

Perbandingan antara euroscore dan parsonnet score sebagai analisis faktor risiko dan mortalitas pada pasien yang menjalani operasi perbaikan katup mitral di pusat pelayanan jantung terpadu Rumah Sakit DR. Cipto Mangunkusumo tahun 2010-2012 = Comparison between euroscore and parsonnet score as risk factor and mortality analysis for patients undergoing mitral valve repair / Gusti Reza Ferdiansyah

Gusti Reza Ferdiansyah, author

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Abstrak

ABSTRAK

Tujuan

Penelitian mengenai penggunaan analisis faktor risiko dan mortalitas pada operasi jantung masih menjadi perdebatan dan merupakan area yang sedang berkembang. Analisis faktor risiko dalam penilaian suatu hasil pembedahan jantung merupakan hal yang tidak dapat dihindari. Ahli bedah dan rumah sakit memerlukan suatu hasil penilaian faktor risiko terhadap risiko kejadian mortalitas perioperasi agar dapat menentukan keputusan klinis. Tujuan penelitian ini adalah untuk membandingkan Parsonnet dan European System for Cardiac Operative Risk Evaluation (EuroSCORE) pada pasien yang menjalani perbaikan katup mitral dan memperkirakan faktor-faktor risiko apa saja yang dapat mempengaruhi mortalitas perioperatif.

Pasien dan Metode

Dari bulan Januari 2010 sampai dengan bulan Desember 2012, 96 pasien terpilih yang telah menjalani operasi perbaikan katup mitral menggunakan mesin jantung paru dan telah dilakukan analisis faktor risiko berdasarkan Parsonnet score and EuroSCORE . seluruh faktor risiko dianalisis dengan analisis deskriptif, tabulasi silang, Pearson Chi Square, dan uji Anova, keduanya juga dianalisis dengan kurva ROC

Hasil

Angka mortalitas riil sebesar 5,2 %. Berdasarkan Parsonnet score, nilai prediksi mortalitas sebesar 18,26 % sementara pada EuroSCORE nilai prediksi mortalitas sebesar 3,68 %. Hasil keduanya signifikan secara statistik. Nilai prediksi EuroSCORE lebih mendekati angka kematian riil bila dibandingkan Parsonnet score .

Kesimpulan

EuroSCORE lebih unggul dibandingkan dengan Parsonnet score .Nilai prediksi EuroSCORE lebih mendekati angka kematian riil . EuroSCORE merupakan alat ukur yang baik dalam analisis faktor risiko dan mortalitas pada operasi perbaikan katup mitral

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ABSTRACT

Objective

The use of risk stratified mortality studies for analyzing surgical outcome in cardiac

surgery is obviously a developing area. Unfortunately, outcomes research in valve repair surgery has been relatively limited. The risk stratification in the assessment of cardiac surgical results is inevitable. Surgeons and hospitals need availability of risk assessment result which may influence decision-making. Without risk stratification, surgeons and hospitals treating high-risk patients will appear to have worse results than others. Our purpose was to compare the performance of risk stratification models, Parsonnet and European System for Cardiac Operative Risk Evaluation (EuroSCORE) in our patients undergoing mitral valve repair (MVR) and predict the risk factors that influence inhospital mortality .

Patient and methods

From January 2010 to December 2012, 96 consecutive patients have undergone MVR using cardiopulmonary bypass and scored according to Parsonnet score and EuroSCORE algorithm. All risk factors were analyzed by descriptive analytic, cross tabulation, Pearson Chi Square, and Anova test, both scores analyzed by ROC curve.

Results

Overall hospital mortality was 5,2 %. In Parsonnet model, predicted mortality was 18,26 % while in the EuroSCORE model, predicted mortality was 3,68 %. and it was statistically significant for the Parsonnet score and EURO score . Parsonnet Score has a higher sensitivity compared to the EuroSCORE. From the ROC curve, AUC for Parsonnet score (0,905) higher than AUC for EuroSCORE (0,892). Problems with the Parsonnet score of subjectivity, inclusion of many items not associated with mortality, and the overprediction of mortality have been highlighted. Pre operative NYHA class, age, ejection fraction , complication, etiology, EuroSCORE, and Parsonnet score during mitral valve repair were statistically significant for affecting inhospital mortality risk.

Conclusions

The EuroSCORE is more reasonable overall predictor of hospital mortality in our patients undergoing MVR compared to Parsonnet score.