Korelasi Asupan Seng Dengan Kepekaan Indera Pengecap Pada Pasien Kanker Kepala Leher Sebelum Kemoradioterapi = Correlation between Zinc Intake and Taste Sensitivity in Head and Neck Cancer Patients Before Chemoradiotherapy

Angela, author

Abstrak

Pasien kanker kepala leher rentan mengalami malnutrisi akibat penurunan sensitivitas indera pengecap yang sudah terjadi sejak awal diagnosis dan akan diperberat oleh terapi. Seng merupakan salah satu zat gizi yang berperan dalam proses metabolisme utama seperti regulasi siklus sel dan pembelahan sel, sintesis protein dan penyembuhan luka termasuk di antaranya sel-sel taste bud pada indera pengecap. Penelitian ini bertujuan untuk melihat hubungan antara asupan seng dengan kepekaan indera pengecap pada pasien kanker kepala leher sebelum menjalani kemoradiasi. Penelitian menggunakan desain potong lintang pada subyek dewasa dengan kanker kepala leher sebelum kemoradiasi di RSCM. Asupan seng dinilai menggunakan FFQ semi kuantitatif. Kepekaan indera pengecap dinilai dengan menggunakan 3-stimulus drop technique yang dikembangkan oleh Mossman dan Henkin untuk 4 kualitas rasa (asin, manis, asam, dan pahit). Sebanyak 85 subyek penelitian dengan median usia 54 tahun, mayoritas laki-laki, terdiagnosis kanker nasofaring dengan jenis karsinoma sel skuamosa dan stadium IV. Rerata subyek memiliki status gizi normal, dengan median asupan energi 28 (15-58) kkal/kgBB dan protein 1 (0-3) g/kgBB. Median asupan seng pada subyek sebesar 8 (3-24) gram dengan FFQ semi kuantitatif. Kepekaan indera pengecap subyek didapatkan paling tinggi berturut-turut adalah untuk rasa asam, pahit, asin, dan manis. Dilakukan uji korelasi antara asupan seng dengan kepekaan indera pengecap. Tidak ditemukan adanya korelasi bermakna antara asupan seng dengan kepekaan indera pengecap pada pasien kanker kepala leher praradiasi baik rasa manis (r= -0,170, p= 0,120), asin (r= -0,085, p= 0,442), asam (r= 0,080, p= 0,467), ataupun pahit (r= -0,131, p= 0,233).
.....Head and neck cancer patients are susceptible to malnutrition due to decreased taste sensitivity that has occurred since first diagnosed and worsened by therapy. Zinc is a nutrient that plays a role in major metabolic processes such as regulation of the cell cycle dan cell proliferation, protein synthesis and wound healing, including taste bud cells. This study aims to examine the relationship between zinc intake and taste sensitivity in head and neck cancer patients before undergoing chemoradiation. The study used a cross-sectional design on adult head and neck cancer subjects who have not been undergone chemoradiation at RSCM. Zinc intake was assessed using a semi-quantitative food frequency questionnaire. Taste sensitivity was assessed using the 3-stimulus drop technique developed by Mossman and Henkin for 4 taste qualities (salty, sweet, sour, and bitter). A total of 85 subjects with a median age of 54 years, most of them are male, diagnosed with nasopharyngeal cancer and already at stage IV. On average, the subjects had normal nutritional status, median energy intake was 28 (15-58) kcal/kgBW and protein 1 (0-3) g/kgBW. The median zinc intake in subjects was 8 (3-24) grams assessed with a semi-quantitative FFQ. The highest taste sensitivity of the subjects was sour, bitter, salty, and sweet, respectively. A correlation test was conducted between zinc intake and taste sensitivity. There was no significant correlation between zinc intake and taste sensitivity in head and neck cancer patients before chemoradiation, either sweet (r= -0.170, p= 0.120), salty (r= -0.085, p= 0.442), sour (r= 0.080), p= 0.467), or bitter (r= -0.131, p= 0.233).