

Perbedaan kadar sIgA saliva anak early childhood caries (ECC) antara riwayat ASI eksklusif dan susu formula = The difference of quantity salivary sIgA early childhood caries (ECC) children between exclusive breastfeeding and formula feeding history

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Abstrak

Sebelum adanya penggunaan susu formula sebagai pengganti ASI, gigi berlubang pada bayi jarang ditemukan.^{2,19} Dilaporkan pada anak riwayat ASI Eksklusif, karies jarang ditemukan karena mendapat komponen imunitas khususnya IgA yang dapat memperlambat pertumbuhan bakteri S. mutans.^{2,11} Pada anak riwayat susu formula komponen imunitas belum diketahui. Penelitian ini bertujuan untuk menganalisis perbedaan kadar sIgA saliva anak ECC riwayat ASI eksklusif dan susu formula. Penelitian ini dilakukan pada 34 anak ECC usia 18-48 bulan yang memiliki skor deft >1, dengan 17 subjek riwayat ASI eksklusif dan 17 subjek riwayat susu formula. Seluruh subjek dilakukan pemeriksaan skor deft, dan dilakukan pengukuran sampel saliva dengan ELISA. Rerata skor deft anak ECC kelompok riwayat ASI eksklusif lebih rendah dibanding susu formula. Terdapat perbedaan bermakna rerata kadar sIgA saliva anak ECC antara riwayat ASI eksklusif dan susu formula ($p=0,004$).

.....Time before formula feeding has been found, baby tooth decay is definitely rare.^{2,19} Studies reported, children with exclusive breastfeeding have low caries as they have immunity component, specifically IgA, which may exhibits colony of S. mutans.^{2,11} Meanwhile, immunity component of children with formula feeding is barely unknown. This study aimed to analyze the difference of quantity salivary sIgA Early Childhood Caries (ECC) children between exclusive breastfeeding and formula feeding history. Saliva samples were collected from 34 ECC children aged 18-48 months who have deft score >1, both exclusive brestfeeding and formula feeding history group are 17 subjects each. Deft score were examined, and quantity of salivary sIgA were assesed by ELISA. Deft score mean of exclusive breastfeeding history group is lower than formula feeding history group. There is a significant difference quantity salivary sIgA ECC children between exclusive breastfeeding and formula feeding history ($p=0,004$).