

Beberapa tinjauan daripada terapi reseksi pada penyakit tuberculosis paru-paru di Indonesia

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Abstrak

ABSTRACT

In the Introduction an explanation is given of the purpose of this study: firstly: to give a critical review of the case-histories of 40 patients, who in the period between the first of October 1954 and mid-February 1956 were operated upon in the "St. Borromeus Hospital" at Bandung with the resection-therapy for their tuberculosis of the lungs. Secondly : to present a discussion of the treatment of these patients before and after the operation; of the operative technique which I have used and of the many complications that followed. Thirdly : to venture a speculation as to the place, which the resection-therapy in the future may occupy in the treatment of tuberculosis of the lungs in Indonesia.

Hereafter some considerations are given about the "lung-team" and about the difficulties and imperfections in the work at Bandung. :

- 1.the scarcity of sufficient sanatorium-beds and our efforts towards a solution of this problem.
- 2.the impossibility in Bandung of determining the resistance of the tubercle bacilli against the tuberculostatica.
- 3.the impossibility of making bronchspirometrical researches of the function of the lungs.

In Chapter I a description is given of the normal course of events in the St. Borromeus Hospital when a patient is taken into the hospital to undergo a resection operation. A detailed report is given of the technique of the operation. In the second part of this chapter a discussion is produced, starting with a review of the indications and contra-indications. Before discussing the scheme of indications an extensive review is made of the particular circumstances reigning in the field of the tuberculosis in Indonesia, which have in a considerable way influenced our indications.

I deem the following 7 factors of the greatest importance

- 1.The social circumstances of most of our tuberculous patients.
- 2.The comparative scarcity of lung specialists in Indonesia.
- 3.The comparative scarcity of available sanatoriumbeds.
- 4.The impossibility of determining the resistance of tuberclebacilli against streptomycine, P.A.S. and T.N.H.
- 5.The impossibility of making bronchspirometrical lung-function determinations.
- 6.Our preference for resectiontherapy against thoracoplasty.
- 7.The fear to operate in the case of bilateral tuberculous processes, when a longstanding observation of the patient by a lungspecialist has been impossible.