

## Prognosis pasien obstruksi nefropati pascanefrostomi perkutan = Prognosis of obstructive nephropathy patients after percutaneous nephrostomy / Jefri Sukmagara

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### Abstrak

#### <b>ABSTRAK</b><br>

Nefrostomi perkutan merupakan prosedur penting dalam penanganan obstruksi uropati yang disertai uremia dan septikemia. Nefrostomi dilakukan sebagai tindakan sementara sebelum dilakukan tindakan definitif. Beberapa faktor berperan dalam perbaikan fungsi ginjal setelah nefrostomi, antara lain: usia, durasi obstruksi, fungsi ginjal kontralateral, pyelolymphatic backflow dan compliance ureter dan pelvis renalis. Penelitian ini bertujuan untuk menilai faktor-faktor yang dapat memprediksi penurunan kadar kreatinin serum (< 2mg/dl) pascanefrostomi pada pasien obstruksi uropati di Rumah Sakit Dr.Sardjito tahun 2009-2012.

Ini merupakan penelitian deskriptif analitik retrospektif. Data diambil dari pasien obstruksi uropati yang dilakukan tindakan nefrostomi perkutan dari Januari 2009 sampai dengan Desember 2012. Kemudian dilakukan analisis bivariat untuk menilai hubungan antara etiologi, nefrostomi (unilateral atau bilateral), durasi gejala (14 hari atau >14 hari), penyakit penyerta (hipertensi, diabetes melitus dan penyakit jantung) dan grade hidronefrosis (ringan, sedang dan berat). Dengan menggunakan analisis chi-square dan multiple logistic regression diperoleh faktor-faktor prediksi penurunan kadar kreatinin serum pascanefrostomi serta rumus prediksinya.

Pada penelitian ini dianalisis 117 pasien yang dilakukan nefrostomi perkutan. Diperoleh analisis bahwa tindakan nefrostomi unilateral atau bilateral ( $p=0,000$ ), durasi gejala ( $p=0,000$ ), penyakit penyerta hipertensi ( $p=0,004$ ) dan derajat hidronefrosis ( $p=0,000$ ) berperan dalam menurunkan kadar kreatinin serum. Sedangkan etiologi dan penyakit penyerta (diabetes melitus dan penyakit jantung) tidak memiliki peran. Dengan menggunakan rumus prediksi,  $P= 1/(1+e^y)$ , dimana  $y= -0,271 + 1,636$  (derajat hidronefrosis) +  $((-2,216)$  nefrostomi unilateral atau bilateral) +  $1,694$  (durasi gejala) +  $((-0,862)$  hipertensi) dengan sensitivitas 74,3% dan spesifisitas 70,7%.

Terdapat hubungan antara nefrostomi (unilateral dan bilateral), durasi gejala, hipertensi dan grade hidronefrosis terhadap penurunan kadar kreatinin serum pascanefrostomi. Faktor-faktor tersebut dapat dijadikan pedoman untuk memprediksi penurunan kreatinin serum < 2mg/dl pascanefrostomi.

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#### <b>ABSTRACT</b><br>

Percutaneous nephrostomy is a life-saving procedure for the treatment of obstructive uropathy associated with septicemia and uraemia. It is regarded as a temporary interventional procedure before definitive treatment. Several factors can affect recovery of renal function after nephrostomy, such as patient age, duration of obstruction, function of the contralateral kidney, pyelolymphatic backflow and compliance of the ureter and renal pelvis. This study is performed to determine factors that can predict the decrease in creatinine levels after percutaneous nephrostomy (< 2mg/dl).

This is a retrospective analysis descriptive study. All patients underwent nephrostomy at Sardjito General

Hospital Yogyakarta, from January 2009 to December 2012 were identified. The data were analyzed to evaluate the relationship between reduction of serum creatinine level and following variables including: etiology, nephrostomy (unilateral or bilateral), symptom duration (14 days or >14 days), comorbid disease (hypertension, diabetes melitus, heart disease) and degree of hydronephrosis (mild, moderate and severe). The data were analyzed with Chi-Square test and multiple logistic regression to obtain predictive factor and predictive scoring equation to measure the possibility of recoverability of renal function after nephrostomy. We analyzed 117 patients that were treated with percutaneous nephrostomy. It showed the relationship between reduction of serum creatinine level and the following variables: nephrostomy (unilateral or bilateral) (p=0,000), symptom duration (p=0,000), hypertension (p=0,004) and degree of hydronephrosis (p=0,000). Whereas etiology of urinary obstruction and other comorbid diseases showed no relationship. Predictive equation result:  $P = 1/(1+e^y)$ , where  $y = -0,271 + 1,636$  (degree of hydronephrosis) +  $((-2,216)$  unilateral or bilateral nephrostomy) +  $1,694$  (symptom duration) +  $((-0,862)$  hypertension), with sensitivity 74,3% and specificity 70,7% in predicting renal function recoverability. Bilateral or unilateral nephrostomy, symptom duration, hypertension and degree of hydronephrosis are factors affecting the decrease in serum creatinine level. These factors can be used as independent predictor to predict recoverability of renal function can be considered.