

Early Post Operative Mortality Between Surgical Repair With And Without Coronary Artery Bypass Grafting In Post-Infarction Ventricular Septal Rupture = Hubungan Antara Tindakan Konkomitan Bedah Pintas Arteri Koroner dan Operasi Perbaikan Ruptur Septum Ventrikel pada Kasus Rupture Septum Ventrikel Pasca Infark Miokard Akut

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Abstrak

Ruptur septum ventrikel merupakan komplikasi mekanik yang jarang namun mengancam nyawa infark miokard akut. Operasi perbaikan ruptur merupakan tatalaksana utama. Bedah Pintas Arteri Koroner (BPAK) direkomendasikan untuk dilakukan secara konkomitan untuk revaskularisasi jantung. Penelitian ini bertujuan mengetahui hubungan antara tindakan konkomitan BPAK terhadap mortalitas pasca operasi perbaikan ruptur septum ventrikel. Penelitian ini menggunakan metode studi potong lintang pada pasien terdiagnosis ruptur septum ventrikel pasca infark miokard yang menjalani operasi perbaikan ruptur dengan atau tanpa tindakan konkomitan BPAK di Unit Bedah Jantung Dewasa PJNHK sejak Januari 2018 hingga Desember 2023. Data yang diambil meliputi karakteristik pasien seperti umur, jenis kelamin, komorbiditas, fraksi ejeksi jantung kiri, status syok kardiogenik, dan lokasi ruptur septum ventrikel. Sebanyak tiga puluh empat pasien termasuk dalam kriteria penelitian. Tindakan konkomitan BPAK dilakukan pada 22 pasien (64,7%). Insidens kematian pasca operasi konkomitan BPAK lebih rendah dibandingkan kelompok pasien yang menjalani operasi perbaikan ruptur septum saja. Perhitungan multivariat menunjukkan bahwa operasi konkomitan BPAK memberikan efek protektif terhadap pasien pasca operasi (Adjusted OR 0,3, $p = 0,167$). Walaupun secara statistik tidak bermakna, fraksi ejeksi jantung kiri, status syok kardiogenik, dan lokasi ruptur septum ventrikel diasosiasikan dengan peningkatan mortalitas pasca operasi. Tindakan konkomitan BPAK diasosiasikan dengan mortalitas pasca operasi yang lebih rendah and memberikan efek protektif. Faktor preoperatif seperti fraksi ejeksi jantung kiri, status syok kardiogenik, dan lokasi ruptur septum ventrikel memengaruhi mortalitas pasca operasi perbaikan septum ventrikel.

.....Post-infarction ventricular septal rupture (VSR) is a rare life-threatening complication of acute myocardial infarction (AMI). Surgical repair of VSR remains the treatment of choice. Concomitant CABG is recommended as an additional procedure as a way of revascularization. This study aims to investigate the association between concomitant CABG and early post-operative mortality in post-infarction VSR undergoing surgical repair. This is a retrospective cohort study which includes patients who underwent VSR surgical repair with and without concomitant CABG at the Adult Cardiac Surgery Unit, National Cardiovascular Center Harapan Kita from January 2018 to December 2023. Preoperative factors include preoperative left ventricular ejection fraction (LVEF), cardiogenic shock, location of rupture and concomitant CABG surgery. Post operative outcomes recorded were early mortality which includes in-hospital and thirty-day mortality. A total of thirty-four subjects were included in this study with 22 patients (64.7%) undergoing concomitant CABG. Incidence of mortality in patients undergoing concomitant CABG is lower than patients without CABG. Adjusted OR showed a slight protective effect of CABG towards post-operative mortality (Adjusted OR 0.3, $p = 0.167$). Although it is not statistically significant,

preoperative LVEF, preoperative cardiogenic shock, and location of rupture are also associated with post-operative mortality. In conclusion, VSR surgical repair in concomitant with CABG showed lower post-operative mortality and protective effect while preoperative LVEF, cardiogenic shock, location of rupture are associated with post-operative mortality in patients undergoing VSR surgical repair.