Analisis Hubungan Pola Invasi, Invasi Limfatik, Vena, dan Saraf dengan Derajat Diferensiasi KSSRM: Studi pada Pasien KSSRM RSUPN Ciptomangunkusumo = Analysis of the Relationship Between Invasion Patterns, Lymphatic, Venous, and Nerve Invasion with the Degree of Differentiation in OSCC: A Study on OSCC Patients at RSUPN Cipto Mangunkusumo

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Abstrak

Latar Belakang: Karsinoma sel skuamosa rongga mulut (KSSRM) adalah salah satu kanker yang sering ditemui di Indonesia, dengan faktor risiko meliputi merokok, konsumsi alkohol, infeksi virus, faktor konsumsi, lokasi tumor, jenis kelamin, dan usia. Pemeriksaan histopatologis dengan pewarnaan hematoksilin dan eosin (H&E) merupakan metode utama untuk diagnosis definitif KSSRM. Akurasi diagnosis dan penilaian derajat diferensiasi tumor sangat penting dalam menentukan diagnosis dan pilihan penatalaksanaan. Selain derajat diferensiasi, analisis lebih lanjut terhadap pola invasi dan adanya invasi limfatik, vena, serta saraf diperlukan untuk memperoleh penilaian yang lebih objektif. Pola invasi, invasi limfatik, invasi vena, dan invasi saraf memberikan informasi lebih mendalam mengenai agresivitas dan potensi penyebaran tumor, sehingga analisis invasi ini lebih penting dibandingkan hanya menilai derajat diferensiasi tumor seperti pada prosedur standar. Metode: Penelitian deskriptif analitik menggunakan sampel jaringan KSSRM yang diberi pewarnaan H&E dan diamati menggunakan mikroskop cahaya. Hasil: Mayoritas kasus KSSRM ditemukan di lidah (61,5%), dengan pasien perempuan (56,4%) dan kelompok usia >55 tahun (53,8%). Pola invasi agresif (pulau satelit, invasi limfatik signifikan (++), invasi vena signifikan (++), dan invasi saraf signifikan (++) memiliki hubungan signifikan dengan derajat diferensiasi buruk ($p<0,05$). Kesimpulan: Tidak ada hubungan signifikan antara lokasi tumor, jenis kelamin, dan usia dengan derajat diferensiasi KSSRM. Ditemukan hubungan antara pola invasi, invasi limfatik, invasi vena, dan invasi saraf dengan derajat diferensiasi pada pasien KSSRM. Semakin agresif pola invasi, maka semakin buruk derajat diferensiasi KSSRM. Semkain buruk derajat diferensiasi, maka semakin tinggi tingkat invasi limfatik, vena, dan saraf KSSRM.

.....Background: Oral squamous cell carcinoma (OSCC) is a prevalent type of cancer in Indonesia, with risk factors including smoking, alcohol consumption, viral infections, dietary factors, tumor location, gender, and age. Histopathological examination using hematoxylin and eosin (H&E) staining is the primary method for the definitive diagnosis of OSCC. Accurate diagnosis and tumor differentiation assessment are crucial in determining diagnosis and treatment options. In addition to the degree of differentiation, further analysis of invasion patterns, as well as lymphatic, venous, and neural invasion, is essential for a more objective evaluation. These invasion factors provide deeper insight into the aggressiveness and potential spread of the tumor, making their analysis more critical than solely evaluating tumor differentiation as in standard procedures. Objective: This study aims to analyze the relationship between invasion patterns, lymphatic invasion, venous invasion, and nerve invasion with the degree of differentiation in OSCC patients at RSUPN Dr. Cipto Mangunkusumo. Methods: This descriptive-analytical study utilized OSCC tissue samples stained with H&E and observed under light microscopy. Results: The majority of OSCC cases were found in the

tongue (61.5%), with female patients (56.4%) and the age group over 55 years (53.8%). Aggressive invasion patterns (satellite islands, significant lymphatic invasion (++), significant venous invasion (++), and significant neural invasion (++) were significantly associated with poor differentiation ($p<0.05$). Conclusion: No significant relationship was found between tumor location, gender, and age with OSCC differentiation grade. A relationship was found between invasion patterns, lymphatic invasion, venous invasion, and neural invasion with differentiation grade in OSCC patients. The more aggressive the invasion pattern, the worse the differentiation grade of OSCC. The worse the differentiation grade, the higher the level of lymphatic, venous, and neural invasion in OSCC.