

11th International Virology Summit

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7th World Congress on Control and Prevention of HIV/AIDS, STDs & STIs

July 01-02, 2019 Valencia, Spain

Adolescent in risk of sexual transmitted diseases: knowing alarm symptoms, follow-up and prevention

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reenage is a turbulent time of life which, according to the WHO, covers the 10-20 years of age period. Physicals and psychological changes appear explosively which drives individuals to have increased risk of approaching to new dangerous behaviour as contact with drugs or inappropriate beginning of love relationships, In this topic they can suffer social (unwanted pregnancy) or medical stigmas (sexual transmitted diseases STD). Overall incidence of STD has uploaded in recent years depending on different factors present in adolescents as minimization of risk, abuse of alcohol/drugs or avoids anticonception methods in sexual relations. Different STD's are classified in four groups: Urethritis-cervicitis, genital ulcers, leukorrhea and anogenital warts; with multiple microorganisms implicated in all of them. Most of STD's are asymptomatic, so active search and a high index of suspicion is mandatory to afford this growing problem in young people. Moreover, we will make general screening in selected people. In this paper we will make a brief summary of each STD explaining its signs, diagnosis test and recommended therapy insisting into the need of early detection, correct therapy and investigation of sexual partners for cutting epidemic expansion. Depending on the type of lesion (ulcer, vaginal discharge, urethral secretion...) will suspect distinct bacteria and until establishing the proper diagnosis we will treat the adolescent with an empiric therapy covering all possible microorganisms able to produce this symptoms. After treatment we will make sure a new appointment for confirming clinical recovery, asking for other sexual contacts and their study. Finally, we will give some recommendations as a Decalogue for using at the office in the directed interview with this kind of young people, neither children nor adults.

Trestment Syndrome	Recommended	Alternative	
Genecoccul Urstridio/coroleido	Ceffetaceon 500 mg DM one dose - Azithromyoin 1 gr PM one dose		
Non genocecral Unetrific/correction	Desiculize 100 mg /12h M PM	- Arithmeter 500 mg PM = 250 mgr 24 h x 4 d	
persistent/ recurrent Uretritis	If previously gives Authoracia 400 mg/24h PM 7-14-4 Metronoloxed 400 mg/ 12h VO 5-6		

Recent Publications

- 1. Knöpfel N, Noguera-Morel L, Azorín D, Sanz-Santaeufemia F, Torrelo, A and Hernández-Martín A (2018) Cutaneous Leishmania tropica in children: report of three imported cases successfully treated with liposomal amphotericin B. J Eur Acad Dermatol Venereol 32(1):e8-e10.
- 2. Sanz Santaeufemia F J, Ramos Amador J T, Muley Alonso R, Bodas Pinedo A, Hinojosa Mena-Bernal J and García Talavera M E (2014) *Alcaligenes xylosoxidans* infections in children five cases in different sites. Pediatrics Research International Journal. 519461.
- Bravo García-Morato M, Aracil Santos F J, Briones A C, Blázquez Moreno A, Del Pozo Maté Á, Domínguez-Soto Á, Beato Merino M J, Del Pino Molina L, Torres Canizales J, Marin A V, Vallespín García E, Feito Rodríguez M, Plaza López Sabando D, Jiménez-Reinoso A, Mozo Del Castillo Y, Sanz Santaeufemia F J, de Lucas-Laguna

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R, Cárdenas P, Casamayor Polo L, Coronel Díaz M, Valés-Gómez M, Roldán Santiago E, Ferreira Cerdán A, Nevado Blanco J, Corbí ÁL, Reyburn HT, Regueiro JR, López-Granados E and Rodríguez Pena R (2018) New human combined immunodeficiency due to IRF4 deficiency inherited by uniparental isodisosomy. J Allergy Clin Immunol. 141(5):1924-1927.

Biography

Francisco José Sanz Santaeufemia works as a pediatrician in one of the oldest children hospital in Western Europe located in Madrid. His expertise skills include General Pediatrics and children infectious diseases. Nowadays mycobacterial, parasitic or sexual transmitted infections are his preferred topics.

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