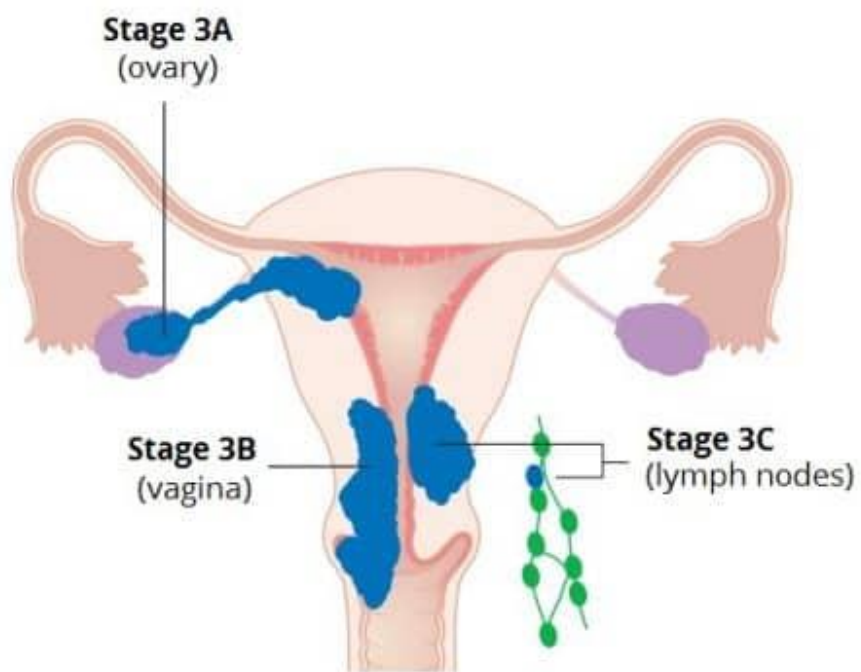
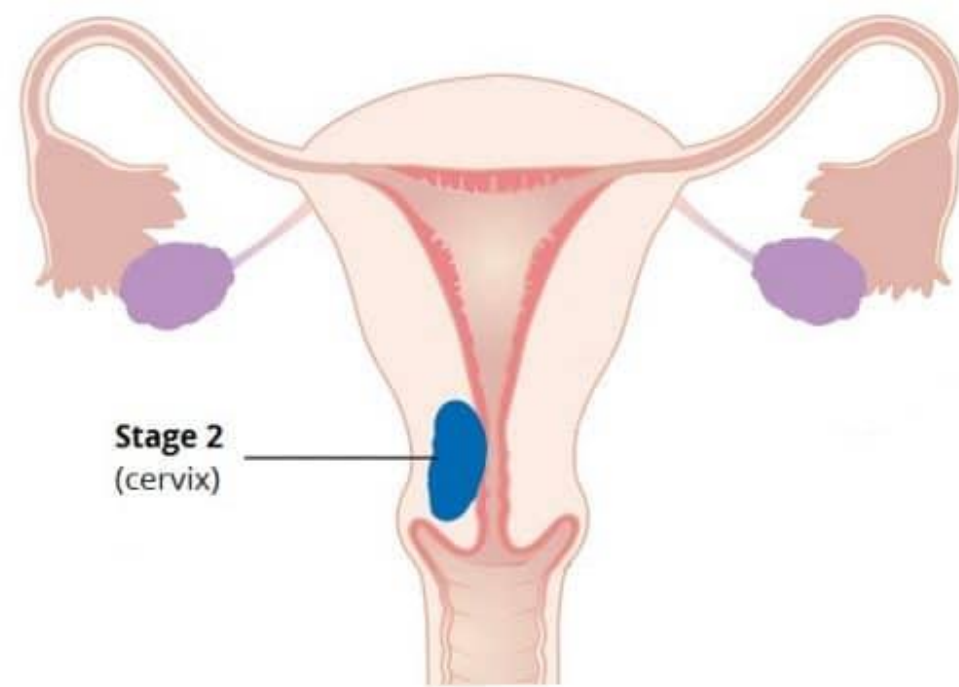
