

Gambaran perbaikan paresis saraf kranial III, IV, V atau VI berdasarkan pemeriksaan neurologi klinis pada pasien karsinoma nasofaring pasca terapi standar di RSUPN Cipto Mangunkusumo = Description of the recovery of third, fourth, fifth, or sixth cranial nerves palsies based on clinical neurological examination in patients with nasopharyngeal cancer after standard management at Cipto Mangunkusumo National Hospital / Linda Suryakusuma

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Abstrak

ABSTRAK

Latar Belakang. Karsinoma Nasofaring (KNF) merupakan jenis tumor kepala dan leher yang paling sering ditemukan, dan angka kejadiannya di Indonesia sendiri terbilang cukup tinggi. Paresis saraf kranial III, IV, V, atau VI merupakan defisit neurologi yang sering dijumpai pada pasien KNF dan merupakan salah satu penanda infiltrasi intrakranial. Pemeriksaan neurologi klinis terhadap saraf kranial merupakan salah satu prosedur evaluasi pasien KNF pasca terapi standar. Metode. Penelitian ini merupakan studi observasional dengan desain pra-pasca. Subjek penelitian adalah semua pasien KNF dengan paresis saraf kranial III, IV, V, atau VI yang telah menjalani radioterapi lengkap di Departemen Radioterapi RSUPNCM antara 2 bulan – 6 bulan sebelumnya. Dilakukan wawancara, pengisian kuesioner serta pemeriksaan neuro-oftalmologi klinis. Dilakukan analisis data menggunakan perangkat SPSS 17.0. Hasil. Diperoleh 32 subjek pasien KNF dengan paresis saraf kranial III, IV, V, atau VI. Terapi standar KNF di RSUPNCM memberikan perbaikan pada paresis saraf kranial sebagai berikut: perbaikan paresis saraf kranial III sebesar 86% (membaik komplit 57%, membaik parsial 29%), perbaikan paresis saraf kranial IV sebesar 100%, perbaikan lesi saraf kranial V(1,2,3) sebesar 57% (membaik komplit 36%, membaik parsial 21%), dan perbaikan paresis saraf kranial VI sebesar 43%. Tidak didapatkan hubungan yang bermakna secara statistik antara perbaikan paresis saraf kranial III, IV, V, atau VI dengan faktor terkait penderita (usia dan jenis kelamin), faktor terkait penyakit (respons massa tumor KNF pasca radioterapi, durasi paresis saraf kranial, derajat keterlibatan saraf kranial dan subtype histologi WHO), maupun dengan faktor terkait tatalaksana (teknik radioterapi dan pendekatan kemoterapi). Kesimpulan. Perbaikan paresis saraf kranial pasca radioterapi dapat dinilai secara objektif dengan pemeriksaan neurologi klinis sehingga perlu secara rutin dilakukan pemeriksaan neurologi klinis pra maupun pasca terapi sebagai salah satu standar evaluasi pasien KNF di RSUPN Cipto Mangunkusumo.

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ABSTRACT

Background. Nasopharyngeal Cancer (NPC) is the most prevalent head and neck cancer, and its incidence in Indonesia is quite high. Third, fourth, fifth, or sixth cranial nerves palsies are often found in NPC patients and signify intracranial infiltration. Clinical neurological examination for cranial nerves is one method of evaluating NPC patients after they receive standard management. Methods. This is an observational study with a pre-post design. The subject of this study were all NPC patients with third, fourth, fifth, or sixth cranial nerves palsies who receive full radiotherapy regimen at the Department of Neurology, Cipto

Mangunkusumo National Hospital 2-6 months prior to evaluation. Patients were then interviewed, asked to fill in questionnaires and went through clinical neuro-ophthalmological evaluation. Data was analyzed using SPSS 17.0. Results. There were 32 NPC patients included in this study. Standard management at Cipto Mangunkusumo National Hospital improve the outcome of third cranial nerve palsy in 86% of subjects (57% complete recovery, 29% partial recovery), 100% improvement of the fourth cranial nerve palsy, 86% improvement of the fifth cranial nerve palsy (36% complete recovery, 21% partial recovery), and 43% improvement of the sixth cranial nerve palsy. However, there were no statistically significant correlations between the improvement of the cranial nerves with patients related factors (age and sex), with disease related factors (NPC primary tumor response to radiotherapy, duration of cranial nerves palsy, degree of cranial nerves involvement and WHO histological subtypes), or with treatment related factors (radiotherapy techniques and chemotherapy approaches). Conclusion. The recovery of cranial nerve palsy after radiotherapy could be objectively evaluated with clinical neurological examination. Therefore, clinical neurological examination should be viewed as the standard evaluation for NPC patients pre as well as post therapy.