

Proporsihdan prediksi mortalitas dalam perawatanp Sirosis Hati dengan dekompensasi akut di RS Cipto Mangunkusumo = Proportion and prediction of In-hospital mortality in acutely decompensated liver cirrhosis at Cipto Mangunkusumo Hospital.

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Abstrak

Latar Belakang: Sirosis hati dengan dekompensasi akut merupakan masalah kesehatan dengan beban biaya yang besar dan berpengaruh negatif terhadap produktivitas dan kualitas hidup. Belum diketahui sepenuhnya prediktor mortalitas dalam perawatan pasien sirosis hati dekompensasi akut di Indonesia.

Tujuan: Mengetahui proporsi dan prediktor mortalitas dalam perawatan pasien sirosis hati dekompensasi akut di Rumah Sakit Cipto Mangunkusumo (RSCM).

Metode: Studi kohort retrospektif berbasis data rekam medis pasien sirosis hati dekompensasi akut di RSCM (2016-2019). Analisis bivariat dan multivariat regresi logistik dilakukan untuk mengidentifikasi prediktor mortalitas dalam perawatan. Dua sistem skor dikembangkan berdasarkan identifikasi faktor-faktor tersebut.

Hasil: 241 pasien dianalisis, sebagian besar adalah laki-laki (74,3%), menderita hepatitis B (38,6%) dan Child-Pugh B dan C (40% dan 38%). Perdarahan saluran cerna ditemukan pada 171 pasien (70,95%) dan 29 pasien (12,03%) meninggal dalam perawatan. Prediktor independen mortalitas dalam perawatan adalah usia (adjusted OR: 1,09 [1,03–1,14]; p=0,001), infeksi bakterial (adjusted OR: 6,25 [2,31–16,92]; p<0,001), kadar bilirubin total (adjusted OR: 3,01 [1,85– 4,89]; p<0,001) dan kadar kreatinin (adjusted OR: 2,70 [1,20–6,05]; p=0,016). Skor logistik dan aditif untuk prediksi mortalitas dalam perawatan memiliki nilai AUROC masing-masing 0,89 dan 0,86.

Simpulan: Proporsi mortalitas dalam perawatan pasien sirosis hati dekompensasi akut di RSCM adalah 12,03%. Prediktor independen dari mortalitas dalam perawatan antara lain usia, adanya infeksi bakterial, kadar bilirubin dan kreatinin. Telah dikembangkan sistem skor prediksi mortalitas dalam perawatan pasien sirosis hati dekompensasi akut.

.....Background: Acutely decompensated liver cirrhosis is associated with a high medical cost and negatively affects productivity and quality of life. Data on the predictors of in-hospital mortality in acutely decompensated liver cirrhosis patients in Indonesia is still limited.

Objective: To determine the proportion and predictors of in-hospital mortality in acutely decompensated liver cirrhosis patients at Cipto Mangunkusumo Hospital.

Methods: Retrospective cohort study using the hospital database of acutely decompensated liver cirrhosis at Cipto Mangunkusumo Hospital (2016-2019).

Bivariate and multivariate logistic regression analyses were performed to identify

predictors of in-hospital mortality. Two scoring systems were developed based on the identified factors.

Results: 241 patients were analyzed, mostly male (74,3%), suffering from hepatitis B (38.6%) and Child-Pugh B and C (40% and 38%). Gastrointestinal bleeding was found in 171 patients (70,95%) and 29 patients (12,03%) died during hospitalization. The independent predictors of in-hospital mortality were age (adjusted OR: 1,09 [1,03-1,14]; $p = 0,001$), bacterial infection (adjusted OR: 6,25 [2,31-16,92]; $p < 0,001$), total bilirubin levels (adjusted OR: 3,01 [1,85-4,89]; $p < 0,001$) and creatinine levels (adjusted OR: 2,70 [1,20-6,05]; $p = 0,016$). The logistic and additive scoring system for predicting in-hospital mortality had AUROC values of 0,89 and 0,86, respectively.

Conclusion: The proportion of in-hospital mortality in acutely decompensated liver cirrhosis at Cipto Mangunkusumo Hospital was 12,03%. The independent predictors of in-hospital mortality were age, bacterial infection, bilirubin, and creatinine levels. The in-hospital mortality prediction scoring systems have been developed for acutely decompensated liver cirrhosis.