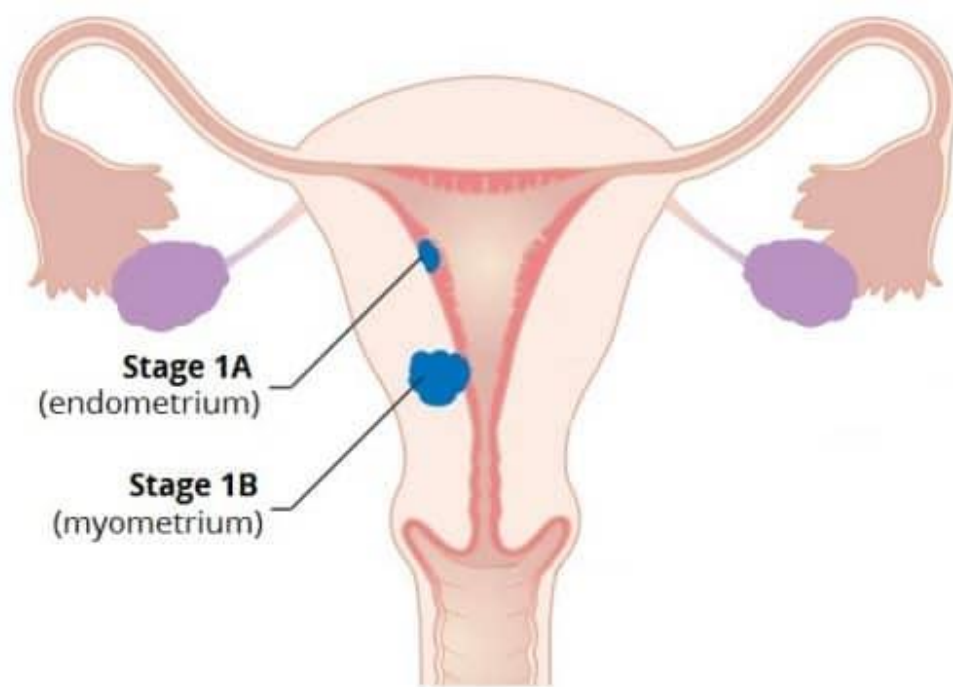
□ Familial

