

Faktor risiko terjadinya gagal napas pada sindroma guillain-barre di Rumah Sakit Umum Pusat Nasional Cipto Mangunkusumo = Risk factors of respiratory insufficiency in guillain barre syndrome in Cipto Mangunkusumo Hospital

Nanda Charitanadya Adhitama, author

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Abstrak

Latar Belakang : Sindroma Guillain Barre SGB , menyebabkan pasien gagal napas dan memerlukan perawatan dan pengawasan di unit ruang rawat intensif. Beberapa faktor risiko dipikirkan terhadap terjadinya gagal napas pada SGB, berdasarkan gejala klinis yang timbul saat pasien masuk rumah sakit.

Metode : Penelitian ini berdesain potong lintang dengan mengambil data sekunder dari pasien SGB yang menjalani perawatan inap di RSUPNKM sejak Januari 2010-Mei 2018. Data dianalisa dan dilakukan penghitungan dengan multivariat regresi logistik.

Hasil : Sebanyak 59 pasien memenuhi kriteria inklusi. Insiden terjadinya gagal napas pada pasien SGB sebesar 25. Kelemahan bulbar OR 26,964; IK 95 2,050-354,616 , disotonomia OR 71,646;IK 3,039-1689,312, dan total skor Medical Research Council MRC OR 0,871; IK 95 0,776-0,978 merupakan 3 variabel yang secara independen berisiko tinggi untuk terjadinya gagal napas pada SGB. Faktor risiko yang tidak berhubungan secara bermakna terhadap kejadian gagal napas adalah usia, riwayat antesenden infeksi, durasi awitan hingga admisi, arefleksia, kelemahan fasial, oftalmopegia, dan tipe patologi SGB.

Kesimpulan : Kelemahan bulbar, disotonomia dan total skor MRC merupakan faktor risiko untuk terjadinya gagal napas pada pasien SGB dan disarankan agar mendapatkan perawatan di Intensive Care Unit ICU.

Background Guillain Barre Syndrome GBS may cause respiratory insufficiency and requires care and supervision in the Intensive Care Unit. Several risk factors are thought to be the occurrence of respiratory failure in GBS, based on clinical characteristics at hospital admission.

Methods: A cross sectional study was conducted by taking secondary data from GBS patients who were admitted to the Cipto Mangunkusumo hospital from January 2010 to May 2018. Data were analyzed and calculated by multivariate logistic regression.

Results: A total of 59 patients met the inclusion criteria. The incidence of respiratory failure in GBS patients was 25 . Bulbar weakness OR 26,964 95 CI 2,050 354,616 , dysotonomia OR 71,646 95 CI 3,039 1689,312 , and total score of Medical Research Council MRC OR 0,871 95 CI 0,776 0,978 are 3 variables that are independently high risk for the occurrence of respiratory failure in GBS. Risk factors that are not significantly associated with respiratory failure are age, antecedent infection history, duration of onset to admission, areflexia, facial weakness, ophthalmopegia, and type of GBS pathology.

Conclusions: Bulbar weakness, dysotonomia and total MRC score were risk factors for respiratory failure in GBS patients and were advised to receive treatment in the Intensive Care Unit ICU.