

Validasi C reactive protein dan curb-65 pada awal perawatan pasien pneumonia komunitas sebagai prediktor mortalitas 30 hari = Validation of c reactive protein and curb 65 in the first hospital admission community acquired pneumonia patient as a predictor 30 days mortality

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Abstrak

Pendahuluan. Skor CURB-65 merupakan suatu sistem skor untuk menilai derajat penyakit pneumonia, namun beberapa penelitian menilai performanya kurang baik, sehingga diperlukan faktor prognostik lain sebagai penambah variabel. C-Reactive Protein dinilai mempunyai peran sebagai faktor independen dalam memprediksi mortalitas pasien pneumonia. Penelitian ini dilakukan untuk menilai peran C-Reactive Protein pada skor CURB-65 dalam memprediksi mortalitas 30 hari pasien pneumonia komunitas rawat inap.

Metode. Penelitian ini merupakan studi prospektif berbasis riset prognostik dengan subjek penelitian yaitu pasien pneumonia komunitas yang dirawat di IGD dan gedung A Rumah Sakit dr. Cipto Mangunkusumo RSCM, Jakarta bulan Oktober-November 2017. Keluaran yang dinilai pada penelitian ini yaitu mortalitas pasien dalam 30 hari. Pada subjek dilakukan penilaian performa skor CURB-65 sebelum dan setelah ditambah dengan nilai C-Reactive Protein. Performa diskriminasi dinilai dengan area under the curve AUC.

Hasil. Sebanyak 200 pasien ikut serta dalam penelitian ini dengan angka mortalitas 37. Performa diskriminasi skor CURB-65 menunjukkan nilai AUC 70,1 IK 95 0,62-0,77. Setelah ditambahkan dengan nilai C-Reactive Protein berdasarkan cut off ge;48,5 mg/L, didapatkan peningkatan nilai AUC skor CURB-65 menjadi 88,0 IK 95 0,83-0,92.

Simpulan. C-Reactive Protein memiliki peran pada skor CURB 65 sebagai prediktor mortalitas 30 hari pasien pneumonia komunitas rawat inap.

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Introduction. CURB 65 is a scoring system to evaluate the degree of pneumonia, but some research identified that its performance to predict mortality was below expectations. Therefore, we need other prognostic factor as an added value. C Reactive Protein has a role as an independent factor to predict mortality in community acquired pneumonia. This study aims to evaluate role of C Reactive Protein in CURB 65 score to predict 30 days mortality in hospitalized community acquired pneumonia patient.

Method. A prospective cohort study was conducted to hospitalized community acquired pneumonia patients in Cipto Mangunkusumo Hospital, Jakarta from October to November 2017. Outcome of the study was mortality in 30 days. Performance of CURB 65 score was evaluated before and after addition of C Reactive Protein. Discrimination was evaluated with area under curved AUC.

Results. Total of 200 patients were included in this study with number of mortality was 37. Performance discrimination CURB 65 score was shown by ROC curve, the AUC is 70,1 CI 95 0,62 ndash 0,77. After addition of C Reactive Protein based of cut off ge 48,5 mg L, the AUC score improved to 88,0 CI 95 0,83 ndash 0,92.

Conclusion. C Reactive Protein has a role to CURB 65 score to predict 30 days mortality in hospitalized community acquired pneumonia patient.