

Efektivitas Revaskularisasi Endovaskuler Pada Pasien Penyakit Arteri Perifer Di Departemen Ilmu Bedah RSCM = The Effectiveness of Endovascular Revascularization in Peripheral Arterial Disease Patients at RSCM Surgery Department

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Abstrak

[LATAR BELAKANG

Penyebab terbanyak Penyakit Arteri Perifer (PAP) pada usia diatas 40 tahun adalah aterosklerosis. Prevalensi penyakit aterosklerosis perifer meningkat pada kasus dengan diabetes melitus, dislipidemia, hipertensi dan perokok. Critical Limb Ischemia (CLI) merupakan manifestasi dari PAP berat, CLI dikaitkan dengan risiko kehilangan tungkai yang sangat tinggi. Pada pasien CLI tanpa adanya revaskularisasi, pasien biasanya akan dilakukan amputasi dalam hitungan minggu atau bulan. Revaskularisasi secara terbuka memiliki morbiditas yang cukup banyak. Seiring kemajuan teknologi, revaskularisasi secara terbuka perlahan-lahan digantikan dengan adanya intervensi endovaskuler dalam dua dekade terakhir. Revaskularisasi endovaskuler di Departemen Ilmu Bedah RSCM baru mulai dilakukan pada tahun 2012 dan di Indonesia saat ini belum ada studi yang menilai hasil dari tindakan revaskularisasi.

METODE

Metode yang diambil adalah analitik komparatif berpasangan dengan disain penelitian longitudinal pre-post study. Selama Agustus 2013 hingga Agustus 2014 didapatkan 16 pasien yang masuk kriteria inklusi. Dilakukan pengambilan data nilai ABI sebelum dan sesudah revaskularisasi endovaskuler. ABI digunakan sebagai penilaian efektivitas revaskularisasi.

HASIL

Hasil didapatkan nilai mean ABI sebelum tindakan $0,7 \pm 0,118$ dan nilai mean ABI sesudah tindakan $0,844 \pm 0,127$. Didapatkan peningkatan nilai ABI sesudah tindakan 0,14. Dari hasil uji T berpasangan didapatkan nilai $p=0,001$. Secara statistik didapatkan peningkatan yang signifikan antara nilai ABI sebelum tindakan dan sesudah tindakan.

KESIMPULAN

Dapat ditarik kesimpulan tindakan revaskularisasi endovaskuler terhadap pasien PAP efektif berdasarkan nilai ABI;BACKGROUND

Peripheral Arterial Disease (PAD) above 40 years old mostly cause by atherosclerotic. Peripheral Atherosclerotic prevalence increase with DM, dyslipidemia, hypertension and smoking. CLI had higher amputation risk. Without revascularization CLI patients will do amputation within week or month. Surgical revascularization had many morbidity, endovascular revascularization established within 2 decade. Endovascular revascularization in RSCM surgery department established at 2012 and in Indonesia no research to evaluate revascularization effectiveness.

METHODS

Research method is dependent category comparative analytic with longitudinal pre-post study. Within August 2013 to August 2014, we collect 16 patients that rolled on inclusion criteria. We collect ABI results before endovascular revascularization and ABI results after endovascular revascularization. ABI were used

to evaluated revascularization effectiveness.

RESULTS

Results are ABI mean before endovascular revascularization $0,7\pm 0,118$ and ABI mean after endovascular revascularization $0,844\pm 0,127$. There were ABI increased after endovascular revascularization mean 0.14. Statistic analysis with pairing T-test result $p=0.001$. Based on statistic analysis there were significant increase between ABI before endovascular revascularization and ABI after endovascular revascularization.

CONCLUSION

Endovascular revascularization in PAD patients effective base on ABI, BACKGROUND

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