Manifestasi klinis bayi dengan atresia bilier: faktor resiko diagnosis terlambat = Clinical manifestation of infants with biliary atresia the risk factors of late diagnosis

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Abstrak

ABSTRAK
Riset ini bertujuan untuk menemukan faktor resiko dan hasil diagnosis terlambat pada atresia bilier. Subjek adalah bayi dengan umur 2 bulan-2 tahun dengan menilai manifestasi klinis, penentuan diagnosis menggunakan USG abdomen dan/atau biopsi hati, dan hasil diagnosis pendukung lain antara November 2014 sampai April 2017 menggunakan metode potong lintang untuk menemukan faktor resiko diagnosis terlambat gender, area tempat tingal, metode diagnosis USG abdomen dan biopsi hati , umur saat kuning, status nutrisi, feses dempul, kadar albumin, bilirubin direk, SGOT and gammaGT . Test chi square dengan penentuan rasio Odds dan 95 IK digunakan dengan 26 rekam medis subjek Dari 26 rekam medis anak dengan atresia bilier yang pertama kali berobat ke RSCM dengan median usia 7 62- 10,1 bulan, mayoritas perempuan 53,8 . Usia saat kuning, usia saat berobat, tempat tinggal, status nutrisi, BAB dempul, kadar albumin, bilirubin direk, SGPT maupun gamma-GT bukan merupakan faktor risiko atresia bilier yang didiagnosis terlambat nilai-p>0,05; 95 IK OR mencakup nilai 1 . Tidak ada satu pun bayi dengan atresia bilier yang didiagnosis terlambat telah dilakukan operasi Kasai. Uji fungsi hati menunjukkan peningkatan bermakna dan kadar albumin yang rendah pada atresia bilier yang terlambat didiagnosis. Dampak lanjut berakibat pada status nutrisi yang buruk, maupun timbulnya hematemesis dan asites. Studi ini tidak cukup untuk membuktikan faktor risiko yang berpengaruh pada keterlambatan diagnosis.
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ABSTRACT<>br>
This research is to understand the risk factors and outcome of diagnosing biliary atresia in late stages after 2 months old . The subject was the medical record of the biliary atresia of infant aged 2 month 2 years by evaluating the clinical manifestation, abdominal ultrasound result, and other supporting diagnosis between November 2014 to April 2017 through cross sectional study to find the late diagnosis risk factors gender, living area, diagnosis method abdominal ultrasound and liver biopsy , icteric onset, nutritional status, pale stool, albumin level, direct bilirubin level, SGOT level and gammaGT level . Chi Square test was used to analyze the data as well as 95 confidence interval of Odds Ratio OR . There were only 26 subjects that considered eligible. Twenty six medical records of biliary atresia were eligible in this study. The majority of subject were females 53,8 , the median aged of first admitted to RSCM was 7 6.2 10.1 months. The aged of icteric onset, the aged of first admitted to RSCM, living area, nutritional status, pale stool. albumin level, direct bilirubin level, SGPT and gamma GT levels were not significant as risk factors p value 0.05 95 CI of Odds Ratios included value 1 . There was no infant with late diagnosis of biliary atresia underwent Kasai 39 s procedure. The liver function tests showed increased levels of direct bilirubin, SGOT, SGPT, and gamma GT, decreased plasma albumin. Late diagnosis of biliary atresia resulted in worsen nutritional status, and symptoms of hematemesis and ascites.