

Faktor risiko terjadinya enteropati pada anak dengan AIDS stadium lanjut tanpa gejala gastrointestinal = Risk for enteropathy in advanced stages of AIDS children without gastrointestinal manifestation

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Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=20424615&lokasi=lokal>

Abstrak

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Latar belakang: Sejak dilaporkan pertama kali pada tahun 1981 di Amerika Serikat, penyebaran Acquired Immune Deficiency Syndrome (AIDS) di seluruh dunia termasuk Indonesia terjadi dengan pesat. Saluran pencernaan merupakan target utama infeksi HIV. Enteropati terjadi pada 15-70% kasus anak. Enteropati dapat terjadi walaupun tanpa gejala gastrointestinal. Kondisi enteropati dapat menimbulkan perburukan gejala gastrointestinal, kegagalan pertumbuhan dan menyebabkan pasien mengarah pada wasting. Enteropati dideteksi dengan pemeriksaan alpha 1 antitripsin.

Tujuan: (1) Mengetahui proporsi enteropati yang terjadi pada anak dengan AIDS stadium lanjut tanpa gejala gastrointestinal. (2) Mengetahui karakteristik enteropati yang terjadi pada anak dengan AIDS stadium lanjut tanpa gejala gastrointestinal. (3) Mengetahui hubungan antara enteropati dengan usia, status gizi, status imunodefisiensi, jenis dan lama terapi ARV serta lama sakit anak dengan AIDS stadium lanjut tanpa gejala gastrointestinal.

Metode: Penelitian potong lintang deskriptif dan analitik yang dilakukan di Poliklinik Alergi Imunologi Departemen Ilmu Kesehatan Anak FKUI- RSCM antara bulan Agustus sampai dengan November 2015 terhadap anak dengan AIDS stadium lanjut berusia 0 - 18 tahun tanpa gejala gastrointestinal. Faktor risiko dianalisis bivariat dan multivariat.

Hasil: Total subjek penelitian berjumlah 70 subjek (35 lelaki dan 35 perempuan). Enteropati terjadi pada 31 subjek. Enteropati lebih banyak ditemukan pada anak perempuan, usia >60 bulan, mengalami malnutrisi, tidak ada imunodefisiensi, obat antiretroviral lini kedua dan ketiga, lama pengobatan 0-59 bulan dan lama sakit 059

bulan. Pada analisis bivariat tidak didapatkan faktor risiko yang bermakna.

Pada analisis multivariat didapatkan lama sakit 0-59 bulan dengan nilai OR 3,451 (IK95% 1,026-11,610) merupakan faktor risiko yang berperan dalam terjadinya enteropati pada anak dengan AIDS stadium lanjut tanpa gejala gastrointestinal.

Simpulan : Proporsi enteropati pada anak dengan AIDS stadium lanjut tanpa gejala gastrointestinal sebanyak 31 dari 70 subjek. Faktor risiko yang berperan

adalah lama sakit 0-59 bulan. **ABSTRACT**
Background: HIV/AIDS is a global pandemic. Digestive tract is a major target for HIV infection. The digestive-absorptive functions are impaired, occurring in 1570% of children. Enteropathy contributes to gastrointestinal manifestation, growth failure

and further immune derangement, leading to wasting. The diagnostic approach includes alpha 1 antitrypsin fecal level.

Objective: (1) to describe frequency of enteropathy in advanced stages of AIDS children without gastrointestinal manifestation, (2) to describe characteristic of children with advanced stages of AIDS without gastrointestinal manifestation who develop enteropathy, (3) to investigate the role of age, nutritional status, immunodeficiency status, type and duration of antiretroviral therapy, and duration of illness as risk for enteropathy in advanced stages of AIDS children without gastrointestinal manifestation.

Methods: A descriptive and analytic cross-sectional study was conducted at Pediatric Allergy-Immunology Outpatient Clinic RSCM between August to November 2015. The inclusion criteria was advanced stages of AIDS children age 0-18 years old without gastrointestinal manifestation. Risk factors were analyzed with bivariate and multivariate analysis.

Results: Seventy children fulfilled the study criteria (35 males and 35 females). Thirty-one subjects were diagnosed as enteropathy. Most subjects are female, age >60 month-old, malnutritional status, no immunodeficiency, received second and third line antiretroviral regimen with duration 0-59 months and duration of illness 0-59 months. Bivariate analysis showed that no factor was significantly associated with enteropathy. Based on multivariate analysis, duration of illness 0-59 months is a significant risk factor with OR 3.451 (CI 1.026-11.610).

Conclusions: The proportion enteropathy in advanced stages of AIDS children without gastrointestinal manifestation is 31/70. Patients who had been diagnosed as advanced stage of HIV/AIDS for 0-59 months are more likely to develop

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