

Titik potong rerata vascular pedicle-thoracic ratio untuk membedakan edema paru kardiogenik dan non kardiogenik berdasarkan kombinasi vascular pedicle width dan cardiothoracic ratio kajian pasien dewasa dengan klinis edema paru di icu rscm = The cut off of vascular pedicle thoracic ratio in differentiating cardiogenic and non cardiogenic pulmonary edema based on combination vascular pedicle width and cardiothoracic ratio study of adults patient with clinically pulmonary edema in icu rscm

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Abstrak

ABSTRAK

Latar belakang dan tujuan: Modalitas radiografi toraks merupakan pemeriksaan rutin dan tersedia di hampir setiap rumah sakit. Pengukuran secara kuantitatif berupa vascular pedicle width (VPW), cardiothoracic ratio (CTR) maupun vascular pedicle-thoracic ratio (VPTR) melalui radiografi toraks dapat membantu dalam membedakan jenis edema paru dengan mengetahui titik potong rerata VPTR berdasarkan kombinasi VPW dan CTR.

Metode: Penelitian dilakukan retrospektif dengan descriptive cross sectional pada 100 pasien dengan klinis edema paru yang telah melakukan radiografi toraks di ICU Rumah Sakit CiptoMangunkusumo (RSCM) dalam rentang waktu Januari 2013 ? Desember 2015. Subjek dibagi menjadi edema kardiogenik dan non kardiogenik berdasarkan kombinasi pengukuran VPW dan CTR. Kemudian dilakukan pengukuran VPTR dan ditentukan titik potong rerata VPTR, sensitivitas dan spesifisitas berdasarkan kombinasi VPW dan CTR dalam membedakan edema paru.

Hasil: Dari total 100 subjek penelitian di ICU RSCM dengan metode Receiver Operating Curve (ROC) didapatkan titik potong VPTR sebesar 25,1% dengan sensitivitas 90,5% dan spesifisitas 86,1% dalam membedakan edema paru kardiogenik dan non kardiogenik. Selain itu diperoleh juga proporsi edema paru kardiogenik sebesar 21%, sedangkan edema paru non kardiogenik sebesar 79%.

Kesimpulan: Titik potong VPTR berdasarkan kombinasi VPW dan CTR memiliki sensitivitas dan spesifisitas yang cukup tinggi dalam membedakan edema paru kardiogenik dan non kardiogenik.

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ABSTRACT

Background and purpose: Pulmonary edema in critically ill patient were challenging in intensive care unit (ICU). Radiography of thorax is routine examination and widely available in almost every hospital. Measurement quantitatively of vascular pedicle width (VPW), cardiothoracic ratio (CTR) and

vascular pedicle-thoracic ratio in thorax radiography can help in differentiating the type of pulmonary edema through the cut off of VPTR based on combination VPW and CTR.

Methods: Descriptive cross sectional retrospective in 100 patients with clinically pulmonary edema which have examined by thorax radiography at ICU RSCM in January 2013 to Desember 2015. Subject divided to cardiogenic and non cardiogenic pulmonary edema based on combination VPW and CTR. Then, VPTR were measured and the cut off of VPTR determined based on combination VPW and CTR in differentiating pulmonary edema.

Results: From total 100 subject study at ICU RSCM using Receiver Operating Curve (ROC) metode, the cut off of VPTR is 25,1% with sensitivity 90,5% and specificity 86,1% in differentiating cardiogenic and non cardiogenic pulmonary edema. Beside that, the prevalence of cardiogenic pulmonary edema is 21% and non cardiogenic pulmonary edema is 79%.

Conclusion : The cut off of VPTR based on combination VPW and CTR have significant sensitivity and specificity in differentiating cardiogenic and non cardiogenic pulmonary edema.