

CLAMÍDIA: QUANDO RASTREAR?

31 MAIO
A 2 JUN
2018

XIX CONGRESSO SUL-BRASILEIRO
DE GINECOLOGIA E OBSTETRÍCIA
IV JORNADA SUL-BRASILEIRA
DE MASTOLOGIA





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Ginecologia e Obstetrícia
PTGI e colposcopia
Endoscopia Ginecológica

CLAMÍDIA:QUANDO RASTREAR?

- POR QUE?
- QUEM?
- COMO?
- QUANDO?

RASTREAMENTO

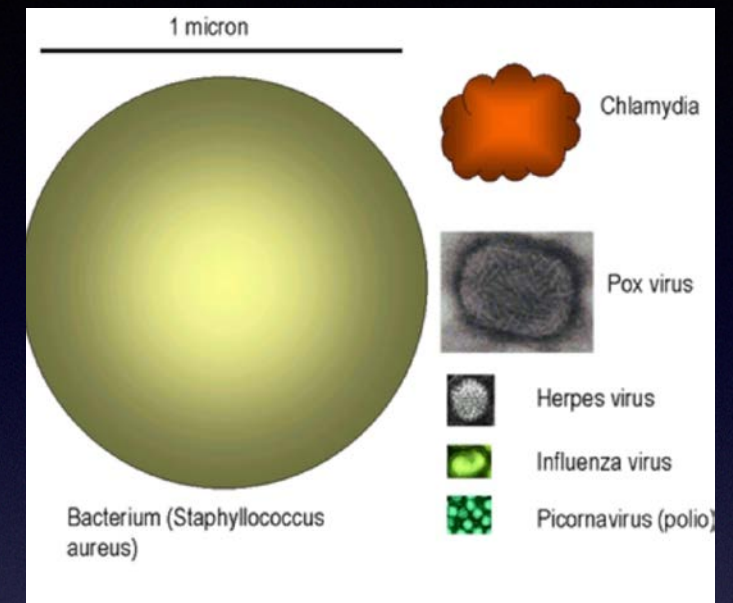
- Rastreamento populacional
- Rastreamento de oportunidade

