Pengaruh ukuran jarum dalam tindakan percutaneus transthoracic needle aspiration biopsy terhadap keberhasilan biopsi dan kejadian pneumotoraks pada penderita tumor intratorakal di RSUP Dr Hasan Sadikin Bandung

Hendarsyah Suryadinata, author

Abstrak

ABSTRAK
BACKGROUND: The incidence lung tumors and mediastinum tumors are the main causes of death due to malignancies with 12,9% of all malignancy cases. Lung tumors are more common in developing countries. Biopsy of lung tumors and mediastinal tumors is a frequent and multidisciplinary action. The minimally invasive technique that is mostly done is percutaneus transthoracic needle aspiration biopsy (PTNAB). Research states that PTNAB is a safe, effective, and accurate procedure.
OBJECTIVE: This study aimed to assess the effect of needle biopsy size on the success of biopsy and the incidence of pneumothorax in intrathoracal tumor patients in Hasan Sadikin General Hospital for the period 2014-2016.
METHODS: This study is a clinical epidemiological study and observational analytic with a cross sectional study design involving 232 data of patients who met the inclusion criteria and did not meet the exclusion criteria. Matching is done because there are differences in the number of research subjects in each group. The total number of research subjects is 158 patient data. The test used is chi square.
RESULTS: The results showed that PTNABs actions using large and small needles had a success rate of 73,4% and 49,4%, respectively, and were significantly different (p <0,05). The success rate of PTNABs actions is not significantly different from lung tumors and mediastinum. The success rate of PTNABs actions in mediastinal tumors using large and small needles was 92,3% and 50%, respectively, and was significantly different (p <0,05). The incidence of pneumothorax after PTNABs action is zero in both groups so analysis cannot be performed.
CONCLUSION: This study concluded that the success of PTNABs actions using large-sized needles on small-sized needles differed significantly.