ABSTRACTS

Monday, May 18, 2015
Round the Table 1 157

Tuesday, May 19, 2015
Round the Table 2 158

Thursday, May 21, 2015
Round the Table 3 159
Round the Table 4 160
Round the Table 5 161
Post Traumatic Stress Disorder: A Case Study

Eunice P. Najoan, MD,
Indonesian Navy

PTSD is common among military personnel in military operation tasks. Sometimes the stressor is small and not significant to others, but it's unpredictable one can get PTSD after being exposed. Many causes of PTSD experienced by soldiers, especially in military combat operations. Many situations are triggers to PTSD, since no one is "free of stress", we have to detect the signs and symptoms as soon as possible.

A Navy personnel was on duty on a battle ship. He lost sight of a friend when he fell from a rubber boat after boat collision around Sabang waters. Afterwards he experienced recurrent distressing memories or awful nightmares. He kept avoiding talking about the event. He ran away when he tried a mowing lawn machine. He avoided walking near someone mowing the lawn as the propeller reminded him to the propeller of the boat. He kept away to propellers, or boats; even he felt uneasy standing on the dock. He was unable to remember the event's details. He felt ashamed and deeply guilty for losing his friend. He had difficulties to concentrate, to sleep, and sometimes having a restless night.

After some sessions of psychotherapy and pharmacotherapy, he felt better. He still works at the office, and will soon be posted again on the ship.

Short-term Prognosis of Posttraumatic Stress Disorder in Combatants Served by Conscript

A. Marchenko, MD, Dr.Med.Sci; B. Driga, MD, PhD; A. Goncharenko, MD, PhD;
A. Lobachev, MD, PhD
Medical Military Academy n.a. S.M. Kirov, Saint-Petersburg, Russia

Introduction
Posttraumatic stress disorder (PTSD) prognosis is important in cases of fitness for military service determining. However, there is little data on the subject for combatants served by conscript (Tarabrina NV, 2008; NVVRS, 2014).

Methodology
In order to construct a short-term forecast model of the combat PTSD in the soldiers by conscript, 108 combatants (aged 22 to 28 years, mean 25.2±3.4 years) with a diagnosis of PTSD according to ICD-10 criteria were examined. Psychopathological method, the PTSD Profile Scale (Krylov, KE, 2000) and the social adjustment rating scale (Rustanovich AV, 1997) were used.

Results
Due to factor analysis of PTSD Profile Scale three PTSD clinical variants were distinguished: anxious-explosive (included irritability, hypervigilance, exaggerated startle response, difficulty concentrating, and physiological reactivity to traumatic event cues), dissociative (dissociative flashback episodes, psychological distress at exposure to traumatic event cues, dissociative amnesia, and sleep difficulty), and apathetic (reduced interests, avoidant behavior, and feelings of detachment and sense of a foreshortened future).

For the purpose of PTSD prognosis the canonical discriminant function equation which included 14 variables was founded (centroids coordinates were for responders - (-1.56) and for nonresponders - (0.57)):

$y = 0.91 - 0.64X1 + 0.47X2 - 0.54X3 - 0.46X4 - 0.29X5 - 0.51X6 - 0.40X7 + 0.39X8 + 0.61X9 - 0.75X10 + 0.67X11 + 0.42X12 - 0.41X13 + 0.32X14 - 0.3X15$,

where $X1$ - intrusive distressing recollections severity, $X2$ – hypervigilance severity, $X3$ - dissociative episodes severity, $X4$ - traumatic brain injury history, $X5$ - heart rate at admission, $X6$ - match to anxiety-explosive variant of PTSD, $X7$ - the severity of the psychological distress at exposure to traumatic event cues, $X8$ – exaggerated startle-reflex severity, $X9$ - age at hospitalization, $X10$ - level of education, $X11$ - level of professional adjustment; $X12$ – hyperthymic character accentuation, $X13$ – global social adjustment level, $X14$ - avoidance of traumatic thoughts and feelings severity, $X15$ - the duration of being in combat zone.

The sensitivity of the model was 72.4% for responders, 93.7% - for nonresponders, 88.0% - on average. The most significant factors in the short-term PTSD prognosis, according to the factor structure of the canonical functions, were severity of intrusive memories (CC = 0.30), the presence of traumatic brain injury history (CC = -0.24) and anxious-explosive variant of PTSD (CC = -0.22).

