

Pengaruh lokasi anatomi tuberkulosis terhadap kesintasan 2 tahun pasien Ko-infeksi TB-HIV setelah diagnosis di RSPI Prof DR. Sulianti Saroso Jakarta tahun 2010-2013 = the effect of tuberculosis anatomical site to the survival of TB-HIV Co-infection patient for 2 years after diagnosed in the center of infection Prof DR. Sulianti Saroso Jakarta 2010-2013

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Abstrak

Penelitian ini bertujuan untuk mengetahui pengaruh lokasi anatomi TB terhadap kesintasan (ketahanan hidup) 2 tahun pasien ko-infeksi TB-HIV setelah diagnosis. Penelitian ini menggunakan desain kohort retrospektif dinamik menggunakan 177 rekam medik pasien ko-infeksi TB-HIV di RSPI Prof. Dr Sulianti Saroso Jakarta yang terdaftar tahun 2010-2013, diambil secara simple random sampling. Kesintasan pasien ko-infeksi TB-HIV 2 tahun setelah diagnosis dengan lokasi anatomi TB di ekstraparu sebesar 86%, lebih rendah dibandingkan dengan lokasi anatomi TB di paru sebesar 98%. Lokasi anatomi TB di ekstraparu mempengaruhi kecepatan kematian pasien ko-infeksi TB-HIV (adjusted HR 1,48, 95% CI : 0,55-4,02), setelah dikontrol oleh faktor risiko penularan dan kadar CD4 awal. Infeksi HIV mengakibatkan kerusakan sistem imunitas tubuh yang luas sehingga infeksi dan penyebaran kuman TB juga akan meluas seperti ke kelenjar getah bening, pleura dan organ lainnya. TB ekstra paru memiliki beban bakteri TB yang lebih tinggi dan menunjukkan progresifitas perjalanan penyakit semakin parah yang mengakibatkan probabilitas ketahanan hidup (kesintasan) penderitanya semakin menurun. Perlu dilakukan screening lebih intensif terhadap pasien ko-infeksi TB-HIV untuk menemukan kemungkinan TB di ekstra paru sedini mungkin agar dapat diberikan penatalaksanaan yang tepat dalam rangka meningkatkan kualitas hidup penderitanya.

.....The objective of this study was to determine the influence of anatomical site to the survival of TB-HIV co-infection patient in 2 years after diagnosed. The design of this study was dynamic retrospective cohort with 177 medical records of TB-HIV co-infection patients in the Center of infection hospital Prof. Dr. Sulianti Saroso, Jakarta, from 2010 to 2013, taken by simple random sampling technique. The survival of TB-HIV co-infection for 2 years after it was diagnosed in patients with anatomical site of TB in the extrapulmonary was 86% and it was lower compared to patient with the anatomical site in the pulmonary which was 98%. Anatomical site of TB in the extrapulmonary were found to be an influencing factor to the rate of death in TB-HIV co-infection patients (adjusted HR 1,48, 95% CI : 0,55-4,02) after controlling with contagion factors and the level of CD4. HIV infection cause the widespreading damage in the immunity system therefor the infection of TB microbe also spreading to other organ such as lymph nodes and pleura. Extrapulmonary TB has much more TB microbe that worsen the progressivity of the disease and decrease the probability of the patient's survival. Intensive screening are needed for TB/HIV co-infection patients to diagnosed the possibility of TB infection in the extrapulmonary as early as possible to increase the quality of life of its patients by finding the proper treatment.