

Gambaran Fibrin Monomer pada Kehamilan = Fibrin Monomer Profile in Pregnancy

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Abstrak

Kehamilan diketahui sebagai salah satu faktor risiko utama terjadinya tromboemboli baik di arteri maupun vena, yang bisa meningkat sebanyak 4 sampai 5 kali. Venografi merupakan baku emas untuk diagnosis DVT namun karena invasif, tidak dilakukan pada wanita hamil. Thrombin Anti Thrombin complex (TAT) dan D-dimer (DD) adalah pemeriksaan yang secara klinis berguna untuk prediksi dan diagnosis trombosis. Namun kadar TAT dan DD akan meningkat dalam situasi yang bervariasi termasuk kehamilan.

Penelitian ini bertujuan untuk mendapatkan gambaran kadar fibrin monomer pada kehamilan trimester 1, 2, dan 3. Terdapat 31 sampel masing-masing pada trimester 1, 2, dan 3. CV kontrol normal dan abnormal pemeriksaan fibrin monomer adalah 7.43% dan 3.51%. Kadar fibrin monomer menunjukkan distribusi tidak normal dengan nilai $p = 0.001 (< 0.05)$ sehingga data disajikan dalam nilai median dan nilai rentang. Berdasarkan nilai cut off 6.0 g/mL maka peningkatan kadar fibrin monomer dijumpai hanya pada trimester 3 yaitu sebesar 3.2%.

Tidak terdapat perbedaan yang bermakna antara trimester 1 dan 2 ($p=0.491$), sedangkan antara trimester 1 dan 3 berbeda bermakna ($p=0.004$), begitu juga antara trimester 2 dan 3 ($p=0.031$), sehingga dapat dikatakan fibrin monomer kadarnya pada kehamilan relatif tetap.

.....Background: Pregnancy is known as a risk factor for thromboembolism at arterial and venous, which could rise as much as 4 to 5 times .Venography is the gold standard for the diagnosis of DVT, but because it is invasive, so it is not done on pregnant women. Thrombin anti-thrombin complex (TAT) and D-dimer, which are the clinical examination useful for the prediction and diagnosis of thrombosis. However, the concentration of TAT and D-dimer will be increased in various conditions, including pregnancy.

Aim: This study is to gain preview on the fibrin monomer for the first, second and third trimester of pregnancy.

Methods: A cross sectional study. There was 31 samples, respectively the first, second and third trimester of pregnancy. CV of normal and abnormal control of fibrin monomer was 7.43% and 3.51 %. Levels of fibrin monomer showed the abnormal distribution, with $p = 0.001 (> 0.05)$, so data are presented as median values and value ranges. Based on the cut-off value of 6 g/mL, then increased levels of fibrin monomer was only found in third trimester , which was 3.2%.

Result: There were no significant differences between the first and the second trimester of pregnancy ($p = 0.491$). There were significant differences between the first and third trimester of pregnancy ($p=0.004$) as well as between the second and third of pregnancy ($p=0.031$). Thus, fibrin monomer level was relatively

constant during pregnancy.

Conclusion: fibrin monomer is relatively constant during pregnancy compared to D-dimer.</i>