Princípios do Rastreamento- OMS 1968

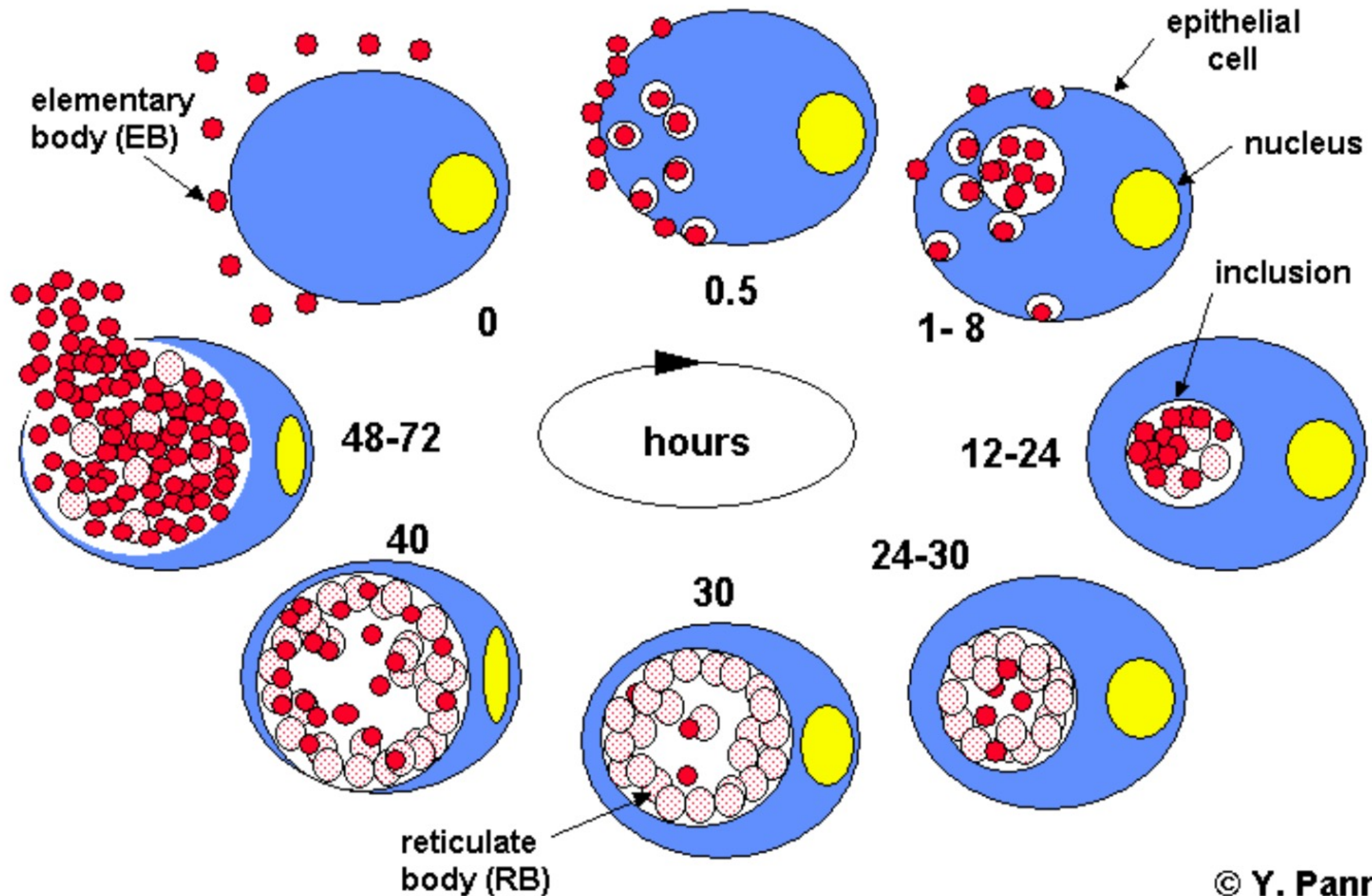
- ◆ Relevância
- ◆ Possibilidade de tratamento
- ◆ Viabilidade de diagnóstico e tratamento
- ◆ Estágio latente
- ◆ Aceitabilidade do exame
- ◆ Adequada compreensão da história natural
- ◆ Política de tratamento definida
- ◆ Custo favorável do tratamento precoce
- ◆ Processo contínuo

CLAMÍDIA

- Pequena bactéria Gram-negativa
- Intracelular obrigatória
- Metabolismo energético dependente do hospedeiro
- Ciclo de vida bifásico (CE, CR)
- Reposta imune humoral, não protege de reinfecção



Developmental cycle of *C. trachomatis*



CLAMÍDIA

- C. trachomatis
- C. psittaci
- C. pneumoniae

Chlamydia trachomatis

- Linfogranuloma venéreo (L1, L2, L3)
- Tracoma (A, B, C)
- Infecção Urogenital, conjuntivite, complicações gravídicas e neonatais (D - K)

Chlamydia trachomatis

- Cervicite
- Uretrite
- Bartholinitis
- DIP
- Perihepatitis
- RPMO, TPP
- Conjuntivite e PNM do RN

