

Karakteristik kaki diabetik di hubungkan dengan penilaian "PEDIS" yang dilakukan Débridement di Divisi Bedah Vaskular RSUPN Dr. Cipto Mangunkusumo = Characteristic of diabetic foot in association with "PEDIS" assesment as do Débridement in the Division Vascular Surgery RSUPN Dr. Cipto Mangunkusumo

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Abstrak

ABSTRAK
Pendahuluan: Kaki diabetik (KD) merupakan salah satu komplikasi kronik dari Diabetes Mellitus (DM), karena sering berujung pada kecacatan karena tingginya angka amputasi dan bahkan kematian. WHO merekomendasikan klasifikasi Perfusion, Extent/Size, Depth/Tissue Loss, Infection, Sensation (PEDIS) sebagai sarana penegakkan diagnosis dan membantu menentukan tatalaksana KD. Pada beberapa studi yang menggunakan klasifikasi PEDIS dapat memprediksi perlunya perawatan kasus KD di RS dan perkiraan angka amputasi yang hanya di tinjau dari aspek Infection saja. Namun hubungan kriteria PEDIS secara keseluruhan yang dapat memengaruhi outcome belum diketahui. Atas dasar itu perlu dilakukan penelitian untuk mengetahui gambaran KD berdasarkan penilaian PEDIS yang dilakukan tindakan débridement. Metode penelitian: Kohort retrospektif. Hasil penelitian: Didapatkan hubungan bermakna kriteria PEDIS dengan sembuh tidak diamputasi; Perfusi derajat 1 [OR=38,46; p<0,05]. Perfusi derajat 2 [OR=26,86; p<0,05]. Depth derajat 1 [OR=107,25; p<0,05]. Depth derajat 2 [OR=20,20; p<0,05]. Infeksi derajat 2 [OR=18,00; p<0,05]. Infeksi derajat 3 [OR=2,67; p<0,05]. Didapatkan juga hubungan bermakna kriteria PEDIS dengan sembuh diamputasi; Perfusi derajat 3 [OR=0,03; p<0,05]. Depth derajat 3 [OR=0,01; p<0,05]. Dari kategori sensasi [OR=0,29; p<0,05]. Rerata lama rawat subkategori infeksi derajat 1,2,3 dan 4 bermakna (p<0,05). Kesimpulan: Semakin tingginya tingkat keparahan atau derajat dari setiap subkategori kriteria PEDIS, secara statistik bermakna kecenderungan ke arah meningkatnya risiko buruknya outcome.

ABSTRACT
Background: Diabetic foot (DF) is one of the chronic complications of Diabetes Mellitus (DM). It often lead to disability due to the high number of amputations and even ended in mortality. WHO recommended classification of Perfusion, Extent / Size, Depth / Tissue Loss, Infection, Sensation (PEDIS) as the means of diagnosis and to help determine the treatment of DF. In some studies using PEDIS classification could predict the need for hospital care in cases of diabetic foot and predict the rate of amputations in review to Infection aspect only. However, the overall relationship PEDIS criteria that could influence the outcome is not yet known. Based on that, it is necessary to study the distribution of DF based on PEDIS assesment which undergone debridement. Method: Retrospective cohort. Results: In this study we found a significant association of PEDIS criteria toward the patients outcome recover without amputation with; Perfusion grade 1 [OR=38,46; p<0,05]. Perfusion grade 2 [OR=26,86; p<0,05]. Depth grade 1 [OR=107,25; p<0,05]. Depth grade 2 [OR=20,20; p<0,05]. Infection grade 2 [OR=18,00; p<0,05]. Infection grade 3 [OR=2,67; p<0,05]. The others found a significant associated PEDIS criteria toward the patients outcome were cured in amputation is; Perfusion grade 3 [OR=0,03; p<0,05]. Depth grade 3 [OR=0,01; p<0,05]. From sensation category [OR=0,29; p<0,05]. There are significant differences in the average length of stay of patients from infection subcategories grade 1, 2, 3 and 4 (p<0,05). Conclusions: With increasing of severity or grade of each subcategory of PEDIS criteria, there was a statistically

significant trend toward increased risk for adverse outcome.;Background: Diabetic foot (DF) is one of the chronic complications of Diabetes Mellitus (DM). It often lead to disability due to the high number of amputations and even ended in mortality. WHO recommended classification of Perfusion, Extent / Size, Depth / Tissue Loss, Infection, Sensation (PEDIS) as the means of diagnosis and to help determine the treatment of DF. In some studies using PEDIS classification could predict the need for hospital care in cases of diabetic foot and predict the rate of amputations in review to Infection aspect only. However, the overall relationship PEDIS criteria that could influence the outcome is not yet known. Based on that, it is necessary to study the distribution of DF based on PEDIS assessment which undergone debridement. Method: Retrospective cohort. Results: In this study we found a significant association of PEDIS criteria toward the patients outcome recover without amputation with; Perfusion grade 1 [OR=38,46; p<0,05]. Perfusion grade 2 [OR=26,86; p<0,05]. Depth grade 1 [OR=107,25; p<0,05]. Depth grade 2 [OR=20,20; p<0,05]. Infection grade 2 [OR=18,00; p<0,05]. Infection grade 3 [OR=2,67; p<0,05]. The others found a significant associated PEDIS criteria toward the patients outcome were cured in amputation is; Perfusion grade 3 [OR=0,03; p<0,05]. Depth grade 3 [OR=0,01; p<0,05]. From sensation category [OR=0,29; p<0,05]. There are significant differences in the average length of stay of patients from infection subcategories grade 1, 2, 3 and 4 (p<0,05). Conclusions: With increasing of severity or grade of each subcategory of PEDIS criteria, there was a statistically significant trend toward increased risk for adverse outcome., Background: Diabetic foot (DF) is one of the chronic complications of Diabetes Mellitus (DM). It often lead to disability due to the high number of amputations and even ended in mortality. WHO recommended classification of Perfusion, Extent / Size, Depth / Tissue Loss, Infection, Sensation (PEDIS) as the means of diagnosis and to help determine the treatment of DF. In some studies using PEDIS classification could predict the need for hospital care in cases of diabetic foot and predict the rate of amputations in review to Infection aspect only. However, the overall relationship PEDIS criteria that could influence the outcome is not yet known. Based on that, it is necessary to study the distribution of DF based on PEDIS assessment which undergone debridement. Method: Retrospective cohort. Results: In this study we found a significant association of PEDIS criteria toward the patients outcome recover without amputation with; Perfusion grade 1 [OR=38,46; p<0,05]. Perfusion grade 2 [OR=26,86; p<0,05]. Depth grade 1 [OR=107,25; p<0,05]. Depth grade 2 [OR=20,20; p<0,05]. Infection grade 2 [OR=18,00; p<0,05]. Infection grade 3 [OR=2,67; p<0,05]. The others found a significant associated PEDIS criteria toward the patients outcome were cured in amputation is; Perfusion grade 3 [OR=0,03; p<0,05]. Depth grade 3 [OR=0,01; p<0,05]. From sensation category [OR=0,29; p<0,05]. There are significant differences in the average length of stay of patients from infection subcategories grade 1, 2, 3 and 4 (p<0,05). Conclusions: With increasing of severity or grade of each subcategory of PEDIS criteria, there was a statistically significant trend toward increased risk for adverse outcome.]