

Karakteristik klinis dan prevalensi pasien kandidiasis invasif di RSCM = Clinical characteristic and prevalence of invasive candidiasis patients at RSCM / Kemal Fariz Kalista

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Abstrak

[ABSTRAK

Latar Belakang: Saat ini insidens infeksi jamur invasif yang disebabkan oleh *Candida* semakin meningkat. *Candida* merupakan genus jamur yang paling sering menyebabkan infeksi jamur invasif. Kandidiasis invasif berdampak pada meningkatnya angka mortalitas dan meningkatnya masa rawat dan biaya perawatan. Sampai saat ini di Indonesia belum ada studi yang meneliti tentang prevalensi, karakteristik klinis pasien dan pola sebaran spesies jamur pada pasien kandidiasis invasif dewasa.

Tujuan: Mengetahui prevalensi dan karakteristik klinis pasien kandidiasis invasif dewasa di RSCM serta mengetahui pola penyebabnya.

Metodologi: Penelitian ini bersifat retrospektif, menggunakan desain potong lintang, berdasarkan data sekunder (rekam medis) pasien sepsis yang dirawat di RSCM sejak bulan Januari 2012 sampai bulan Juni 2014. Dari rekam medik, dicari pasien kandidiasis invasif (KI) berdasarkan kriteria EORTC/MSG tahun 2008. Pada pasien kandidiasis invasif, selanjutnya dilakukan pencatatan data demografis, data klinis dan penunjang, diagnosis, spesies penyebab, jenis obat antifungal dan antibiotik yang diberikan, luaran klinik serta masa rawat.

Hasil: Prevalensi pasien kandidiasis invasif di RSCM adalah 12,3%, yakni 91 pasien KI dari 738 pasien sepsis yang rekam mediknya dapat diteliti. Dari 91 pasien KI yang memenuhi kriteria diagnosis EORTC/MSG tahun 2008, didapatkan 35 pasien dengan kategori proven, 31 pasien probable dan 25 pasien possible.

Manifestasi klinik KI yang paling sering ditemukan adalah kandidemia dengan penyebab utama *Candida albicans*. Rerata usia pasien adalah 47,9 tahun yang didominasi oleh pasien medis, dirawat di ruang rawat biasa, non-neutropenia dan menderita syok sepsis. Kebanyakan pasien menderita keganasan, yang seringkali disertai infeksi paru, sedangkan piranti medik yang paling sering digunakan adalah kateter urin. Umumnya pasien mendapat antibiotik cefalosporin generasi tiga, sementara antifungal yang paling sering digunakan adalah flukonazol. Sebagian pasien KI (44%) tidak mendapatkan pengobatan antifungal sistemik. Mortalitasnya sebesar 68,4% dan median masa rawat total adalah 27 hari.

Kesimpulan: Prevalensi kandidiasis invasif sebesar 12,3%. Mortalitas akibat kandidiasis invasif cukup tinggi dan *C. albicans* merupakan spesies yang paling sering ditemukan.

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ABSTRACT

Background: Recently, incidence of invasive fungal infection is rising. Candida is the most common cause of invasive fungal infection. Invasive candidiasis contribute to high mortality, prolonged hospitalization and high cost. Until now in Indonesia, there is no study about the prevalence, clinical characteristic and etiologic pathogen of invasive candidiasis in adults.

Objective: To study the prevalence, clinical characteristic and etiologic pathogen in adult patients with invasive candidiasis at RSCM.

Methods: Retrospective, cross sectional, based on the medical record sepsis patients which hospitalized in January 2012 until June 2014. We traced candidiasis invasive (IC) patients which fulfill EORTC/MSG 2008 diagnostic criteria for IC. We recorded demographic data, clinical and supporting data, diagnosis, etiologic pathogen, antibiotic, antifungal, outcome and length of stay.

Results: IC prevalence at RSCM was 12,3%. We have found 91 IC patients from 738 sepsis patients which has complete medical record. The proportion is 35 proven patients, 31 probable patients and 25 possible patients. Candidemia was the most common form of IC and *C. albicans* was the most common etiologic pathogen.

Mean age were 47,9 years, dominated with medical patient, non-neutropenic and septic shock. Most patients had malignancy with lung infection. The most common medical intervention was application of urinary catheter. Most patient was given cephalosporin 3rd generation and the most common antifungal used was fluconazole. Most patient (44%) didn't get systemic antifungal treatment. Mortality was 68,4% and median length of stay were 27 days.

Conclusions: IC prevalence was 12,3%. Mortality because of IC is high and *C.*

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