

Mortalitas pneumonia anak dengan penyakit jantung bawaan pirau kiri ke kanan dan faktor-faktor yang memengaruhinya = Mortality of pneumonia in children with Left-to-Right Shunt congenital heart disease and associated risk factors

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Abstrak

Mortalitas pneumonia anak masih menjadi masalah kesehatan di seluruh dunia hingga saat ini. Bayi dengan penyakit jantung bawaan pirau kiri kanan (PJB L-R) berisiko menderita pneumonia. Data mortalitas pneumonia pada PJB L-R dan faktor-faktor yang memengaruhi belum banyak diketahui. Penelitian kohort retrospektif ini membandingkan mortalitas pneumonia dengan PJB L-R dengan tanpa PJB. Sebanyak 129 subyek dengan rentang usia 1 bulan - 7 tahun dengan diagnosis primer pneumonia, 54 subyek dengan PJB L-R dan 75 subyek tanpa PJB. Proporsi mortalitas pneumonia dengan PJB L-R lebih banyak (57,1%) dan risiko mortalitas lebih besar (OR 2,35; IK 95% 1,06 sampai 5,18) dibandingkan pneumonia tanpa PJB. Status gizi kurang/buruk, pneumonia rekuren, dan pneumonia terkait rumah sakit (HAP) lebih banyak secara signifikan pada pneumonia dengan PJB L-R. Sedangkan, tingkat keparahan dan anemia tidak berbeda bermakna di kedua kelompok. Pneumonia dengan tingkat keparahan berat memengaruhi mortalitas secara bermakna (OR 3,24; IK95% 1,16 sampai 9,08). Pneumonia rekuren, status gizi kurang/buruk, status imunisasi tidak lengkap, anemia, dan HAP tidak terbukti berhubungan dengan mortalitas pneumonia dengan PJB L-R.

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Childhood pneumonia is still a worldwide problem with high mortality. Infants with left to right shunt congenital heart disease (L-R CHD) are at risk of developing pneumonia. Pneumonias mortality in L-R CHD and its influencing factors are not well known. This retrospective cohort study analyzed mortality of pneumonia with L-R CHD with and without CHD. There were 129 subjects (age range of 1 month up to 7 years 11 months) with pneumonia as the primary diagnosis, consisting of 54 subjects with L-R CHD and 75 subjects without CHD. Mortality rate in children with L-R CHD was higher than those without CHD group (57.1%). The risk of mortality was greater (OR 2.35; 95% CI 1.06 to 5.18) compared to pneumonia without CHD. Moderate to severe malnutrition, recurrent pneumonia, and hospital acquired pneumonia (HAP) are significantly higher in L-R CHD group. Meanwhile, pneumonia severity and anemia were not significantly different in both groups. Severe pneumonia significantly affected mortality (OR 3.24; 95% CI 1.16 to 9.08). Recurrent pneumonia, moderate-to-severe malnutrition, incomplete immunization status, anemia, and HAP have not been proven to be associated with pneumonia mortality with L-R CHD.