

Hubungan antara laringoskopi dengan bronkoskopi untuk mendiagnosis cedera inhalasi pada luka bakar di RSUPN dr. Cipto Mangunkusumo = Correlation between laryngoscopy and bronchoscopy to diagnose inhalation injury in burns / Ali Reza

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Abstrak

ABSTRAK

Latar belakang. Cedera inhalasi dapat terjadi saluran napas atas hingga bawah. Sebagai prediktor diagnosis cedera inhalasi di instalasi gawat darurat IGD masih terbatas pada temuan klinis adanya edema laring pada saluran napas atas. Bronkoskopi sebagai baku emas diagnostik cedera inhalasi belum dapat dilakukan di IGD. Penelitian ini dilakukan untuk mencari hubungan antara temuan klinis edema laring dengan temuan bronkoskopi pada pasien luka bakar dengan cedera inhalasi. Metode. Studi potong lintang retrospektif pada 18 subjek. Di IGD dilakukan laringoskopi untuk menilai adanya edema laring. Hanya subjek yang dilakukan pemasangan selang endotrakeal dan dilakukan bronkoskopi dimasukkan sebagai kriteria inklusi, sedangkan derajat cedera inhalasi dibagi menurut kriteria Chou yang diamati melalui bronkoskopi. Hasil. Subjek terbanyak pria yaitu 16 subjek. Usia berkisar antara 19-56 tahun. Luas luka bakar berkisar antara 5-95%. Dari 14 subjek didapatkan adanya edema laring. Dari 14 subjek yang didapatkan edema laring, 13 subjek terdapat cedera inhalasi. Hubungan antara temuan klinis edema laring dengan adanya cedera inhalasi yang diamati melalui bronkoskopi memiliki nilai sensitivitas 76,4%, spesifitas 0%. Kesimpulan. Adanya edema laring berhubungan dengan cedera inhalasi pada saluran napas bawah meski secara statistik belum signifikan serta belum mampu menunjukkan akurasi derajat cedera inhalasi.

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ABSTRACT

Background. Inhalation injury may occur from the upper until the lower respiratory tract. In the ER, diagnose of inhalation injury only suspected from the presence of laryngeal edema based on laryngoscopy. Bronchoscopy as a gold standard diagnostic of inhalation injury could not been done in the ER. This study was conducted to determine the association between clinical findings of laryngeal edema and bronchoscopic findings in burns which is suspected inhalation injury. Objectives. This study was conducted to determine the association between clinical findings of laryngeal edema and bronchoscopic findings in burns which is suspected inhalation injury. Materials and Methods. A retrospective cross sectional study was conducted in 18 subjects. In the ER laryngoscopy was performed to assess the presence of laryngeal edema. Only subjects which is intubated and bronchoscopy were included as inclusion. The degree of inhalation injury was divided according to the Chou criteria which is observed through bronchoscopy. Results. Subjects most are men 16 subjects. Age ranges from 19-56 years. Burns range between 5-95%. 14 subjects presences laryngeal edema. Of the 14 subjects who had laryngeal edema, 13 subjects had inhalation injury. The association between laryngeal edema in the presence of inhaled injury observed through bronchoscopy has a sensitivity value of 76.4%, a specificity of 0%. Conclusions. In this study The presence of laryngeal edema associated with inhalation injury in the lower airway although not statistically significant and has not been able to show the accuracy of the degree of inhalation injury.