Evaluasi penggunaan sefotaksim sebagai antibiotik empiris pada anak gizi buruk = Evaluating the use of cefotaxime as empirical antibiotic in severely malnourished children

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Abstrak

ABSTRAK
 Latar belakang: Anak dengan gizi buruk tak hanya rentan terhadap infeksi, keparahan infeksi dan angka kematian akibat infeksi juga meningkat. Sefotaksim merupakan antibiotik empiris yang paling sering digunakan pada anak di Rumah Sakit Cipto Mangunkusumo RSCM tanpa melihat status gizi. Hingga saat ini data mengenai rsepon terhadap sefotaksim pada anak gizi buruk di RSCM serta fokus infeksi dan etiologinya masih terbatas. Tujuan: Mengetahui respon pemberian antibiotik sefotaksim sebagai terapi empiris pada anak gizi buruk yang dirawat inap berikut karakteristik, fokus infeksi, profil kuman dan sensitifitasnya terhadap sefotaksim. Metode: Penelitian prospektif observasional pada anak gizi buruk usia 10 ?g/L dan juga semua subyek dengan HIV positif yang mengalami sepsis tidak berespon dengan terapi sefotaksim. Simpulan: Enam puluh lima persen infeksi pada anak gizi buruk tidak memberikan respon terhadap terapi empiris sefotaksim. Antibiotik sefotaksim sebaiknya tidak digunakan sebagai terapi empiris pada anak gizi buruk dengan sepsis berat atau HIV positif yang mengalami sepsis.<hr /> ABSTRACT Background Children with severe malnutrition is vulnerable to infection, increase in its severity and death rate. Cefotaxime has been widely used as empirical antibiotic for children in Cipto Mangunkusumo General Hospital, regardless their nutritional status. However there is little data about etiology of infection in our population and the response to empirical antibiotic cefotaxime. Aim To evaluate the response to empirical antibiotic cefotaxime in children with severe malnutrition, its characteristic, diagnosis of infection, and antibiotic susceptibility profile. Method Children 18 year old hospitalized from October to December 2016 with severe malnutrition and received cefotaxime as empirical antibiotic were included and followed for 5 days. A clinical examination, complete blood count, urinalysis, procalcitonin PCT , c reactive peptide CRP , blood and urine culture were performed systematically on admission. Stool and sputum culture were also done as indicated. Repeated PCT and CRP were done between day 3 to 5. Result Among 40 children included in the study, 50 has more than one infection. The most frequent infection is urinary tract infection 50 , followed by pneumonia 47,5 and acute diarrhea 32,5 . Blood culture was positive only in 4 subjects, 4 5 isolates were gram positive bacteria. Escherecia coli was the most common pathogen in urine 30 . Only 9,5 of all isolated bacteria were sensitive to cefotaxime. Overall, only 35 responded to antibiotic cefotaxime. All patient with PCT 10 g L on admission, and those with HIV positive and sepsis did not respond. Conclusion Sixty five children with severe malnutrition and infection did not respond to empirical antibiotic cefotaxime. Clinician must reconsider giving cefotaxime as empirical antibiotic in severely malnourished children, especially those with severe sepsis and HIV with sepsis.