- Lynch syndrome (HNPCC)
 - 3 % of endometrial CA overall
 - 9 % of endometrial CA < 50 years of age
 - Median age: 48-53 years
 - Lifetime risk: 40 - 60%
 - Cowden Syndrome
 - AD mutation PTEN gene
 - Lifetime risk: 25 - 30 %
-

PENGURANGAN RESIKO OLEH

- IUD Mirena
- Oral contraceptive pills
- Kehamilan

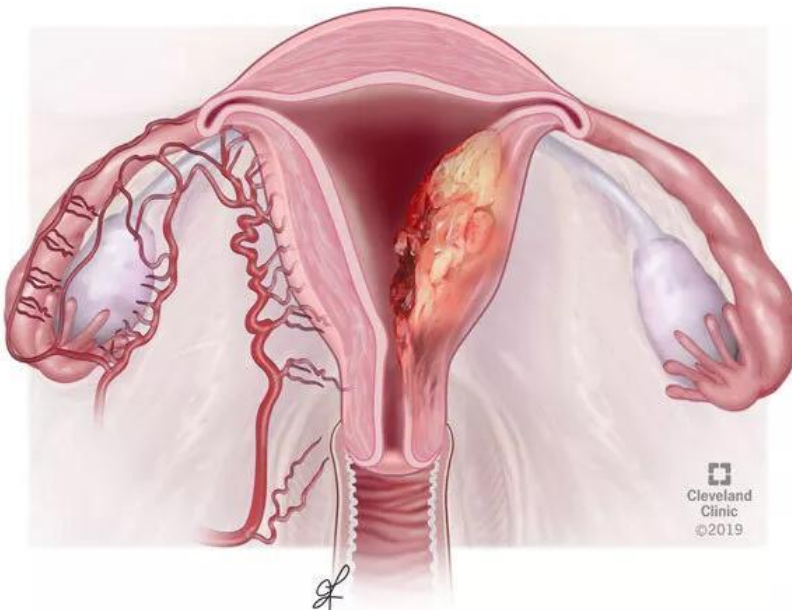




DIAGNOSIS

- ❑ Endometrial biopsy
 - Office based
 - Fractional D&C
 - Hysteroscopic guided D&C
- ❑ Imaging
 - MRI Pelvis with IV contrast (origin, local extent)
 - CT chest /abdomen/pelvis with IV contrast (to rule out metastases in high grade and incompletely staged endometrial cancer)
- ❑ CA 125 (extent of disease, prognostic value, response)

UTERINE / MYOMETRIAL MALIGNANCY



Sarcoma : (sarx -"flesh")

is a cancer that arises from transformed cells of mesenchymal origin

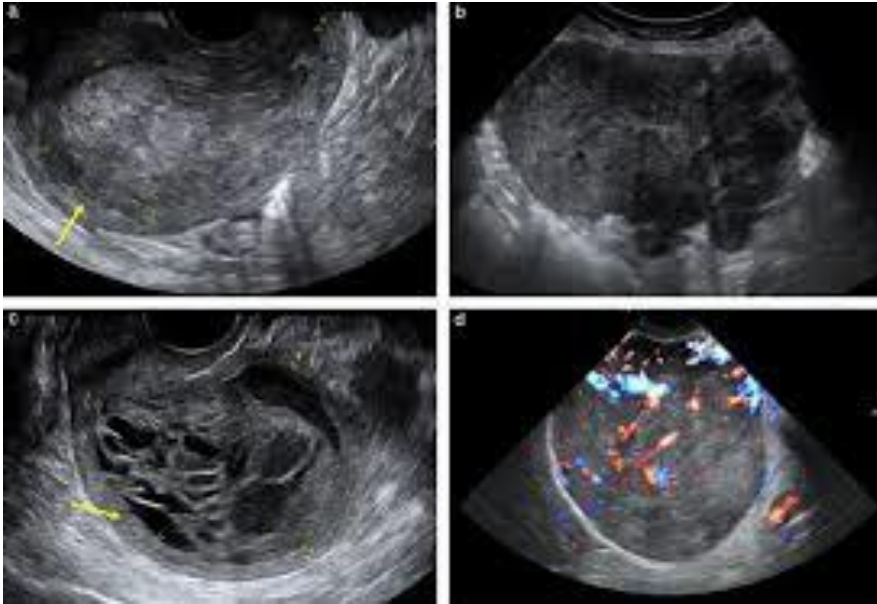
Uterine sarcomas arise from dividing cell populations in the myometrium or connective tissue elements within the endometrium

Uterine sarcomas :

1% of female genital tract cancers

3-7% of uterine cancers

UTERINE / MYOMETRIAL MALIGNANCY



Diagnosis

- Ultrasound – similar appearance to uterine myoma
- Pelvic MRI can be used to determine the extension of lesion
- Sometimes diagnosed after surgery

UTERINE / MYOMETRIAL MALIGNANCY

Primary Treatment: Surgery

- Surgery is the cornerstone of treatment for localized disease.
- Total hysterectomy (removal of uterus)
- Bilateral salpingo-oophorectomy (BSO) – often performed, though may be omitted in young patients with low-grade ESS
- Lymphadenectomy is not routinely performed unless there is nodal involvement or high-grade histology

Addition: radiation and chemotherapy

TAKE HOME MESSAGES

Prevention, early detection by doing routine screening is the KEY

CONCLUSION



TERIMA KASIH



Jakarta, 21 April 2026

