

Karakteristik dan faktor-faktor yang mempengaruhi kesintasan pasien pneumotoraks di Rumah Sakit Cipto Mangunkusumo = Characteristics and factors affecting survival of pneumothorax patients in Cipto Mangunkusumo General Hospital

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Abstrak

Latar Belakang : Pneumotoraks merupakan kasus kegawat daruratan yang harus ditatalaksana segera. Penilaian berbagai penyakit paru dan faktor-faktor penyebab secara tepat sangat penting diketahui sebagai panduan dalam kerjasama antardisiplin ilmu dan untuk meningkatkan penatalaksanaan pneumotoraks secara menyeluruh. Faktor risiko yang mempengaruhi kesintasan pasien pneumotoraks adalah usia dan infeksi HIV, namun data di Indonesia masih belum ada.

Tujuan : Untuk mengetahui karakteristik pasien pneumotoraks dan faktor-faktor yang mempengaruhi kesintasannya selama perawatan di RSCM.

Metode : Penelitian desain kohort retrospektif, dilakukan terhadap pasien pneumotoraks yang dirawat inap di RSCM pada kurun waktu Januari 2000 sampai Desember 2011. Kesintasan kumulatif selama 8 hari perawatan dan faktor yang mempengaruhi dianalisis secara bivariat dengan metode Kaplan Meier dan uji Log-rank serta analisis multivariat dengan Cox proportional hazard regression model untuk menghitung hazard ratio (HR) dan interval kepercayaan 95%.

Hasil : Seratus empat pasien pneumotoraks yang memenuhi kriteria penelitian ditemukan lebih banyak pada laki-laki 78(73,1%) dengan rerata usia 39,7(simpang baku[SB],16,2) tahun. Keluhan respirasi terbanyak berupa sesak napas 103(99%) dan kelainan pada pemeriksaan fisik hipersonor 101(97,1%). Foto polos toraks menunjukkan hiperlusen avaskular 95(91,4%). Faktor penyebab kejadian yang didapatkan adalah merokok 43(41,3%), pneumonia 42(40,3%), tuberkulosis 37(35,5%), trauma dada 13(12,5%), kejadian iatrogenik 6(5,7%), keganasan paru 6(5,7%), PPOK 5(4,8%), asma bronkiale 5(4,8%) dan artritis reumatoid 1(1%). Jenis pneumotoraks terbanyak adalah pneumotoraks spontan sekunder 49(47,1%). Tatalaksana sebagian besar dengan pemasangan WSD 98(94,2%). Keluaran pasien pneumotoraks hidup 69(66,3%), meninggal 35(33,7%). Penyebab kematian terbanyak pada pasien pneumotoraks saat perawatan adalah gagal napas 16(45,8%). Faktor-faktor yang memperburuk kesintasan pasien pneumotoraks adalah trauma dada (HR=3,49 (IK 95% 1,52;8,04)) dan tuberkulosis paru (HR=3,33 (IK 95% 1,39;7,99)).

Kesimpulan : Adanya tuberkulosis paru dan trauma dada memperburuk kesintasan pasien pneumotoraks selama perawatan di RSCM.

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Background : Pneumothorax is an emergency case should be managed immediately. Assessment of lung diseases and the factors that cause pneumothorax is very important to know the proper guidelines in cooperation an interdisciplinary medical science and to improve the overall management of pneumothorax. Risk factors affecting the survival rate of pneumothorax patients are age and HIV infection, but there is no data in Indonesia.

Objective : The purpose of this study was to determine the characteristics of pneumothorax patients and factors affecting survival during hospitalization in RSCM.

Methods : Retrospective cohort study design conducted on pneumothorax patients who were admitted in RSCM in the period January 2000 to December 2011. Cumulative survival rate for 8 days of hospitalization and the factors affecting analyzed by bivariate with Kaplan Meier method and log-rank test and multivariate analysis by cox proportional hazard regression model to calculate hazard ratio (HR) and 95% confidence intervals.

Results : A total of 104 pneumothorax patients were reviewed. Their mean age was 39.7 years (SD $\pm$ 16.2 years) with a male to female ratio of 3:1. Commonest symptoms was shortness of breath 103(99%) and abnormalities on physical examination was hyperresonance 101(97.1%). Plain chest X-ray showed hyperlucent avascular 95(91.4%).

Etiologic factors for the incidence of secondary pneumothorax were smoking 43(41.3%), pneumonia 42(40.3%), tuberculosis 37(35.5%), chest trauma 13(12.5%), iatrogenic 6(5.7%), lung malignancy 6(5.7%), COPD 5(4.8%), asthma 5(4.8%) and rheumatoid arthritis 1(1%). Commonest type of pneumothorax was secondary spontaneous pneumothorax 49(47.1%). Most of pneumothorax patients were successfully managed by chest thoracoscopy 98(94.2%). Outcome of pneumothorax patients were live 69(66.3%), died 35(33.7%). Causes of death in pneumothorax patients was respiratory failure 16(45.8%). Factors that worsen the survival rate of pneumothorax patients were chest trauma (HR = 3.49 (95% CI 1.52 to 8.04)) and pulmonary tuberculosis (HR = 3.33 (95% CI 1.39 to 7.99)).

Conclusions : Factors that worsen the survival rate of pneumothorax patients were pulmonary tuberculosis and chest trauma that hospitalized in RSCM.