Conclusion
The results may be useful in the fitness for duty examination of the combatants by conscript.
Active Role in Medical Support of Military Operations Across the Ocean
A Case Analysis of Handling of Exemption of the Hostages
of MV Sinar Kudus in Somalia 2011

Commander Edwin M. Kamil, MD
Indonesia

Background
In accordance with its function, the military medical team has the mandate to carry out the task in a state of war and peace. The task is summarized in the concept of Military Medicine, as below:
1. As a branch of the Occupational Health considering the medical risks faced by soldiers in doing work that requires prevention and intervention efforts.
2. Planning and management practices surgery for mass casualties from war and logistical and administrative set up and operate hospitals that support the war (field hospital / hospital backrest / referral hospital).
3. The medical care for military members and their families in times of peace in the base area.
4. The program of research and development of the health sector in particular to support and address the health issues of concern to the military.

One of the implementation of the functions carried out during non-war military operations in Somalia, to free the MV Sinar Kudus vessel and its crew were held hostage Somali pirates on March 16, 2011.

Methods
The implementation of these operations refer to the Maritime Security approach to understanding the prevention of the vandalism relating to the movement of sabotage, subversion or terrorism. The task is include of three main things I it:
1. Port Security; 2. Vessel Security; 3. Facility Security. Medical teams divided in two, as many as eight first person in charge of the ship of KRI Abdul Halim Perdanakusumah-355 and KRI Yos Sudarso-353 with a total of 185 people, set off on March 23, 2011. The second medical team departed then as many as 14 people in the KRI Banjarmasin-952 which carries 486 people, on 19 April 2011.

Result
The medical team was one part to support the entire military operation to liberate the hostages of MV Sinar Kudus. The operation stands successfully in order to liberate the hostages as well as the vessel. The role of the Medical care team maximized to handle operations until completion, which in fact take up to three months.

Conclusion
The medical corps had the crucial role in the military operation and should be considered as the part of the team since the beginning in every critical military operation. The case of military medicine operations above can be one of the starting point for analyzing the role of military medicine in the field associated with the existing regulations. One of the important conclusions of the Somali case is should be considering the attending of psychologist and psychiatrist in the operation.
Underestimated Incidence of Cerebral Venous Thrombosis

Terawan Agus Putranto, Dianika Putri Puspitasari, Bressna Mayanti, Endang Drajat, Ardianto Pramono

Background and Purpose
Cerebral venous sinus thrombosis is known as a rare but dangerous condition. Its clinical presentation is very various and often dramatic causing stroke with high mortality risk. Data from last studies performed shows an incidence of 3-4 cases/million/year but we believe that the incidence is underestimated.

The purpose of this study was to determine the incidence of cerebral venous thrombosis in Gatot Soebroto Army Central Hospital.

Method
The study is a retrospective study which was carried out at Gatot Soebroto Army Central Hospital. We collected MR/ MRV imaging expertise during October to December 2015. We classified it into infarct and non infarct patient. The expertise were hand searched to identify cerebral venous thrombosis with keywords smaller vein, not visualized, blockage, filling defect.

Result
Among expertise of 648 patients who performed MRI, we classified 436 patients with stroke and 212 without stroke. Of these, 161 stroke patients (77%) and 382 non stroke patients (88%) have identified with cerebral venous thrombosis.

Conclusion
The incidence of cerebral venous thrombosis among adults is probably higher than previously believed.

Keyword: Cerebral Venous Thrombosis, Incidence, Stroke, MRV

Retained Intracranial Splinters: a Review

Brig Harjinder S Bhatoe VSM
Director and Chief of Neurosciences, Max Super Specialty Hospital
Patparganj, IP Extension
New Delhi 110092, India

With rapid evacuation of patients with craniocerebral missile injury (CMI) from the combat zone to neurosurgical centers, early evaluation with computed tomography (CT), improved surgical techniques and post-operative care, there has been an overall improvement in the survival of these patients. Series have reported improved survival even in patients with low Glasgow Coma Score (GCS). This has also resulted in more survivors with retained intracranial splinters, who have been followed up over a period of years, and their sequelae and outcome have been studied. The veterans with such a problem may attribute a number of symptoms and problems with retained intracranial splinters. Since the number of service personnel with retained intracranial splinters might be rising, there is a need for renewed awareness of the implications of retained intracranial splinters amongst the patients, their family members, the primary care physicians, etc.

