

## Analisa Subpopulasi Limfosit Cd3+, Cd4+, Cd8+, Cdi9+, Cd16+Cd56+ Serta Ratio Cd4+/Cd8+ Untuk Melihat Cacat Kekebalan Selular Pada Penderita Juvenile Periodontitis Dan Rapidly Progressive Periodontitis

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### Abstrak

#### <b>ABSTRAK</b><br>

Limfosit darah tepi dari 5 penderita Juvenile Periodontitis /JP, 27 penderita Rapidly Progressive Periodontitis /RPP, dan 10 individu dengan jaringan periodonsium sehat diteliti menggunakan antibodi monoklonal dan flow sitometri dengan fluoresensi. Jumlah relatif dari set CD3+ (T), CD4+ (T helper Th), CD8+ (T suppressor /Ts atau T cytotoxic /Tc), CD19+ (B), dan set CD16+CD56+ (Natural Killer /NK) diukur, serta rasio CD4+/CD8+ (Th/Ts) dikalkulasi. Pada penderita JP ditemukan % proporsi set T ( $62.4 \pm 6.1887$  vs  $69.8 \pm 5.6332$ ) dan set NK ( $21.4 \pm 7.37$  vs  $12.9 \pm 6.94$ ) secara statistik berbeda bermakna dibandingkan dengan kelompok kontrol. Pada kelompok RPP % proporsi set T ( $61.7407 \pm 9.3504$  vs  $69.8 \pm 5.6332$ ), sel Th ( $31.04 \pm 7.30$  vs  $37.7 \pm 4.92$ ) dan NK ( $20.7 \pm 8.85$  vs  $12.9 \pm 6.94$ ) juga berbeda bermakna dibandingkan dengan kontrolnya. Tetapi rasio Th/Ts kedua kelompok periodontitis tersebut tidak berbeda bermakna. Hasil penelitian ini menunjukkan bahwa gangguan imunoregulasi dan fungsi subpopulasi limfosit penderita orang Indonesia Yang secara klinis terlihat lokal sebagai lesi JP atau RPP dapat dideteksi secara sistemik melalui darah tepinya. Selain itu karakteristik imunobiologik penyakit JP dan RPP bila diperbandingkan terhadap kelompok sehat berbeda pada proporsi sel Th-nya.

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#### <b>ABSTRACT</b><br>

Peripheral blood lymphocytes from 5 Juvenile Periodontitis /JP, 27 Rapidly Progressive Periodontitis /RPP patients and 10 healthy subjects were examined using a panel of monoclonal antibodies and fluorescence flow cytometry. The relative counts of CD3+ (T) cells, CD4+(T helper /Th) cells, CD8+ (T suppressor /Ts or T cytotoxic /Tc) cells, CD19+ (B) cells, and CD16+CD56+ (Natural Killer /NK) were assessed, and the CD4+|CD8+ (Th / Ts) ratio was calculated. In the JP patients the % proportion of T cells ( $62.4 \pm 6.1887$  vs  $69.8 \pm 5.6332$ ) and NK cells ( $21.4 \pm 7.37$  vs  $12.9 \pm 6.94$ ) were statistically significant difference to the control group. In the RPP patients the % proportion of CD3+ cells ( $61.7407 \pm 9.3504$  vs  $69.8 \pm 5.6332$ ), CD4+ cells ( $31.04 \pm 7.30$  vs  $37.7 \pm 4.92$ ) and NK cells ( $20.7 \pm 8.85$  vs  $12.9 \pm 6.94$ ) were also statistically significant difference to the control group. But the CD4+/CD8+ (Th/Ts) ratio was not statistically significant in both groups. These results indicate that defect of immunoregulation and subpopulation lymphocyte function of Indonesian patients which is clinically local as JP or RPP lesions. could detected systemically in their peripheral blood. Beside that, immunobiological characteristics between JP and RPP diseases compared to its control group have differed in Th cells subpopulation proportion.