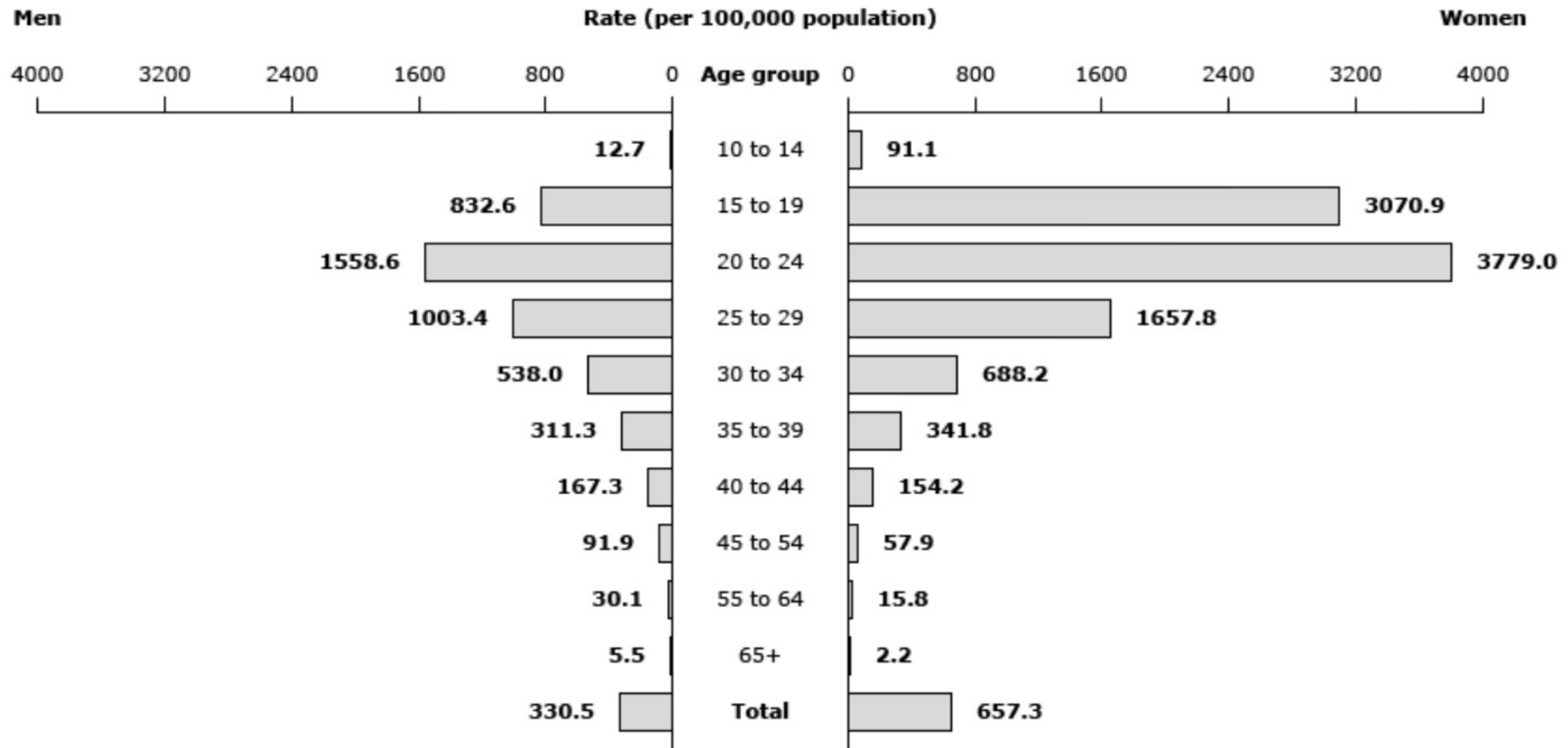
DIP

- DOR PÉLVICA CRÔNICA
- INFERTILIDADE
- GRAVIDEZ ECTÓPICA
- SEPSE

EPIDEMIOLOGIA

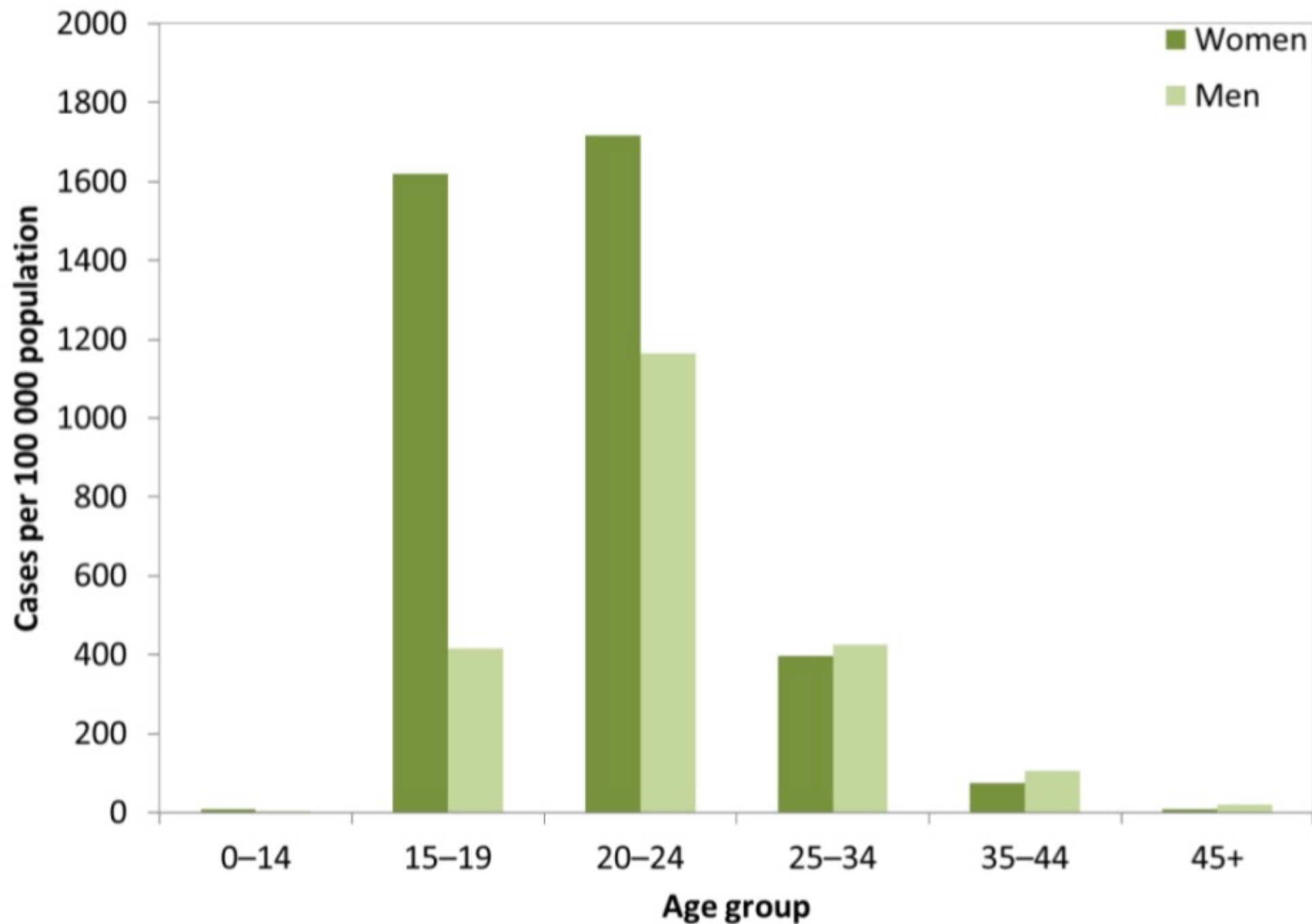
- DST bacteriana mais frequente EUA e Europa
- EUA: 1,6 milhões em 2016 (497/100.000)
- UE: 384.000 em 2013 (182/100.000)

Chlamydia: Rates of reported cases by age and sex, United States, 2016



Reproduced from: Sexually Transmitted Disease Surveillance 2016. Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/std/stats16/chlamydia.htm> (Accessed on October 26, 2017).

