

Profil ketebalan lemak viseral subjek gastroesophageal reflux disease (GERD) dengan atau tanpa esofagitis erosif di RSUPN Cipto Mangunkusumo = Visceral fat thickness profile in gastroesophageal reflux disease subjects with and without erosive esophagitis in Cipto Mangunkusumo National General Hospital

Rezky Aulia Nurleili, author

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Abstrak

Latar belakang: Laporan mengenai hubungan obesitas dan GERD semakin meningkat dalam beberapa tahun terakhir. Dengan meningkatnya pemahaman mengenai mekanisme GERD, diketahui terdapat peran sitokin proinflamasi dan adipositokin yang banyak terdapat di jaringan lemak viseral. Pada beberapa populasi di dunia, ketebalan lemak viseral diketahui berhubungan dengan meningkatnya insiden esofagitis erosif.

Tujuan: Mengetahui profil ketebalan lemak viseral pasien GERD di RSCM.

Metode: Penelitian ini merupakan studi potong lintang pada 56 subyek GERD. Subyek direkrut secara konsekuatif pada bulan April hingga Oktober 2018 di RSUPN Cipto Mangunkusumo, Jakarta. Pemilihan subyek GERD berdasarkan Gastroesophageal Reflux Disease Questionnaires(GERDQ) dan pengukuran tebal lemak viseral menggunakan ultrasonografi. Erosi esofagus ditegakkan berdasarkan hasil endoskopi saluran cerna bagian atas. Analisis bivariat digunakan untuk menentukan perbedaan ketebalan lemak viseral antara grup esofagitis dan non-esofagitis.

Hasil: Lebih dari separuh subyek penelitian ini menderita erosive reflux disease(ERD) (55,4%), didominasi oleh pasien dengan esofagitis kelas A berdasarkan klasifikasi Los Angeles sebanyak 64,5%. Rerata ketebalan lemak viseral grup NERD sedikit lebih rendah daripada grup ERD (47,9 mm untuk NERD dan 49,0 mm utk ERD). Terdapat kecenderungan peningkatan rerata ketebalan lemak viseral seiring dengan peningkatan derajat esofagitis (47,6 mm untuk esofagitis derajat A, 50,0 mm untuk esofagitis derajat B, dan 53,5 mm untuk esofagitis derajat C).

Kesimpulan: Subjek ERD lebih banyak daripada NERD pada populasi GERD di RSUPN Cipto Mangunkusumo. Rerata ketebalan lemak viseral subjek NERD lebih rendah daripada ERD. Terdapat kecenderungan peningkatan rerata ketebalan lemak viseral seiring dengan peningkatan derajat esofagitis.
.....Background: Reports about thecorrelation between obesity and GERD had been increasedin the past few years. Along with the increasing understanding of GERD, there are roles of proinflammatory cytokines and adipocytokines which are mostly contained in abdominal fat tissue. In several populations, visceral fat thicknessis associated with the increased incidence of erosive esophagitis.

Objective: To determine visceral fat thickness profile in GERD population in Cipto Mangunkusumo National General Hospital.

Methods: A cross-sectional study of 56 adult patients with GERD symptoms was conducted. The subjects were recruited consecutively between April and Oktober 2018 at Cipto Mangunkusumo National Hospital in Jakarta. Gastroesophageal Reflux Disease Questionnaires (GERDQ) were used to select research subjects and Ultrasonography examination was used to determine visceral fat thickness. Esophageal erosions were diagnosed using upper gastrointestinal endoscopy. Bivariate analysis was used to determine visceral fat thickness difference between esophagitis and non-esophagitis group.

Results: More than half of this research subject were patients who suffer erosive reflux disease(55,4%), which dominated by patient with esophagitis class A, regarding to Los Angeles (LA) classifications, there were 64,5% of all ERD patients. The mean visceral fat thickness in erosive reflux disease (ERD) group slightly higher than in non-erosive reflux disease (NERD) group (49,0 mm vs 47,9 mm respectively). There is an increasing trend in mean visceral fat thickness as the esophageal erosion progresses (47,6 mm for grade A, 50,0 mm for grade B, and 53,5 for grade C).

Conclusion: ERD is more common than NERD in Cipto Mangunkusumo General Hospital's GERD population. The mean visceral fat thickness in ERD group is higher than in NERD group. There is an increasing trend in mean visceral fat thickness as the esophageal erosion progresses.