Gambaran Morfologi Mandibula dan Risiko Obstructive Sleep Apnea (OSA) pada Pasien Pierre Robin Sequence Pasca Palatoplasti di RSAB Harapan Kita (Periode 2008-2017) = Morphology of Mandible and Risk of Obstructive Sleep Apnea (OSA) in Pierre Robin Patients Post-Palatoplasty at RSAB Harapan Kita

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Abstrak

Latar belakang: Tanda klinis Pierre Robin Sequence (PRS) meliputi mikrognati, glossoptosis, obstruksi jalan napas atas, dan celah palatal. Adanya sindrom/kelainan penyerta turut berperan terhadap keterlambatan pertumbuhan dan keparahan obstruksi jalan napas. OSA akibat obstruksi jalan napas merupakan kondisi yang umum ditemui pada bayi dengan PRS. Tujuan: Untuk mengetahui gambaran morfologi mandibula dan risiko OSA pada pasien PRS di RSAB Harapan Kita Metode: Penelitian ini merupakan studi retrospektif dengan desain potong lintang. Sebanyak 11 pasien PRS memenuhi kriteria seleksi penelitian ini. Data usia, sindrom/kelainan penyerta, riwayat sesak napas saat lahir diperoleh dari rekam medik. Sefalometri yang diperoleh diukur panjang mandibula, tinggi ramus, panjang body mandibula, dan sudut gonial. Pasien juga dievaluasi risiko OSA dengan menggunakan kuesioner Brouillette. Hasil: Panjang mandibula, panjang body mandibula, dan sudut gonial berbeda bermakna antara grup usia pengambilan sefalometri 5 tahun dan 10 tahun. Panjang mandibula berbeda bermakna antara grup pasien PRS non sindromik dan sindromik. Tidak ada perbedaan bermakna risiko OSA berdasarkan usia pasien maupun status sindrom. Riwayat sesak napas saat lahir berkorelasi dengan morfologi mandibula, namun tidak berkorelasi dengan risiko OSA. Kesimpulan: Kondisi mikrognati yang persisten menunjukkan tidak ada catch up growth pada pasien penelitian ini. Sindrom/kelainan penyerta turut mempengaruhi pertumbuhan mandibula. Sesak napas saat lahir sebagai gejala klinis dari obstruksi jalan napas atas tidak berperan terhadap risiko OSA.
.....Background: Clinical signs of Pierre Robin Sequence (PRS) including micrognathy, glossoptosis, upper airway obstruction, and palatal cleft. The presence of sydrome contributes to the growth and severity of airway obstruction. Obstructive Sleep Apnea (OSA) related to airway obstruction is common condition in infants with PRS. Objective: To know mandibular morphology and risk of OSA in patients at RSAB Harapan Kita. Methods: This research is a retrospective study. A total of 11 patients met the selection criteria of this study. Data on age, associated syndrom, history of breath difficulties at birth were obtained from medical records. The cephalometry were measured mandibular length, ramus height, mandibular body length, and sudut gonial. Patients were also evaluated for risk of OSA using brouillette questionnaire. Results: Mandibular length, mandibular body length, and sudut gonial differed significantly between the 5 years and 10 years cephalometric collection age groups. Mandibular length differed significantly betweenn the nonsyndromuc and syndromic PRS. There was no significant difference in OSA risk based on the patient’s age or syndrome status. History of breath difficulties at birth was correlated with mandibular morpholgy, but it was not correlated to risk of OSA. Conclusion: Persistent micrognathic showed no catch up growth in the patients of PRS in this study. Associated syndrome or disorder affected the growth of the mandible. History of breath difficulties at birth as a clinical symptom of upper airway obstruction did not contribute to risk of OSA.