

Perbandingan penutupan defek septum ventrikel dengan prosedur transkateter dan pembedahan dalam aspek mortalitas, penutupan komplrit dan komplikasi blok atrioventrikular total di Rumah Sakit Cipto Mangunkusumo tahun 2012-2016 = Comparison of ventricular septal defect closure by transcatheter and surgery in aspect of mortality completed closure and total atrioventricular bloc at Cipto mangunkusumo hospital in 2012-2016

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Abstrak

Latar belakang: Pembedahan merupakan baku emas penutupan defek septum ventrikel, namun penutupan dengan prosedur transkateter sudah banyak dilakukan karena bersifat kurang invasif, mortalitas minimal dan tidak memerlukan pintasan jantung paru saat tindakan, walaupun perlu perhatian terhadap komplikasi blok atrioventrikular total. Penelitian yang membandingkan mortalitas, penutupan komplrit dan komplikasi blok AV total pasien pasca-penutupan DSV dengan prosedur transkateter dan pembedahan belum ada sebelumnya di Indonesia.

Tujuan: Mengetahui perbandingan mortalitas, penutupan komplrit dan komplikasi blok AV total pasien pasca-penutupan DSV dengan transkateter tahun 2012-2016 di RSCM.

Metode: Metode retrospektif analitik dengan pengambilan data rekam medis pasien DSV anak yang dilakukan prosedur pembedahan atau transkateter di PJT RSCM selama tahun 2012-2016.

Hasil: Tidak didapatkan mortalitas dan komplikasi blok AV pada kedua kelompok. Penutupan komplrit kelompok pembedahan 100 dan transkateter 96,4 karena 1 subyek 3,6 mengalami kegagalan penutupan. Pencapaian penutupan komplrit hari pertama pasca-penutupan DSV kelompok pembedahan 83,3 dan transkateter 92,8 . Tidak didapatkan perbedaan bermakna pada kedua kelompok dalam hal waktu pencapaian dan penutupan komplrit.

Simpulan: Tidak terdapat perbedaan mortalitas, penutupan komplrit dan komplikasi blok AV total pasien pasca-penutupan DSV transkateter dan pembedahan.

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Background: Surgery is still the gold standard for the closure of ventricular septal defect, but closure by transcatheter procedure has been largely undertaken because of less invasive, minimal mortality and do not require cardio pulmonary bypass during intervention, although we should beware of the total atrioventricular block complication. A study comparing mortality, completed closure and total AV block complication of post closure VSD with transcatheter and surgical procedures was not present yet in Indonesia.

Objective: To examine the comparison of mortality, completed closure and complication of total AV block post closure with transcatheter and surgical procedures in VSD patients at RSCM in 2012 2016.

Method: Analytical retrospective method with data retrieval from medical record of children with VSD which performed transcatheter or surgical procedure at PJT RSCM during 2012 2016.

Results: No mortality and AV block complications were found in both groups. Completed closure of 100 surgical group and 96.4 transcatheter because 1 subject 3.6 had a failure in closure. Completed closure from the first day VSD closure in surgical group was 83.3 and transcatheter was 92.8. No significant differences

were found in both groups in terms of completed achievement and closure time.

Conclusions: There were no differences in mortality, completed closure and complications of total AV block post closure of VSD patients with transcatheter and surgical.