

Faktor-faktor yang memengaruhi timbulnya hipokalsemia pasca tiroidektomi total di divisi bedah onkologi FKUI/RSCM, Januari 2013 Desember 2015 = Factors that influence the incidence of hypocalcemia after total thyroidectomy in surgical oncology division of faculty of medicine RSCM Januari 2013 December 2015

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Abstrak

Pendahuluan. Tiroidektomi total merupakan prosedur baku pada penanganan keganasan tiroid maupun kelainan jinak tiroid yang gagal pengobatan. Namun sering terjadi komplikasi hipokalsemia akibat cedera kelenjar paratiroid. Upaya untuk mengurangi komplikasi tersebut telah banyak dilakukan, namun komplikasi hipokalsemia tetap tinggi. Banyak faktor dapat menimbulkan hipokalsemia pasca tiroidektomi total telah diteliti di seluruh dunia. Di RSCM sejauh ini belum ada studi yang terfokus pada faktor-faktor yang memengaruhi kejadian hipokalsemia pasca tiroidektomi total.

Metode. Studi potong lintang dilakukan pada subjek yang menjalani tiroidektomi total dan completion pada periode Januari 2013 ? Desember 2015 di Divisi Bedah Onkologi FKUI/RSCM. Faktor yang memengaruhi hipokalsemia diketahui melalui telusur rekam medis.

Hasil. Dari 250 subjek (33 laki-laki, 217 perempuan) dilakukan tiroidektomi total (197 subjek) dan completion (53 subjek). Diperoleh prevalensi hipokalsemia 39,6%. Rerata usia subjek 44,2 tahun. Ukuran tumor tiroid lebih besar dari 4 cm pada 161 subjek (64%). Metastasis KGB pada 56 subjek (26,8%).

Histopatologik tiroid ganas pada 209 subjek (83,6%). Diseksi leher dilakukan pada 56 subjek (22,4%).

Operator junior sebagai operator utama pada 129 subjek (51,6%). Rata-rata Lama rawat $4,85 \pm 2,2$ hari bila timbul hipokalsemia. Mayoritas (70,7%) penurunan kalsium serum terjadi pada hari pertama pascaoperasi. Gejala hipokalsemia ringan pada 82 subjek (82,8%). Hanya 1% yang mengalami hipokalsemia berat.

Analisis statistik menunjukkan diseksi leher dan operator junior merupakan faktor risiko yang bermakna (nilai P. 0,027 dan nilai P. 0,002).

Kesimpulan. Prevalensi hipokalsemia pasca tiroidektomi total sebesar 39,6%. Faktor yang berisiko menyebabkan hipokalsemia pascaoperasi tiroidektomi total adalah dilakukan diseksi leher dan operator junior.

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ABSTRACT

Introduction: Total thyroidectomy is a standard procedure in the treatment of thyroid malignancies and benign thyroid disorder treatment failures. The most frequently complication of total thyroidectomy is hypocalcemia due to injury to the parathyroid glands. Efforts to reduce these complications has been widely applied, but the complication rate is still high. Many factors could cause hypocalcaemia recognizable after total thyroidectomy has been investigated throughout the world. In the Faculty of medicine / RSCM no study has focused on the factors that influence the incidence of hypocalcemia after total thyroidectomy.

Methods: A cross-sectional study was conducted by taking medical record data subjects who have undergone total thyroidectomy and completion operations in the period January 2013 - December 2015 in the Division of Surgical Oncology Faculty of Medicine / RSCM. The factors that affect hypocalcemia

identified through a search of medical records.

Results: Of the 250 subjects (33 male, 217 female) with thyroid tumor action has been taken total thyroidectomy (197 subjects) and completion (53 subjects). Hypocalcemia prevalence of 39.6%. The mean age of subjects was 44.2 years. 64% (161 subjects) to measure thyroid tumors larger than 4 cm. 26.8% (56 subjects) had metastatic lymph nodes. 83.6% (209 subjects) with malignant thyroid tumors. 22.4% of the subjects underwent neck dissection. 51.6% (129 subjects) surgery performed by a junior operator. The average length of stay was 4.85 ± 2.2 days in case of hypocalcaemia. The majority (70.7%) decrease in serum calcium occur on the first day after surgery. 82.8% (82 subjects) experienced mild symptoms of hypocalcemia. Only 1% experiencing severe hypocalcemia. Factors that cause the risk of hypocalcemia is performed neck dissection and junior operator.

Conclusion: The prevalence of post-thyroidectomy hypocalcemia total of 39.6%. These risk factors cause postoperative hypocalcemia total thyroidectomy was performed neck dissection and junior operator.

Keywords: Total thyroidectomy; completion; hypocalcemia; parathyroid glands.