Figure 1. Age- and gender-specific rates of reported chlamydia infections per 100 000 population (n=383 793 cases), 2013, EU/EEA



Source: Reproduced from ECDC Surveillance Report – Sexually transmitted infections in Europe, 2013 [16]

- Brasil: Parturientes entre 15 e 24 anos, prevalência 9,8% (IC 95% 8,5-11,1)

PINTO, V. M.; SZWARCOWALD, C. L.; BARONI, C. et al. Chlamydia trachomatis prevalence and risk behaviors in parturient women aged 15 to 24 in Brazil. Sexually Transmitted Diseases, [S.l.], v. 38, p. 957-961, 2011.

COINFEÇÃO

[Clin Infect Dis.](#) 2002 Nov 15;35(10):1167-73. Epub 2002 Oct 21.

Mycoplasma genitalium infections in asymptomatic men and men with urethritis attending a sexually transmitted diseases clinic in New Orleans.

[Mena L](#)¹, [Wang X](#), [Mroczkowski TF](#), [Martin DH](#).

Author information

Abstract

We report the results of a study of *Mycoplasma genitalium* (detected with a modified polymerase chain reaction [PCR] assay) in men with urethritis and in asymptomatic control subjects at a sexually transmitted diseases clinic in New Orleans. Data for 97 men with urethritis and 184 asymptomatic men were available for analysis. *M. genitalium* infection rates in symptomatic and asymptomatic men who were negative for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* were 25% and 7%, respectively ($P=.006$). *M. genitalium* coinfection rates among men with chlamydial and gonococcal urethritis were 35% and 14%, respectively. Men with *M. genitalium* urethritis resembled those with *C. trachomatis* in that both groups were younger and more likely to experience milder urethral symptoms. Among men with urethritis, the sensitivities of PCR of urine and swab specimens for the detection of *M. genitalium* were 87% and 91%, respectively. *M. genitalium* is associated with nongonococcal urethritis in this population.

Chlamydia trachomatis and Neisseria gonorrhoeae prevalence and coinfection in adolescents entering selected US juvenile detention centers, 1997-2002.

[Kahn RH](#)¹, [Mosure DJ](#), [Blank S](#), [Kent CK](#), [Chow JM](#), [Boudov MR](#), [Brock J](#), [Tulloch S](#); [Jail STD Prevalence Monitoring Project](#).

Author information

Abstract

BACKGROUND: Juvenile detention centers offer public health practitioners an opportunity to gain access to large numbers of adolescents at risk for chlamydia and gonorrhea.

GOAL: To describe the prevalence and coinfection of chlamydia and gonorrhea among adolescents in 14 US juvenile detention centers from 1997 to 2002.

STUDY: We calculated the prevalence of chlamydia and gonorrhea in males and females, stratified by race/ethnicity, age group, and site. We also calculated the proportion of adolescents with chlamydia that were coinfecting with gonorrhea and the proportion of those with gonorrhea that were coinfecting with chlamydia.

RESULTS: The prevalence of chlamydia was 15.6% in 33,619 females and 5.9% in 98,296 males; gonorrhea prevalence was 5.1% in females and 1.3% in males. Of females with gonorrhea, 54% were coinfecting with chlamydia, and 51% of males with gonorrhea were coinfecting with chlamydia.

CONCLUSIONS: Chlamydia and gonorrhea prevalence was very high in females in all project sites. In males, chlamydia prevalence was high in some areas; however, gonorrhea prevalence was substantially lower. These prevalence data justify screening for chlamydia and gonorrhea among female adolescents in juvenile detention centers nationally.

DIAGNÓSTICO

- CERVICITE CLÍNICA
- INFECÇÃO ASSINTOMÁTICA (70-85%)

The incidence and correlates of symptomatic and asymptomatic Chlamydia trachomatis and Neisseria gonorrhoeae infections in selected populations in five countries.

Detels R¹, Green AM, Klausner JD, Katzenstein D, Gaydos C, Handsfield H, Pequegnat W, Mayer K, Hartwell TD, Quinn TC.

