

Performa Tokyo Guidelines 2018 dan Prediktor Mortalitas pada Pasien Kolangitis Akut di Indonesia = Performance of Tokyo Guidelines 2018 and Predictor of Mortality in Acute Cholangitis in Indonesia

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Abstrak

Latar Belakang: Kolangitis akut merupakan penyakit dengan tingkat mortalitas tinggi sehingga diperlukan diagnosis dan tatalaksana segera. Tokyo Guidelines 2018 (TG18) sebagai modalitas diagnostik perlu dinilai sensitivitasnya. Serta prediktor mortalitas kolangitis akut di Indonesia masih belum pernah diteliti.

Tujuan: Menilai performa diagnostik TG18 dan prediktor mortalitas pasien kolangitis akut dewasa di Indonesia.

Metode: Studi kohort retrospektif dilakukan menggunakan rekam medis pasien kolangitis RSCM dari tahun 2019-2022. Perbandingan dengan baku emas ERCP dilakukan untuk TG18. Analisis bivariat dan multivariat dilakukan untuk menilai prediktor mortalitas.

Hasil: Subjek penelitian 163 orang dengan 51,5% laki-laki dengan rerata usia $51,0 \pm 12,81$ tahun. Tingkat mortalitas selama di rumah sakit mencapai 11,6%. Sensitivitas TG18 dengan ERCP adalah 84,05% (95%CI 77,51-89,31%). Prediktor mortalitas yang bermakna pada analisis univariat adalah TG18 derajat III (RR 13,846 (3,311-57,897), $p < 0,001$), riwayat keganasan (RR 4,400 (1,525-12,687), $p = 0,006$), pemilihan antibiotik tidak sesuai pedoman (RR 3,275 (1,366-7,851), $p = 0,008$) dan kadar prokalsitonin 2.0 ng/mL (RR 2,440 (1,056-5,638), $p = 0,037$). Pada analisis multivariat prediktor yang bermakna adalah TG18 derajat III (RR 10,670 (2,502-45,565), $p = 0,001$), penggunaan antibiotik tidak sesuai pedoman (RR 2,923 (1,342-6,367), $p = 0,007$), dan kadar prokalsitonin 2.0 ng/mL (RR 2,371 (1,183-4,753), $p = 0,015$).

Simpulan: Sensitivitas TG18 cukup tinggi sehingga bisa digunakan untuk membantu diagnosis kolangitis akut. Prediktor mortalitas kolangitis akut mencakup derajat III berdasarkan TG18, penggunaan antibiotik tidak sesuai pedoman, dan kadar prokalsitonin 2.0 ng/mL.

.....Background: Acute cholangitis is a disease with a high mortality rate that requires prompt diagnosis and treatment. Tokyo Guidelines 2018 (TG18) as a diagnostic modality need to be assessed for sensitivity. Predictors of acute cholangitis mortality in Indonesia are still unknown. Objective Assessing the diagnostic performance of TG18 and predictors of mortality in adult acute cholangitis patients in Indonesia. Methods A retrospective cohort study was conducted using the medical records of RSCM cholangitis patients from 2019-2022. Comparisons with the ERCP gold standard were made for TG18. Bivariate and multivariate analyzes were performed to assess predictors of mortality.

Results The research subjects were 163 people with 51.5% male with a mean age of 51.0 ± 12.81 years. The mortality rate during hospitalization reached 11.6%. The sensitivity of TG18 with ERCP as the gold standard were 84.05% (95%CI 77.51-89.31%). Significant predictors of mortality in Univariate analysis was TG18 grade III (RR 13,846 (3,311-57,897), $p < 0,001$), history of malignancy (RR 4,400 (1,525-12,687), $p = 0,006$), the use of antibiotics did not comply with the guidelines (RR 3,275 (1,366-7,851), $p = 0,008$) and procalcitonin level 2.0 ng/mL (RR 2,440 (1,056-5,638), $p = 0,037$) In multivariate analysis the significant predictors were TG18 degree III (RR 10,670 (2,502-45,565), $p = 0,001$), the use of antibiotics did not comply with the guidelines (RR 2,923 (1,342-6,367), $p = 0,007$) and procalcitonin level 2.0 ng/mL (RR 2,371

(1,183-4,753), $p=0,015$).

Conclusions: The sensitivity of TG18 is high enough that it can be used to help diagnose acute cholangitis. Predictors of acute cholangitis mortality included grade III based on TG18, inappropriate use of antibiotics and procalcitonine level ≥ 2.0 ng/mL.