A retained intracranial splinter is a cause for anxiety and concern to the patients and the relatives. What is needed is a clear understanding of the nature of the cerebral injury, and communication with the patients and their relatives explaining the need for regular follow-up, and close observation for neurological deterioration. While meningitis will be diagnosed and treated in the usual manner, any fresh neurological event mandates evaluation by imaging. Brain abscess may require to be excised and often the missile is found adhered to the abscess wall. There is no aggravation of deficit due to excision of the abscess. Migrating missile may require appropriate image guided management strategy. Removal can be affected by CT guidance or in case of fragments lying on the cortex, by taking skull radiographs or intraoperative CT in the operation theatre to localize them precisely immediately prior to or during craniotomy. Care should be taken to minimize dissection or retraction of brain tissue so as to avoid worsening of neurological deficit.
Prisoners of War

LTC Abdulelah M Hummadi, Col. Abdullah M. Alghamdi,
Armed Forces Hospital - Southern Region - Military Medical Services – Kingdom Saudi Arabia

In our paper, we wanted to examine the original Islamic Ethics in regard to the treatment of Prisoners of War (POWs) and how the classical teachings reflected of the reputation of Islam and its positive image. We also want to correct the current impression about Islam & POWs especially after all the damage resulted from the recent conflicts during the last few years.

We reviewed Quran, Hadith (Prophet Mohammed PBUH Saying), known Muslim clerks interpretation of those and we reviewed the Muslim history for examples of how these teaching were followed & implemented. Then we studied the current image about Islam & POWS and we proposed a model on how to improve it.

It is beyond doubts that the current practices by certain groups does not reflect the true divine teachings of Islam and should be rejected and corrected. The use of Islam as an umbrella to execute hidden agendas has damaged the image of Islam and Muslims. The religion of peace advocates that prisoners of war, as a bare minimum, be kept from harm, that they are fed, that they get treated when sick and to show lenience with them during their captivity. History has never known warriors so kind to their captives as the early Muslims who followed the teachings of their religion, particularly during the Crusades when they treated invaders different from what they did to them on their home soil. We highlight seven key steps to change this image.

Review of IHL and Medical Personnel

Benny H. Tumbelaka, MD.

Hospitals and Medical Units. As a logical consequence of the special emphasis in IHL on the provision of care for the wounded and sick, all medical units, whether hospitals or other care facilities, are entitled to special protection under IHL and may not be attacked. The same consideration is reflected in the special protection afforded to medical personnel. Hospitals and other medical units may not be used for purposes that do not fall within their humanitarian duties and that are harmful to the enemy. If so used, their protection shall cease, but only after due warning, setting, in all appropriate cases, a reasonable time limit and only after such warning has not been heeded. Personnel employed at the hospital may be armed for their own defence or that of the wounded and sick in their charge. Small arms taken from the wounded and sick must be handed over to the appropriate authorities. If a hospital or other medical unit falls into enemy hands it • Genocide • Hospitals and Medical Units87 IHL Concepts must still be reserved for the same purpose and staff must be free to pursue their duties, as long as the capturing power does not itself provide the necessary care of the wounded and sick. An occupying power has a duty to meet the medical needs of the wounded and sick, and of the civilian population in an occupied territory. This does not necessarily mean that the occupying power is required to meet those needs itself, but rather that it should leave existing facilities in place and facilitate their continued functioning. Hospitals and other medical units may use the Red Cross, Crescent or Crystal emblem to mark their protection under IHL. Relevant articles: GC I, in particular Articles 19-23, 33, 42; AP I, Articles 12-14, 18; Common Article 3; and AP II, Articles 11 and 12.

Medical Assistance. Hospitals Access to emergency medical services in situations of armed conflicts for all those in need is of paramount importance. Such access must not be unduly delayed or denied. Ambulances and medical personnel must be allowed to move about unharmed and must not be prevented from discharging their medical duties. All those taking part in the violence must respect and assist the medical services, whether deployed by the armed forces or civilian and humanitarian organisations. The sick and the wounded must be respected and protected. Whenever circumstances permit, they must be searched for and collected so they can be given the appropriate care. In an international armed conflict, the Parties must identify the wounded, sick, or dead of the adverse Party and information concerning them must be forwarded to the National Information Bureau and then to the Central Tracing Agency. Combatants should be given an identity card to facilitate their identification. All of GC I-II concern the protection of combatants and the personnel and facilities used to provide care for them. GC IV contains a number of provisions concerning civilians and medical services. AP I elaborates on such protection.73 Relevant articles: GC I, in particular Articles 12, 15, 16, 19 and 24-26; GC II, in particular Articles 12, 18, 19, 22 and 36-39; GC III, Article 17; GC IV, Articles 14, 16-22, 56 and 57; AP I, Articles 8-31; and AP II, Articles 7-11.