Author information

Abstract

BACKGROUND: Asymptomatic Chlamydia trachomatis (chlamydia) and Neisseria gonorrhoeae (gonorrhea) infections pose diagnostic and control problems in developing countries.

METHODS: Participants in China, India, Peru, Russia, and Zimbabwe were screened for C. trachomatis and N. gonorrhoeae infections and symptoms.

RESULTS: A total of 18,014 participants were evaluated at baseline, 15,054 at 12 months, and 14,243 at 24 months. The incidence of chlamydia in men was 2.0 per 100 person years both from baseline to 12 months and from 12 to 24 months, and in women, 4.6 from baseline to 12 months and 3.6 from 12 to 24 months; a range of 31.2% to 100% reported no symptoms across the 5 countries. The incidence of gonorrhea in men was 0.3 per 100 person years both from baseline to 12 months and from 12 to 24 months, and in women, 1.4 from baseline to 12 months and 1.1 from 12 to 24 months; a range of 66.7% to 100% reported no symptoms. Being female, aged 18 to 24 years, and having more than 1 partner were associated with both the infections. In addition, being divorced, separated, or widowed was associated with gonorrhea. Being male, having 6+ years of education, and reporting only 1 partner were associated with having no symptoms among those infected with chlamydia. No variables correlated with asymptomatic gonorrhea among those infected.

CONCLUSION: A high prevalence and incidence of asymptomatic sexually transmitted infections was identified among men and women in a wide variety of settings. More effective programs are needed to identify and treat chlamydia and gonorrhea infections, especially among women, young adults, those with multiple partners, those repeatedly infected, and particularly those at risk without symptoms. The risk of transmission from persons with no symptoms requires further study.

Proportion of Incident *C. trachomatis* Cases (by Country) Reporting No Symptoms

| | Baseline to 12 mo | 12–24 mo |
|----------|-------------------|----------|
| China | | |
| Males | 95.6% | 100.0% |
| Females | 86.0% | 98.4% |
| India | | |
| Males | 90.9% | 87.5% |
| Females* | 31.2% | 66.7% |
| Peru | | |
| Males | 95.8% | 98.2% |
| Females | 73.9% | 86.7% |
| Russia | | |
| Males | 89.7% | 95.5% |
| Females | 90.9% | 90.0% |
| Zimbabwe | | |
| Males | 93.3% | 100.0% |
| Females | 94.3% | 93.0% |

- Fluxo vaginal mucopurulento
- Sinusorragia
- Sangramento intermenstrual
- Dispareunia
- Disúria

- Mucopus cervical
- Colo friável
- Papilas endocervicais edemaciadas
- Dor à mobilização do colo
- Corrimento uretral



DIAGNÓSTICO LABORATORIAL

- NAATs
- Captura híbrida
- IFI
- Gram, cultura
- Sorología

TRATAMENTO

- Prevenção de complicações
- Diminuir risco de transmissão
- Melhora dos sintomas

TRATAMENTO

- Antibioticoterapia
- Parceirias
- Orientação quanto à prática sexual

TRATAMIENTO

- Azitromicina 1g dose única
- Doxíciclina 100mg 12/12 h por 7 días

TRATAMIENTO

- Quinolonas
- Eritromicina
- Amoxicilina

RASTREAMENTO

- Mulheres sexualmente ativas menores de 25 anos
- Maiores se fatores de risco

- New sex partner in past 60 days
- •Multiple sex partners or sex partner with multiple concurrent sex partners
- •No or inconsistent condom use when not in a mutually monogamous sexual partnership
- •Trading sex for money or drugs
- •Sexual contact (oral, anal, penile, or vaginal) with sex workers
- •Meeting anonymous partners on the internet

RASTREAMENTO

- Anualmente
- Parceiro novo
- Gravidez

PÓS-TRATAMENTO

- RETESTE
- TESTE DE CURA

OBRIGADO!

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