

## Manfaat skor APACHE II, MPI, dan ARPI sebagai penentu On Demand Relaparotomy = Benefits of APACHE II, MPI, and ARPI as determinants of On Demand Relaparotomy

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### Abstrak

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Pendahuluan: Keputusan relaparotomi yang terlambat menambah morbiditas dan mortalitas. Keputusan on demand relaparotomy bersifat subjektif dari klinis, sehingga diperlukan pemeriksaan diagnostik tambahan dan alat untuk menentukan keputusan secara tepat, yaitu sistem skor.

Metode penelitian: kasus kontrol dengan menggunakan 32 kasus on demand relaparotomy dan 64 kasus laparotomi, secara retrospektif. Hasil penelitian: Analisis perbedaan dua kelompok menunjukkan bahwa skor APACHE II tidak mempunyai perbedaan bermakna ( $p=0,144$ ) sedangkan skor MPI dan ARPI mempunyai perbedaan yang bermakna ( $p<0,0001$ ).

Dari kurva ROC didapatkan APACHE II mempunyai AUC 59,2% dengan cut off point 10, MPI mempunyai AUC 86,4% dengan cut off point 20 dan ARPI mempunyai AUC 77,6% dengan cut off point 10. Kesimpulan: MPI dan ARPI bermanfaat sebagai penentu on demand relaparotomy.

**ABSTRACT**  
Background: Delayed decision to do relaparotomy add morbidity and mortality. The decision to do on demand relaparotomy is subjective based on the clinical nature, therefore, it is necessary to have an examination and additional diagnostic and tools to determine the correct decisions, that is the scoring system. Methods: this is a case-control using 32 cases of on demand relaparotomy and 64 cases of laparotomy, retrospectively. Results: The analysis of the two groups showed that APACHE II has no significant difference ( $P = 0.114$ ) while the MPI and ARPI has significant difference ( $P < 0.0001$ ) and on ROC curve obtained APACHE II had AUC of 59.2% with a cut-off point of 10, MPI had AUC of 86.4% with a cut-off point of 20 and ARPI had AUC of 77.6% with a cut-off point of 10.

Conclusion: MPI and ARPI can be used as determinants on demand relaparotomy. ;Background: Delayed decision to do relaparotomy add morbidity and mortality. The decision to do on demand relaparotomy is subjective based on the clinical nature, therefore, it is necessary to have an examination and additional diagnostic and tools to determine the correct decisions, that is the scoring system. Methods: this is a case-control using 32 cases of on demand relaparotomy and 64 cases of laparotomy, retrospectively. Results: The analysis of the two groups showed that APACHE II has no significant difference ( $P = 0.114$ ) while the MPI and ARPI has significant difference ( $P < 0.0001$ ) and on ROC curve obtained APACHE II had AUC of 59.2% with a cut-off point of 10, MPI had AUC of 86.4% with a cut-off point of 20 and ARPI had AUC of 77.6% with a cut-off point of 10.

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