Universitas Indonesia Library >> UI - Tugas Akhir

Perbandingan Luaran Tehnik Operasi Evakuasi Abses Sistem Tertutup (EAST) dan Debridemen Terbuka pada Kasus Abtes Tuberkulosen Spinal = Comparison of Outcomes Between Closed System Abscess Evacuation (CSAE) and Open Debridement Surgical Techniques in Spinal Tuberculosis Abscess Cases

Farindra Ridhalhi, author

Deskripsi Lengkap: https://lib.ui.ac.id/detail?id=9999920554405&lokasi=lokal

---

Abstrak

Abses tuberkulosis spinal merupakan salah satu komplikasi serius dari infeksi tuberkulosis yang dapat menyebabkan kerusakan neurologis dan sulitnya eradikasi kuman. Tata laksana operatif dengan debridemen terbuka sering kali dipilih. Namun, teknik minimal invasif telah mulai dikembangkan, termasuk Teknik Evakuasi Abses Sistem Tertutup (EAST), meski datanya masih terbatas. Penelitian ini bertujuan untuk menilai luaran klinis dan laboratoris pada pasien yang menjalani EAST dibandingkan debridemen terbuka. Penelitian retrospektif ini melibatkan 48 pasien yang menjalani salah satu dari kedua teknik tersebut. Hasil menunjukkan bahwa EAST menghasilkan nyeri pascaoperasi lebih rendah (VAS 2 vs. 4; p<0,001) dan panjang jaringan parut lebih kecil (0 cm vs. 12 cm; p<0,001) dibandingkan debridemen terbuka. Durasi rawat inap lebih singkat secara median pada kelompok EAST, meski tidak signifikan (2 vs. 3 hari; p=0,06). Namun, angka rekurensi lebih tinggi pada teknik EAST (2 kasus vs. 0). Kedua teknik menunjukkan hasil serupa dalam kadar CRP dan Oswestry Disability Index (ODI). Hasil ini menunjukkan bahwa EAST menawarkan alternatif minimal invasif dengan hasil klinis lebih baik, tetapi memerlukan perhatian terhadap risiko rekurensi. Studi lebih lanjut diperlukan untuk memastikan temuan ini dan mengevaluasi keamanan jangka panjang teknik EAST.

.....Spinal tuberculosis abscess is one of the serious complications of tuberculosis infection that can lead to neurological damage and difficulty in eradicating the pathogen. Open debridement surgery is often chosen. However, minimally invasive techniques, including closed system abscess evacuation (CSAE), have been developed, although data remains limited. This study was conducted to evaluate the clinical and laboratory outcomes of patients undergoing CSAE compared to open debridement. This study aims to compare the clinical and radiological outcomes between the Closed Abscess Evacuation System (CSAE) technique and open debridement in spinal tuberculosis abscess cases. This retrospective study involved 48 patients who underwent one of the two techniques. Results showed that CSAE yielded lower postoperative pain (VAS 2 vs. 4; p<0.001) and smaller scar length (0 cm vs. 12 cm; p<0.001) compared to open debridement. Median hospital stay was shorter in the CSAE group, although not statistically significant (2 vs. 3 days; p=0.06). However, the recurrence rate was higher with CSAE (2 cases vs. 0). Both techniques showed similar results in C-reactive protein (CRP) levels and Oswestry Disability Index (ODI). These findings suggest that CSAE offers a minimally invasive alternative with better clinical outcomes but requires attention to the risk of recurrence. Further studies are needed to validate these findings and evaluate the long-term safety of the CSAE technique.