

# Kesesuaian Kehilangan Tulang secara Radiografis terhadap Diagnosis Klinis pada Pasien Periodontitis Kronis di RSKGM FKG UI = The Accuracy of Radiographic Bone Loss on Clinical Diagnosis of Chronic Periodontitis Patients at RSKGM FKG UI

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## Abstrak

Latar Belakang: Informasi radiografis mengenai kehilangan tulang berperan penting dalam penentuan diagnosis, rencana perawatan, dan prognosis periodontitis. Pengklasifikasian diagnosis periodontitis berdasarkan AAP 2017 mencakup komponen kehilangan perlekatan klinis dan persentase kehilangan tulang radiografis yang menghasilkan diagnosis periodontitis berdasarkan tingkat keparahan. Tujuan: Melihat tingkat kesesuaian diagnosis radiografis berdasarkan persentase kehilangan tulang dengan diagnosis klinis berdasarkan kehilangan perlekatan. Metode: Menggunakan studi potong lintang menggunakan 70 sampel komponen data kehilangan perlekatan klinis rekam medis dan radiograf intraoral sisi proksimal sampel gigi dengan diagnosis dan kerusakan terparah dari pasien periodontitis kronis di RSKGM FKG UI. Perhitungan kerusakan menggunakan persentase kehilangan tulang dengan mengukur jarak CEJ ke defek tulang terparah dan jarak CEJ ke ujung apeks gigi. Hasil: Uji komparatif Wilcoxon menunjukkan terdapat perbedaan bermakna secara statistik antara diagnosis klinis dan radiografis berdasarkan klasifikasi AAP 2017 mengenai periodontitis dengan nilai  $p=0,003$ . Sebanyak 64,3% sampel memiliki kesesuaian diagnosis klinis dan radiografis, 27,1% sampel memiliki diagnosis radiografis < klinis, dan 8,6% sampel memiliki diagnosis radiografis > klinis. Kesimpulan: Diperlukan dua alat diagnostik untuk menentukan tingkat keparahan periodontitis, yaitu secara klinis dan diikuti dengan pemeriksaan radiografis untuk menutupi limitasi dari masing-masing jenis pemeriksaan. Berdasarkan kesesuaian diagnosis yang signifikan, radiograf periapikal dapat digunakan untuk membantu diagnosis periodontitis.

.....Background: Radiographic information regarding bone loss plays an important role in determining periodontitis diagnosis. The AAP 2017 classification of periodontitis diagnosis uses CAL and the RBL that would result in a periodontitis diagnosis based on the severity and disease progression. Objectives: The study was aimed to compare the diagnosis based on a percentage of RBL and clinical diagnosis based on CAL. Methods: The cross-sectional study was conducted on 70 samples using CAL and percentage of RBL in proximal sites. Radiographic assessment was done by calculating the distance from CEJ to proximal bone defects and from CEJ to root tip. Result: The result of the Wilcoxon comparative test showed a statistically significant difference between clinical and radiographic diagnosis based on the AAP 2017 classification with  $p\text{-value}=0.003$ . The result showed that 64,3% had clinical diagnosis = radiographic diagnosis, 27,1% had a radiographic diagnosis < clinical diagnosis, and 8,6% had a radiographic diagnosis > clinical diagnosis. Conclusion: Two diagnostic tools are needed to determine the severity of periodontitis, clinically and followed by a radiographic examination to cover the limitations of each examination. Based on the significant accuracy of the diagnosis, the periapical radiograph can be used to assist in the periodontitis diagnosis.