Neutrality. Access to victims of war, impartiality Neutral humanitarian action is generally understood to mean not taking sides in a given conflict. Arguably, neutrality has to do with perception: through behaviour and conduct one must be perceived to be neutral towards the parties involved. Neutrality of humanitarian action has sometimes been contested
and taken for indifference. Some organisations believe that it is a tool for gaining access to victims of war and they argue that they act with neutrality towards the parties to the conflict, not towards the plight of the victims. Linked to the issue of neutrality are discussions on humanitarian space. In particular, since the beginning of the so-called war on terror, many humanitarian organisations have objected to a perceived blurring of lines between military, political and humanitarian action, which has affected people’s perception of the work of humanitarian agencies, and thus their safety and access to the persons whom they are trying to assist and protect. Organisations have fought to defend a humanitarian space and some have chosen neutrality as a strategy.

**Keywords:** Hospital & Medical Units – Neutrality – Humanitarian action

---

**The Role of Indonesian Naval Dental Hospital RE Martadinata in Improving the Indonesian Navy Oral Health Readiness**

**Setyo Hernowo(1)**

(1) Indonesian Naval Dental Institute

Indonesia

**Introduction**

The dental health of all the Indonesian Armed Forces is being held under the Military Institution or Military Hospital, even under the Military Clinics even under the Military Clinics.

**Methodology**

Description

**Conclusion**

The Naval Dental Hospital as the highest referral on dental care, also have to prepare the dental fitness of the Indonesian Navy to be ready on duty.

**Results**

Indonesian Naval Dental Hospital RE.Martadinata in improving the dental fitness of the Indonesian Navy.

**Keywords**

Indonesian naval dental institute, dental fitness, antemortem data

---

**Flying Dentist in Indonesia Air Force**

*FD Emawati*

* Head of the Institute of Dental and Oral Health, Indonesia Air Force Department of Health

Jakarta - Indonesia

Union country of Republic of Indonesia spread from Sabang to Merauke, the geography such as islands, a vast area where the need for securing the region from threats coming from both inside and outside the country. Defense and security system established by the government covering the entire territory of the Republic of Indonesia to areas that are very remote, by placing both military personnel from the army, navy and air force to the leading edge of the island territories and borders. On Indonesia air force bases and radar units are located remote, Air Force health services is very limited, especially oral health is no services. Every soldier has the same right to get good health care facilities that serve strategic areas and remote areas, even the soldiers who are in a very remote area needs to get more attention in the maintenance of health is, therefore, Institute of Dental and Oral Health as the Air Force agencies responsible for maintaining oral health for military, civil servants and their families have integrated dental health care program specifically for soldiers serving in remote areas to carry out the flying dentist. The program includes measures promotive, preventive, curative and rehabilitative services to oral health problems, while its implementation by sending medical personnel, paramedics, technicians and equipment and materials needed in providing oral health services. In the first year of flying dentist performed alternately as much as 10-13 times or adjusted to scale pioritas. Support shuttles flying dentist to use military transport planes to areas outside Java and land transport to the area of Java. The results of the implementation of flying dentist is still maintaining oral health is optimal for the Air Force soldiers and their families who serve remote region.

**Keywords:** flying dentist, Remote Areas, Lakesgilut
Dental Fitness Programme for Soldier for Military Operation Preparation

Gatot Srisuseno

We often belittle and forget small hole in tooth a soldier, whereas from the small hole can be problem and disaster (calamity) for himself and the unit. Why not? The small hole will be tooth hole that is greater, in couple of weeks will be caries dentis that deep. In assignation that is long enough (3 months until 6 months) with mouth cleanliness that no groomed, so caries dentis will be broader and infect dental pulp. This early the calamity happened.

Dental fitness is activity conducted in military Unit that is steady for operation task or training. Troop should be prepared nicely physics as well as health so that can follow training or operation task favorably in long time enough. Long operation task and solid activity cause troop member inadequat cleaning tooth for well. This condition will make troop member cleanliness retrograde, high caries accident and arise abscess in gum.

In effort prevent hopenned mouth cavity disorder and tooth needed Dental fitness Programme that overall namely represent promotion action, prevention and currative. Dental fitness activity be held at home base by involving a few dentist, tooth nurse and buttress personel other. Long activity usually 5 to 7 day for one Batalyon.

The Role of Military Dentistry in The Indonesian Naval Dental Institute.

Bambang Haryoto

Military Dentistry is a sort of science of Dentistry development adapted to support as well as to serve dental and oral healthiness at Military Institute in conjunction with the dimension of both operation and military training in Army, Navy, and Airforce. Its main functions are to support and to serve dental and oral healthiness, education and training, along with research and development to enhance the proficiency of military and civilian dentists assuring the battle readiness either in peaceful time, urgencies or war. In other words, it prepares a man for war. To fulfill those demands, Indonesian Defense Force has The Indonesian Naval Dental Institute which is commonly known as Ladokgi TNI AL REM and was officially established on October 22nd 1964. In that time, the presence of a dentistry division was vital and the idea of developing dentistry education research and science was imminent.