

# GANGGUAN PENGHIDU PASCA-VIRUS: TATALAKSANA KOMBINASI LATIHAN PENGHIDU ORTONASAL DAN PROTOKOL TERAPI HIDUNG. = Postviral olfactory dysfunction: The Efficacy of Combined Olfactory Training and Nasal Protocol Therapy

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## Abstrak

Latar belakang : Gangguan penghidu saat ini lebih disadari oleh masyarakat akibat terjadinya pandemi COVID-19. Tatalaksana gangguan penghidu pasca-virus belum disepakati secara universal meskipun beberapa obat telah diuji coba. Tujuan: Penelitian ini bertujuan mengetahui gambaran jenis dan derajat gangguan penghidu pasca-virus serta efektifitas kombinasi latihan penghidu ortonasal (LPO) dan protokol terapi penghidu terhadap perbaikan fungsi penghidu pasca-virus. Metode: Penelitian dilakukan bulan Februari – Mei 2022 di poliklinik THT-KL RSCM. Desain penelitian yang digunakan uji kuasi eksperimental 1 grup pre dan post test dengan 12 subjek gangguan penghidu yang terjadi mendadak pasca infeksi virus. Subjek penelitian dilakukan penilaian fungsi penghidu dengan uji penghidu alkohol (UPA), uji penghidu intravena (UPI) dan sniffin stick test (SST). Subjek penelitian diberikan kombinasi LPO dan protokol terapi hidung yang terdiri dari irigasi hidung, steroid intranasal, dekongestan topikal, omega-3 dan oles balsam aromatik selama 6 minggu kemudian dilakukan penilaian statistik. Hasil: Didapatkan hiposmia 8 subjek dan anosmia 4 subjek. Pada subjek hiposmia terdapat 2 subjek pantosmia dan 3 subjek parosmia, sedangkan pada subjek anosmia didapatkan 1 subjek pantosmia. Pada penelitian ini didapatkan 9 subjek jenis sensorineural dan 3 subjek jenis konduksi. Setelah dilakukan terapi didapatkan hasil signifikan berdasarkan pemeriksaan UPA, UPI, diskriminasi, identifikasi dan total ADI ( $p < 0,05$ ). Kesimpulan: Karakteristik gangguan penghidu pada penelitian ini sesuai dengan jenis gangguan penghidu sensorineural dan konduksi serta derajat anosmia dan hiposmia. Kombinasi LPO dan protokol terapi hidung selama 6 minggu terbukti efektif pada gangguan penghidu pasca-virus.

.....Background: Postviral olfactory dysfunction is becoming more aware of the public due to the COVID-19 pandemic. The management of chronic postviral olfactory dysfunction is still unknown, although several drugs have been tried, but the treatment is not universally agreed yet. Objective: This study was conducted to describe the types and degrees of postviral olfactory dysfunction and the effectiveness of the combination of orthonasal olfactory training and nasal protocols therapy on the improvement of postviral olfactory function. Methode: The research was conducted from February to May 2022 at ENT outpatient clinic Dr. Cipto Mangunkusumo hospital. The research design used was a quasi-experimental test with 1 pre and post-test group with 12 subjects with olfactory dysfunction that occurred suddenly after viral infection. The research subjects will be assessed for olfactory function using the alcohol sniff test (AST), the intravenous olfactory test (IOT) and the sniffin stick test (SST). Subjects will be given a combination of orthonasal olfactory training and a nasal protocol therapy consisting of nasal irrigation, intranasal steroids, topical decongestants, omega-3 and aromatic balsam for 6 weeks then statistical analysis was performed. Results: There were 8 subjects with hyposmia and 4 subjects with anosmia. In hyposmic subjects there are 2 phantosmia subjects and 3 parosmia subjects, while in anosmia subjects there are 1 subject with phantosmia.

The types of post-viral olfactory disorders in this study were 9 sensorineural subjects and 3 conductive subjects. The results of statistical calculations of olfactory function after therapy were found to be significant based on AST, IOT, discrimination, identification and TDI ( $p < 0.05$ ). Conclusion: The characteristics of the olfactory dysfunction in this study are sensorineural and conduction olfactory dysfunction. The combination of orthonasal olfactory training and nasal protocol therapy for 6 weeks has been shown to be effective in improving olfactory function in postviral olfactory dysfunction.