

Klasifikasi diffuse injury sebagai predictor kematian 3 hari pertama pasien cedera kepala sedang dan berat

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Abstrak

Latar Belakang: Cedera kepala merupakan penyebab kematian paling sering pada orang dewasa muda, Dari penelitian perkiraan keluaran pasien cedera kepala sudah dapat diprediksi dalam 3 hari perawatan.

Klasifikasi diffuse injury berdasarkan tomografi komputer kepala saat pertama kali datang dengan melihat sisterna mesensefalika, derajat midline shift dan ada atau tidak rnsa intrakranial operatif dapat memprediksi kematian pasien cedera kepala. Skala diffuse injury dibagi menjadi 4 subgrup, makin tinggi skala diffuse injury-nya, makin tinggi angka kematiannya.

Tujuan: Menentukan derajat diffuse injury untuk memperkirakan kemungkinan kematian 3 hari pertama pasien dewasa cedera kepala sedang dan berat,

Desain dan Metode: Studi dengan desain nested case control yang bersarang pada penelitian prospektif tanpa pembandingan. Pasien dewasa cedera kepala derajat sedang dan berat yang mengalami kematian dini akan dimasukkan sebagai kelompok studi, sedangkan kelompok kontrol akan diambil secara random dari pasien-pasien yang tidak mengalami kematian dini.

Hasil: Dari 103 subyek penelitian didapatkan 24 (23,3%) penderita mengalami CKB dan 79 (76,7%) penderita CKS. Terdapat 23 (22,3 %) penderita yang meninggal dalam 3 hari pertama. Faktor yang berpengaruh terhadap kematian adalah SKG, diffuse injury, sisterna mesensefalika, mid/Inc shift 5 mm atau lebih, denyut nadi, frekuensi nafas, jumlah leukosit dan tekanan PCO₂. Hasil analisis multivariat menunjukkan bahwa faktor resiko independen kematian 3 hari pertama adalah skala diffuse injury ($p=0,005$), midline shift 5 mm ($p=0,000$) dan denyut nadi ($p=0,016$).

Kesimpulan: Skala diffuse injury unfavorable dapat memprediksi kematian dalam 3 hari pertama. Midline shift 5 mm sebagai komponen skala berperan sebagai faktor resiko terjadinya kematian pasien dewasa cedera kepala sedang dan berat.

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<i>Background: Head injury is the most frequent cause of mortality in young adult. Previous studies showed that outcome of head injured patient could be predicted in the first 3 days from the on set. Classification of head injury based primarily on information gleaned from the initial computerized tomography (CT) is described. It utilizes the status of the mesencephalic cisterns, the degree of midline shift in millimeters, and the presence or absence of one or more surgical masses could be predict mortality in trauma. The term 'diffuse injury' is divided into four subgroups, and the higher mortality had a strong correlation with the higher scale,

Objective: To formulate prediction scale using 'diffuse injury' to know the risk of moderate and severe head injury in the first 3 days.

Methods: It was cross sectional study and continued with nested case control without comparison between moderate and severe head injury patient. Patient who was died in the first 3 days were included as study group while control group has been consisted of patient who was not died in the first 3 days and selected randomly.

Result: from 103 subject, there were 24 (23,3%) severe head injury and 79 (76,7%) moderate head injury. There were 23 (22,3%) patients who was died in the first three days. Significant factor that had influence to the mortality were GCS, diffuse injury, mesencephalic cisterns, midline shift 5 mm or more, pulse rate, respiratory rate, leucocytes count and PCO₂ . Multivariate analysis showed the independent risk factors to mortality in the first 3 days were diffuse injury (p=0,006), midline shift 5 mm or more (p=0,000) and pulse rate (p=0,016).

Conclusion: Diffuse injury could predict mortality in the first 3 days of head injury patient. Midline shift as one of diffuse injury components is the leading risk factor of mortality in moderate and severe head injury patients in this research.</i>