

Respons terapi empiris pada pasien HIV-AIDS yang diduga ensefalitis toksoplasma di RSCM dan faktor yang mempengaruhi = Response to empirical therapy in AIDS patients with suspected toxoplasma encephalitis in Cipto Mangunkusumo Hospital and the influencing factors

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Abstrak

Latar Belakang: Ensefalitis toksoplasma (ET) termasuk infeksi oportunistik yang paling banyak menyebabkan penyakit SSP pasien AIDS. Algoritma penatalaksanaan lesi fokal otak ET pasien AIDS di Rumah Sakit Cipto Mangunkusumo (RSCM) masih berdasarkan terapi empiris ET.

Tujuan: Mengetahui proporsi pasien AIDS diduga ET yang menunjukkan perbaikan klinis dan atau radiologis setelah diberikan terapi empiris dan faktor-faktor yang mempengaruhi.

Metode: Studi retrospektif potong lintang melalui data rekam medis pasien AIDS dewasa diduga klinis ET rawat inap pertama kali di RSCM dari tahun 2010-2012 dengan CD4 <200sel/mm³. Perbaikan klinis dan atau radiologis dinilai setelah 2 minggu terapi empiris.

Hasil: Didapatkan 82 subyek, dengan perbaikan klinis pada 63 pasien (77%). Terdapat 20 subyek yang menjalani pencitraan evaluasi dan dapat dibandingkan. Enam belas di antaranya didapatkan perbaikan radiologis. Median usia subyek 30 tahun (23-51) dan nilai median CD4 21 sel/mm³ (3-152). Penyakit penyerta terbanyak adalah tuberkulosis (46.3%), pneumonia (40.2%), dan sepsis (22%). Subyek tanpa sepsis memberikan respons yang lebih baik secara nyata dibandingkan subyek dengan sepsis (p= 0,000).

Kesimpulan: Pemberian terapi empiris pada pasien yang diduga ET secara klinis masih menghasilkan respons klinis dan atau radiologis yang baik. Sepsis menurunkan secara bermakna respons terhadap terapi empiris.

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Background: Toxoplasma encephalitis (TE) is one of opportunistic infections that most cause CNS disease in AIDS and leads to focal brain lesions. The algorithm management of focal brain lesions AIDS patients in Cipto Mangunkusumo Hospital (RSCM) was based on empirical therapy of TE.

Aim: To find out the proportion of AIDS patients in RSCM with clinical diagnosis of TE who showed clinical and or radiological improvement after administration of empirical therapy and the influencing factors.

Method: A retrospective, cross-sectional study using medical records of adult AIDS patients admitted in RSCM from year 2010–2012. The eligible subjects were those who were admitted with clinical diagnosis of TE for the first time and CD4 <200cells/mm³. Clinical and or radiological improvement was assessed after two weeks of empirical therapy.

Results: There were 82 eligible subjects. Clinical improvement was found in 63 subjects (77%). There were 20 subjects who undergone serial neuroimaging examination and have comparable result. Sixteen subjects showed radiological improvement. Median age of the subjects was 30 years old (23–51) and median CD4 was 21cells/mm³ (3–152). The most frequent comorbidities were tuberculosis (46.3%), pneumonia (40.2%), and sepsis(22%). Subjects without sepsis were more responsive to empirical therapy compared to subjects

with sepsis ($p= 0.00$).

Conclusions: Administration of empirical therapy in patients clinically diagnosed with TE provided favourable clinical and or radiological responses. Sepsis was associated with poor response to empirical therapy.