

# Analisis luaran fungsi pasien stenosis kanal lumbal pasca dekompresi dan stabilisasi posterior dengan berbagai derajat stenosis berdasarkan pemeriksaan Magnetic Resonance Imaging (MRI) = Functional outcome analysis of lumbar canal stenosis patients post decompression and posterior stabilization with stenosis grading using Magnetic Resonance Imaging (MRI)

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## Abstrak

### <b>ABSTRAK</b><br>

Latar Belakang: Stenosis kanal lumbal SKL merupakan suatu kondisi yang potensial menimbulkan disabilitas dan seringkali ditemukan seiring meningkatnya usia populasi. Studi bertujuan menganalisa hubungan antara luaran klinis pasien SKL dan klasifikasi stenosis berdasarkan MRI. Metode: Studi kohort prospektif ini dilakukan di Rumah Sakit Cipto Mangunkusumo RSCM pada Januari hingga Juli 2016 melalui metode consecutive sampling. Tiga puluh delapan sampel didapat dan kesemuanya dilakukan tatalaksana pembedahan yang sama yaitu dekompresi dan stabilisasi posterior. Subjek dikategorikan ke dalam 4 kategori berdasarkan pemeriksaan MRI menggunakan klasifikasi Schizas. Pemeriksaan pra dan pasca operasi 3 bulan dan 6 bulan dilakukan menggunakan Visual Analogue Scale (VAS), Oswestry Disability Index (ODI), Japanese Orthopaedic Association Score (JOA) and Roland Morris Disability Questionnaire (RMDQ). Analisis statistik dilakukan dengan menggunakan program SPSS v19. Hasil: Rata-rata usia dari 38 sampel yang didapatkan adalah 58.92 tahun rentang 50-70 tahun. Terdapat 16 orang laki-laki dan 22 orang perempuan. Sebagian besar pasien diklasifikasikan pada grade C berdasarkan klasifikasi Schizas. Perbaikan skor klinis pada subjek laki-laki didapatkan lebih tinggi dibanding perempuan dan hasilnya didapatkan bermakna pada pengukuran VAS pasca operasi 6 bulan  $p=0.003$  dan JOA pasca operasi 3 bulan  $p=0.029$ . Tidak ditemukan perbedaan bermakna antara derajat klasifikasi berdasarkan MRI dengan skor perbaikan klinis preoperasi, 3 bulan dan 6 bulan pasca operasi menurut VAS  $p=0.451$ ,  $p=0.738$ ,  $p=0.448$ , ODI  $p=0.143$ ,  $p=0.929$ ,  $p=0.796$ , JOA  $p=0.157$ ,  $p=0.876$ ,  $p=0.961$  dan RMDQ  $p=0.065$ ,  $p=0.057$ ,  $p=0.094$ . Simpulan: Terdapat perbaikan klinis setelah dilakukan operasi dekompresi dan stabilisasi posterior yang ditandai dengan perbaikan skor VAS, ODI, JOA dan RMDQ pasca operasi 3 dan 6 bulan. Tidak terdapat hubungan antara derajat SKL dengan skor VAS, ODI, JOA dan RMDQ.

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### <b>ABSTRACT</b><br>

Background Lumbar canal stenosis (LCS) is a condition which can potentially cause disability and often discovered within the increasing age of population. The aim of this study was to analyze the correlation between clinical outcome of postoperative patients and classifications that are based from MRI assessments. Method This prospective cohort study was carried out at Cipto Mangunkusumo General Hospital from January till July 2016 obtained using consecutive sampling. Thirty eight samples were obtained and all of them were managed with same surgical technique that was decompression and posterior stabilization. Patients were categorized in 4 types based on MRI examination using Schizas Classification. Pre and post treatment 3 month and 6 month assessment of the patients was done according to Visual Analogue Scale

VAS , Oswestry Disability Index ODI , Japanese Orthopaedic Association Score JOA and Roland Morris Disability Questionnaire RMDQ . Statistical analysis was performed using statistical program for social science SPSS v.19. Result From 38 samples that were obtained average age was 58.92 years old range 50 70 years old . There were 16 males and 22 females. Most of patients are classified in type C 21 subjects based on MRI examination. The improvement of clinical score in male subjects were better than female subjects and significantly different in 6 month postoperative VAS p 0.003 and 3 month postoperative JOA score p0.029 . In this study was found that generally VAS, ODI, JOA and RMDQ score improved along follow up time. There was no statistical differences between MRI based classification and clinical outcome in preoperative, 3 and 6 month postoperative according to VAS p 0.451, p 0.738, p 0.448 , ODI p 0.143, p 0.929, p 0.796 , JOA p 0.157, p 0.876, p 0.961 dan RMDQ p 0.065, p 0.057, p 0.094 Conclusion There was clinical improvement after decompression and posterior stabilization in lumbar canal stenosis which were manifested in 3 and 6 months post operation of VAS ODI, JOA and RMDQ score. There was no association between degree of LCS and VAS, ODI, JOA and RMDQ score.