

Tatalaksana nutrisi pada tuberkulosis paru dengan komplikasi = Medical nutrition therapy in pulmonary tuberculosis with complications

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Abstrak

[ABSTRAK

Serial kasus ini bertujuan untuk mempelajari dan menerapkan terapi nutrisi sebagai bagian dari terapi tuberkulosis (TB) paru. Komplikasi yang menyertai TB paru dapat meningkatkan morbiditas dan mortalitas. Seluruh pasien serial kasus ini dalam kondisi malnutrisi dan terdapat komplikasi yang menyertai masing-masing kasus berupa drug-induced hepatotoxicity, peritonitis TB, diabetes melitus tipe 2, dan pneumotoraks dengan dispepsia. Pemberian nutrisi disesuaikan dengan kondisi, penyakit penyerta, dan kebutuhan yang bersifat individual. Kebutuhan energi basal dihitung dengan persamaan Harris-Benedict dengan kebutuhan energi total setara dengan 35-40 kkal/kg BB. Makronutrien diberikan dalam komposisi seimbang dengan protein 15-20% kebutuhan energi (1,2-1,5 g/kg BB). Saran pemberian mikronutrien minimal mencapai angka kecukupan gizi. Pasien yang mendapat obat antituberkulosis berupa isoniazid disarankan mendapat suplementasi vitamin B6 dengan dosis tertentu untuk mencegah neuritis perifer. Outcome yang dinilai meliputi kondisi klinis, asupan, dan toleransi asupan. Pemberian terapi nutrisi sebagian besar pasien dimulai dari kebutuhan energi basal yang pada akhir masa perawatan dapat mencapai target kebutuhan energi total. Pemantauan jangka panjang pasca rawat inap, disarankan tidak hanya menilai outcome berdasarkan perubahan berat badan, namun dilakukan penilaian komposisi tubuh, terutama massa lemak, karena pada kasus TB terjadi abnormalitas metabolisme yang disebut anabolic block.

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ABSTRACT

The aim of this case series was to study and apply nutrition therapy as integral part of pulmonary tuberculosis (TB) therapy. Pulmonary TB with complications was associated with increased of morbidity and mortality. Malnutrition was coexisted with several complications such as drug-induced hepatotoxicity, peritoneal TB, type 2 diabetes mellitus, and pneumothorax with dyspepsia. HarrisBenedict equation was used to calculate basal energy requirement with total energy requirement equivalent to 35-40 kcal/body weight. Balanced macronutrient composition was given with protein 15-20% energy requirement (1,2-1,5 g/body weight). Micronutrient recommendation was given to fulfill one fold recommended daily allowance. Patients with isoniazid therapy needed to get pyridoxine supplementation to prevent peripheral neuritis. Outcome measurements included clinical condition, amount of intake, and intake tolerance. Most patients were given initial nutrition therapy from basal energy requirement and has shown increment. At the end of hospitalization, all of patients could achieve total energy requirement. Due to abnormality of metabolism, usually termed as anabolic block, it was recommended not only to measure body weight as primary outcome, but also body composition., The aim of this case series was to study and apply nutrition therapy as integral part of pulmonary tuberculosis (TB) therapy. Pulmonary TB with complications was associated with increased of morbidity and mortality. Malnutrition was coexisted with several complications such as drug-induced hepatotoxicity, peritoneal TB, type 2 diabetes mellitus, and pneumothorax with dyspepsia.

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