

Akurasi diagnostik skor aspartate aminotransferase to platelet ratio index, fibrosis index based on the 4 factors dan transient elastography untuk mendeteksi fibrosis hati pada hepatitis C kronik = Diagnostic accuracy of aspartate aminotransferase to platelet ratio index score fibrosis index based on the 4 factors and transient elastography for liver fibrosis detection in chronic hepatitis C / Rini Rachmawarni Bachtiar

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Abstrak

[ABSTRAK

Latar Belakang: Fibrosis hati telah menjadi masalah kesehatan global dengan angka mortalitas 800 ribu kematian tahun 2004. Hepatitis kronis yang disebabkan oleh hepatitis C memerlukan perhatian khusus karena secara patogenesis sebelum berkembang menjadi hepatocellular carcinoma (HCC) akan melalui fase fibrosis hati. Baku emas diagnosis fibrosis hati adalah melalui biopsi hati, tetapi terdapat banyak keterbatasan antara lain kesediaan fasilitas dan efek samping. Pemeriksaan non-invasif saat ini menjadi pilihan untuk deteksi fibrosis.

Tujuan: untuk mengetahui akurasi pemeriksaan non-invasif (FibroScan, skor APRI, dan FIB-4) dalam mendeteksi fibrosis hati. Metode: Penelitian ini merupakan uji diagnostik dengan menggunakan data sekunder dari rekam medis pasien yang dilakukan biopsi hati di RSPUN dr. Cipto Mangunkusumo dari Januari 2008 hingga Desember 2014.

Hasil: Dari 120 orang yang menjalani biopsi hati, 56 pasien yang memenuhi kriteria seleksi. Akurasi APRI, FIB-4, dan FibroScan adalah sebagai berikut, AUC 0,692 (IK95%, 0,381-1,000), AUC 0,567 (IK95%, 0,253-0,882), dan AUC 0,712 (IK 95%, 0,398-1,000). Berdasarkan hasil analisis berjenjang, akurasi diagnostik kombinasi pemeriksaan APRI dan FibroScan, FibroScan dan FIB-4, APRI dan FIB-4, dan kombinasi ketiganya adalah sebagai berikut AUC 0,702 (IK95%, 0,375-1,000), AUC 0,798 (IK95%, 0,533-1,000), AUC 0,774 (IK95%, 0,513-1,000), dan 0,798 (IK 95%, 0,533-1,000).

Kesimpulan: FibroScan memiliki akurasi terbaik dibandingkan APRI dan FIB4 dalam mendeteksi fibrosis hati. Akurasi dengan kombinasi APRI, FIB-4, dan FibroScan meningkat jika dibandingkan dengan pemeriksaan tunggal untuk mendeteksi fibrosis hati pada pasien hepatitis C.

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ABSTRACT

Background: Liver fibrosis has become a global health problems with the 800 thousand mortality death in 2004. Chronic hepatitis caused by hepatitis c need special attention because before it develops into Hepatocellular Carcinoma (HCC) going through the liver fibrosis. Gold standard of liver fibrosis is liver biopsy, but there are many limitations, such as facilities and side effects. Non-invasive diagnostic tools are the option for the detection fibrosis.

Aim: To know the accuracy of the noninvasive diagnostic tools (FibroScan, the APRI score, FIB-4 score) in detecting liver fibrosis . Methods: This is diagnostic research which used secondary data from medical patient doing liver biopsy conducted in RSUPN dr. Cipto Mangunkusumo in January 2008 to December 2014.

Results: There are 120 patients who underwent liver biopsy and 56 patients who fulfill selection criteria. The accuracy of APRI score, FIB-4, and FibroScan are AUC 0,692 (IK95%, 0,381-1,000), AUC 0,567 (IK95%, 0,253-0,882), and AUC 0,712 (IK95%, 0,398-1,000). Based on the multivariate analysis , accuracy of diagnostic combination FibroScan and APRI , FIB-4 and FibroScan , and FIB-4 and APRI, and combination of the three are as follows AUC 0,702 (IK95% , 0,375-1,000), AUC 0,798 (IK95%, 0,533-1,000), AUC 0,774 (IK95%, 0,513- 1,000), and 0,798 (IK95% , 0,533-1,000).

Conclusion: FibroScan has the highest diagnostic accuracy compared with APRI and FIB4 in detecting liver fibrosis. Accuracy of combination APRI, FIB-4, and FibroScan increase compared with the single diagnostic tools for liver fibrosis detection in hepatitis C patient., Background: Liver fibrosis has become a global health problems with the 800 thousand mortality death in 2004. Chronic hepatitis caused by hepatitis c need special attention because before it develops into Hepatocellular Carcinoma (HCC) going through the liver fibrosis. Gold standard of liver fibrosis is liver biopsy, but there are many limitations, such as facilities and side effects. Non-invasive diagnostic tools are the option for the detection fibrosis.

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