

Evaluasi diagnostik kanker ovarium praoperatif potong beku dan histopatologi di RS Cipto Mangunkusumo Jakarta = Diagnostic evaluation of ovarian cancer preoperative frozen section and histopathology at Cipto Mangunkusumo Hospital Jakarta

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Abstrak

Latar belakang: Kanker ovarium merupakan penyebab kematian kelima terbanyak karena kanker pada wanita. Diperlukan uji diagnostik preoperatif dan intraoperatif yang tajam dan akurat untuk menurunkan morbiditas dan mortalitas karena kanker ovarium.

Tujuan: Mengetahui nilai diagnostik RMI, Skor Purwoto, dan potong beku terhadap pemeriksaan histopatologi pada tumor ovarium suspek ganas.

Metode: Penelitian ini menggunakan desain potong lintang (cross-sectional) dari data sekunder yang berasal dari 114 rekam medis pasien suspek keganasan ovarium yang menjalani pembedahan antara bulan Januari 2010 hingga Desember 2010 di RSCM.

Hasil: Nilai diagnostik untuk RMI adalah sensitivitas 85%, spesifisitas 63%, NDP 68%, NDN 82%, RKP 2,29, RKN 0,23, akurasi 74%, dan AUC 0,800. Nilai diagnostik untuk Skor Purwoto adalah sensitivitas 80%, spesifisitas 59,3%, NDP 65%, NDN 76%, RKP 1,97, RKN 0,34, akurasi 69%, dan AUC 0,780. Nilai diagnostik untuk potong beku adalah sensitivitas 93%, spesifisitas 98%, NDP 98%, NDN 94%, RKP 54,7, RKN 0,07, akurasi 96%, dan AUC 0,968.

Kesimpulan: RMI dan skor Purwoto dapat digunakan untuk evaluasi diagnostik keganasan ovarium praoperatif. Meskipun telah dilakukan evaluasi kemungkinan keganasan praoperatif, tetap diperlukan pemeriksaan potong beku. Hasil evaluasi RMI dan Skor Purwoto jinak dapat ditatalaksana di pusat pelayanan dengan fasilitas yang tidak memerlukan surgical staging. Meskipun hasil evaluasi RMI dan skor Purwoto jinak sebaiknya tetap dilakukan pemeriksaan potong beku untuk menyingkirkan kemungkinan keganasan yang masih belum dapat dibuktikan dengan pasti melalui evaluasi praoperatif.

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Introduction: Ovarian cancer is the fifth leading cause of death from cancer in women. The sharp and accurate preoperative and intraoperative diagnostic tests are needed in reducing morbidity and mortality due to ovarian cancer.

Purpose: This study aims to determine the diagnostic value of RMI, Purwoto Score, and frozen section compared to histopathologic examination in suspected malignant ovarian tumors.

Methods: This study used cross-sectional design of secondary data from the medical records of 114 patients with suspected ovarian malignancy who underwent surgery between January 2010 and December 2010 at Cipto Mangunkusumo Hospital.

Results: The diagnostic value for RMI are sensitivity 85%, specificity 63%, PPV 68%, NPV 82%, positive likelihood ratio 2.29, negative likelihood ratio 0.23, accuracy 74%, and AUC 0,800. Diagnostic value for Purwoto Score are sensitivity 80%, specificity 59.3%, PPV 65%, NPV 76%, positive likelihood ratio 1.97, negative likelihood ratio 0.34, accuracy 69%, and AUC 0.780. Diagnostic value of frozen section are sensitivity 93%, specificity 98%, PPV 98%, NPV 94%, positive likelihood ratio 54.7, negative likelihood

ratio 0.07, accuracy 96%, and AUC 0.968.

Conclusion: RMI and Purwoto Score can be used for preoperative diagnostic evaluation of ovarian malignancies. Although it has been performed preoperative evaluation of malignancy, is still required frozen section examination. Benign case of RMI and Purwoto Score can be managed at the service center with facilities that do not require surgical staging and still need to be confirmed with frozen section examination to rule out malignancy that still has not been proven with certainty through preoperative evaluation.