Indikator klinis dan radiologis sederhana perdarahan intrakranial traumatik usia < 15 tahun

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Abstrak

LATAR BELAKANG: Pemeriksaan Sken CT kepala adalah Baku emas untuk mendiagnosa perdarahan intrakranial traumatik pada anak. Di Indonesia belum semua fasilitas kesehatan memiliki Sken CT kepala sehingga panting untuk mengetahui gejala klinis yang berhubungan dengan perdarahan intrakranial traumatik pada anak.

TUJUAN: Penelitian ini dilakukan untuk mengetahui gejala klinis dan radiologis sederhana yang dapat digunakan sebagai indikator adanya perdarahan intrakranial traumatik pada anak.

METODE: Penelitian dilakukan secara potong lintang dengan menggunakan data primer dan sekunder dari catatan medik pasien usia < 15 tahun dengan cedera kepala dan telah dilakukan pemeriksaan foto kepala dan Sken CT kepala yang dirawat di bangsal Neurologi RSCM dalam kurun waktu Januari 1998 hingga Juli 2004.

HASIL: Dari 338 kasus yang diteliti didapatkan 117 kasus perdarahan intrakranial traumatik (34,61%): 33 (28,20%) epidural hematom, 34 (29,05%) subdural hematom, 26 (22,22%) perdarahan intraserebral, 12 (10,25%) perdarahan campuran, 11 (9,40%) perdarahan subarachnoid. Pasien terdiri dari 82 laki-laki (70,08%) dan 35 perempuan (29,91%), rentang usia terbanyak yang mengalami perdarahan intrakranial traumatik 11-15 tahun (53/45,29%), mekanisme tersering kecelakaan lalu Iintas (62,39%). Gejala: fraktur tengkorak (62/52,99%), Gangguan THT (26/22,22%), muntah (82/70,08%), lama penurunan kesadaran terbanyak 10 merit-6 jam (51/43,58%). Gejala neurologis: Skala Koma Glasgow (SKG) terbanyak 12-14 (63/53,84%), kelainan saraf kranial (9/7,69%), gangguan motorik (15/12,82%), kejang (13/11,11%), pupil anisokor (7/5,98%). Terdapat hubungan bermakna antara perdarahan intrakranial traumatik dengan SKG, kelompok umur, gangguan motorik, kejang, fraktur tengkorak dan lama penurunan kesadaran (p<0,05)

KESIMPULAN: Indikator adalah SKG, gangguan motorik, kelompok umur, kejang, fraktur tengkorak dan lama penurunan kesadaran. Dengan analisis multivariate SKG, kelompok umur dan gangguan motorik merupakan indikator kuat dan dapat digunakan sebagai formula klinik dalam memperkirakan perdarahan intrakranial traumatik pada anak.
<hr><i>BACKGROUND: Brain CT Scan is one of the evaluation methods for traumatic brain hemorrhage in children. However, not all Indonesian hospitals have these radiologic examination tools. Clinical features and skull x ray as an indicators have to be used as a predictor for traumatic brain hemorrhage cases in children.

OBJECTIVE: To predict traumatic brain hemorrhage in children using clinical features and skull x ray.

METHODOLOGY: 338 acute head trauma children, <l5 years old, hospitalized in Neurological Ward Cipto Mangunkusumo hospital within the period of January 1998 until July 2004 were enrolled in this diagnostic test in cross sectional study research. Medical record data of clinical features, skull x ray and Brain CT Scan imaging were analyzed using diagnostic test, bivariate and multivariate analysis to obtain the correlation between those variables.

RESULTS: Traumatic brain hemorrhage occurred in 117 children (34,61%), whereas 62 (52,99%) had skull fracture, 26 (22,22%) ENT bleeding,, 82 (70,08%) had vomiting. There was 43,58% had duration of loss of consciousness mostly between 10 minutes to 6 hours. In Neurological examination findings there were Glasgow Coma Scale (GCS) mostly 12-14 (53,84%), 9 (7,69%) cranial nerves deficit, 15 (12,82%) hemiparesis, 13 (11,11%) seizure and 7 (5,98%) pupillary anisocoria. Brain CT scan image findings, 33 (28,20%) epidural hematoma, 34 (29,05%) subdural hematoma, 26 (22,22%) intraparenchymal bleedings, 12 (10,25%) combined intracranial hemorrhage and 11 (9,40%) subarachnoid hemorrhage. Variables of Glasgow Coma Scale, age, hemiparesis, seizure, skull fracture and duration of loss of consciousness were significant correlation ($p<0,05$) in traumatic brain hemorrhage cases in children.

CONCLUSION: There were some predictor variables, including Glasgow Coma Scale, hemiparesis, age, seizure, skull fracture and duration of loss of consciousness were analyzed. In multivariate analysis, there were three variables, Glasgow Coma Scale, age and hemiparesis have highly correlation with traumatic brain hemorrhage in children and could be made probability table of those traumatic brain hemorrhage cases in children.</i>