

Pengaruh Pemberian KlopidoGrel Terhadap Kejadian Kegagalan Primer Fistula Arteriovena pada Pasien Penyakit Ginjal Tahap Akhir – Suatu Kajian Sistematis = The Effect of Clopidogrel on Arteriovenous Fistula Primary Failure Prevention in Patients with End-Stage Renal Disease - A Systematic Review

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Abstrak

Latar Belakang : Fistula arteriovena (FAV) merupakan akses vaskular yang paling banyak digunakan oleh pasien-pasien Penyakit Ginjal Tahap Akhir (PGTA) yang menjalani hemodialisis rutin di Indonesia. FAV dapat mengalami disfungsi sebelum digunakan untuk inisiasi hemodialisis, yang disebut kegagalan primer. KlopidoGrel merupakan antiagregasi trombosit yang dilaporkan dapat mengurangi kejadian kegagalan primer pada FAV dibandingkan antiagregasi trombosit lainnya. Hingga saat ini belum ada panduan yang merekomendasikan penggunaan klopidoGrel karena kurangnya bukti ilmiah.

Tujuan: Mengetahui pengaruh pemberian klopidoGrel terhadap kejadian kegagalan primer FAV dan risiko perdarahan pada pasien-pasien PGTA.

Metode: Penelusuran literatur Randomized Control Trial pada pangkalan data Medline / Pubmed, EbscoHost, Embase, Proquest, Scopus dan Cochrane Library berdasarkan kriteria eligibilitas sesuai PICO tanpa batasan bahasa sejak tahun 1987. Penilaian risiko bias menggunakan aplikasi Risk of Bias 2 Cochrane.

Hasil: Penelitian ini melibatkan 3 penelitian Randomized Control Trial berdasarkan kriteria yang telah ditentukan. Ketiga penelitian mendapatkan hasil bahwa pemberian klopidoGrel dapat mengurangi risiko kegagalan primer FAV. Meta-analisis tidak dapat dilakukan karena adanya heterogenitas klinis dan metodologis. Penilaian risiko bias dengan Risk of Bias 2 Cochrane mendapatkan 2 literatur berisiko bias ringan, dan 1 berisiko sedang. Penilaian dengan uji regresi Egger ($p = 1,00$) dan uji korelasi Rank ($p = 0,446$) tidak terdapat indikasi bias publikasi. Prevalensi perdarahan tidak berbeda pada kelompok perlakuan dibandingkan kelompok kontrol.

Simpulan: klopidoGrel dapat mengurangi kejadian kegagalan primer FAV dengan kejadian perdarahan yang tidak berbeda dengan kelompok kontrol.

.....Background: Arteriovenous fistula (FAV) is the most widely used vascular access for end-stage renal disease also called end-stage kidney disease or kidney failure (CKD) patients undergoing routine hemodialysis in Indonesia. However, FAV can become dysfunctional before it is used for the initiation of hemodialysis, a condition known as primary failure. Clopidogrel is an anti-platelet aggregation that has been reported to reduce the incidence of primary failure in FAV compared to other anti-platelet aggregation agents. To date, the guideline does not suggest the use of clopidogrel monotherapy for prevention arteriovenous fistula primary failure due to low quality of evidence.

Objective: To assess the association of clopidogrel to the incidence of primary FAV failure and the risk of bleeding in End Stage Kidney Disease patients.

Methods: A literature search was carried out to obtain Randomized Control Trial studies conducted since 1987 from Medline / Pubmed, EbscoHost, Embase, Proquest, Scopus, and Cochrane Libraries without language restrictions. Risk of bias assessment was performed with the Cochrane Risk of Bias 2 application.

Results: This study involved 3 studies based on determined criteria. The risk of bias assessment with Cochrane's Risk of Bias 2 obtained a mild degree. All of the studies found that clopidogrel may reduce the risk of primary AVF failure. Meta-analysis was not performed due to clinical and methodological heterogeneity. Risk of bias assessment found 2 literature with mild risk bias and 1 literature with low risk bias. Assessment with Egger regression test ($p = 1.00$), and Rank correlation test ($p = 0.446$) showed no indication of publication bias. In addition, the prevalence of bleeding did not differ between the treatment and control groups