

Faktor prediksi perforasi apendiks pada penderita apendisitis akut dewasa di RS A-Ihsan Kabupaten Bandung periode 2013-2014 = Prediction factors of perforated appendix in acute appendicitis adult patients Bandung Al-Ihsan Hospital 2013-2014

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Abstrak

Morbiditas dan mortalitas apendisitis akut disebabkan karena perkembangan apendisitis akut menjadi perforasi apendiks. Hal-hal yang menyebabkan kerentanan apendiks belum banyak diteliti dan belum diketahui sebab pastinya. Tujuan dari penelitian ini adalah untuk mengetahui faktor-faktor apa saja yang dapat memprediksi terjadinya perforasi apendiks. Penelitian menggunakan desain kasus kontrol menggunakan data sekunder berupa rekam medis penderita apendisitis akut dewasa tahun 2013-2014 dengan jumlah kasus (perforasi apendiks) 36 dan kontrol (non perforasi) 93. Analisis data yang dilakukan meliputi deskriptif, chi square, receiver operating characteristic, dan regresi logistik multivariat. Dua faktor prediksi yang bermakna sebagai faktor prediksi perforasi apendiks dalam analisis regresi logistik multivariat adalah suhu badan di atas 37,50C dengan odds ratio (OR) 7,54 (95% CI 2,01; 28,33), jumlah leukosit di atas 11.500/mm³ dengan OR 12,12 (95% CI 4,03; 36,48) Perlu validasi pemeriksaan suhu badan di RS, penelitian lebih lanjut untuk mencari faktor prediksi lainnya, persiapan operasi segera untuk pencegahan komplikasi perforasi apendiks, dan pemberian informasi ke masyarakat bahwa sakit perut dapat bersifat gawat darurat.

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Appendix perforation is the causation for acute appendicitis morbidity and mortality. Factors that may cause appendix vulnerability has not been extensively studied before and the main cause is still yet unknown. The goal of this study is to analyze what factors that could be used to predict appendix perforation. This study is a case control study using 2013-2014 medical records as data. Case group pooled from 36 perforated appendix adult (above 15 years old) patients, while control group pooled from 93 non perforated appendix adult patients. Data analysis conducted are descriptive, chi square, receiver operating characteristic, and multivariate logistic regression. There are two prediction factors which significantly associated with perforated appendix. Those are body temperature above 37,50C with odds ratio (OR) 7,54 (95% CI 2,01; 28,33), and leucocytes count above 11.500/mm³ with OR 12,12 (95% CI 4,03; 36,48). Further studies and body temperature validation on each hospital are needed to find other prediction factors, preparing pre operative equipment for immediate definite measure like surgery, to prevent the complication of perforated appendix, and education to people that abdominal pain is not always causing by gastric problem and it might be a case of emergency.