Validitas skor royal college of paediatrics and child health london dalam mendeteksi infeksi bakteri serius pada anak = Validity of royal college of paediatrics and child health london score to predict serious bacterial infection in children / I Wayan Gustawan

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Abstrak

ABSTRAK

Latar belakang. Adanya peningkatan angka kematian anak di negara berkembang, masih tingginya insiden penyakit infeksi bakteri serius (IBS) pada anak, beragamnya variabel klinis yang menjadi faktor risiko terjadinya IBS, model skoring yang ada belum teruji dalam mendeteksi IBS di sarana pelayanan terbatas.

Tujuan. Untuk mengetahui validitas Skor RCPCH dalam mendeteksi adanya infeksi bakteri serius pada anak dengan demam serta mencari faktor prediktor terjadinya infeksi tersebut.

Metode. Uji diagnostik untuk mengetahui validitas Skor RCPCH dalam mendeteksi adanya infeksi serius pada anak dengan demam dan kohort prospektif untuk mencari faktor prediktor. Baku emas adalah diagnosis akhir sesuai ICD-10. Seluruh pemeriksaan dilakukan secara buta (tersamar).

Hasil. Didapatkan 260 subyek penelitian. Tujuh pasien rawat jalan tidak dapat dihubungi sehingga analisis dilakukan pada 253 subyek (97,3%). Laki-laki lebih banyak daripada perempuan dengan rasio 1,14: 1. Kelompok umur lebih banyak didapatkan pada kelompok > 36 bulan (51,4%). Diagnosis IBS didapatkan pada 28,9% subyek dengan diagnosis terbanyak pneumonia (19%). Skor RCPCH mempunyai sensitifitas 58,9%, spesifisitas 86,7%, nilai duga positif 64,2%, nilai duga negatif 83,8%, rasio kemungkinan positif 4,42, rasio kemungkinan negatif 0,47, post test probability 64,23%, area under ROC curve 72,8%. Batuk, sesak napas, mencret, kejang, umur 1-36 bulan, suhu tubuh 37,50 C, hipoksia, dan takipnea merupakan faktor prediktor terjadinya IBS.

Simpulan. Skor RCPCH dapat digunakan untuk memprediksi infeksi bakteri serius pada anak umur 1 bulan–12 tahun. Batuk, sesak napas, mencret, kejang, umur 1-36 bulan, suhu tubuh 37,50 C, hipoksia, dan takipnea merupakan faktor prediktor terjadinya IBS.

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ABSTRACT
Background. The increase of child mortality in developing country, the high incidence of serious bacterial infection in children, the variety of risk factors of serious infections, current scoring model has not been tested in limited health care centre.

Objective. To know the validity of of Royal College of Paediatrics and Child Health (RCPCH) Score to predict serious bacterial infection in children with fever and to find predictor factors of the serious infection.

Method. Diagnostic study was used to find validity of RCPCH Score and cohort prospective study to find predictor factors of the serious infection. Gold standard was the latest diagnosis noted on medical record based on ICD-10. All tests were done blind.

Results. There were 260 subjects. Seven patients of out-patient department could not be reached so analysis was done on 253 subjects (97.3%). There were more male than female with the ratio of 1.14:1. Age group of >36 months dominated the subject population (51.4%). Serious bacterial infection was found on 28.9%

subject with the most diagnosis was pneumonia (19%). Sensitivity of SBI score was 58.9%, specificity was 86.7%, positive predictive value was 64.2%, negative predictive value was 83.8%, positive likelihood ratio was 4.42, negative likelihood ratio was 0.47, post test probability was 64,23%, and area under ROC curve was 72,8%. Cough, dyspnea, diarrhea, seizure, age of 1-36 month, body temperature 37.50 C, hypoxia, tachypnea were the risk factors for SBI.

Conclusion. RCPCH Score can used to predict serious bacterial infection in children aged 1 month- 12 years. Cough, dyspnea, diarrhea, seizure, age of 1-36 months, body temperature 37.50 C, hypoxia, and tachypnea were the risk factors for SBI