Pengaruh negative pressure wound therapy pada penutupan fistel enterokutan dan penyembuhan luka sekitar fistel, laporan sebuah kasus berbasis bukti = Spontanous closure of multiple enterocutaneous fistula treated using negative pressure wound therapy an evidence based case report / Yuliardy Limengka

Yuliardy Limengka, author

Abstrak

ABSTRAK
Latar belakangFistel enterokutan FEK adalah salah satu komplikasi paling ditakuti pada pembedahan abdomen, baik bagi ahli bedah maupun tim kesehatan lainnya. Komplikasi ini menyebabkan morbiditas yang signifikan, hingga kemungkinan kematian. Dengan kemajuan teknologi pada teknik perawatan operatif dan non operatif pun, komplikasi-komplikasi yang disebabkan oleh FEK masih sulit dihindari. Negative pressure wound therapy NPWT telah lama digunakan untuk merawat luka kronis, dengan tujuan mengurangi oedema jaringan, memperbaiki sirkulasi, membantu pembentukan jaringan granulasi sehat, dan menghambat lokalisasi kuman. Pada karya tulis ilmiah ini, dilaporkan seorang pasien laki-laki berusia 29 tahun dengan FEK dan komplikasi-komplikasinya yang berhasil dirawat menggunakan NPWT. Ini adalah kasus pertama perawatan FEK menggunakan NPWT di RSUPN dr. Cipto Mangunkusumo. MetodeSebuah laporan kasus berbasis bukti. SimpulanHasil penelitian ini menyimpulkan bahwa penggunakan NPWT aman dan efektif untuk merawat FEK, baik sebagai terapi definitif maupun terapi jembatan sebelum pembedahan definitif.
<hr />
ABSTRACT
IntroductionEnterocutaneous fistula ECF is one of the most challenging abdominal complications, for surgeons and other healthcare members, which involves significant morbidity and potentially mortality. Despite advancements in both operative and non operative therapy, fistula related complications are still unavoidable. Negative pressure wound therapy NPWT had been used years to treat chronic wound, to decrease tissue oedema, improve circulation, promote healthy granulation tissue, and inhibit bacterial growth. We report the first use of NPWT to successfully treat ECF patient in our hospital. Case PresentationA 29 year old male was admitted to Cipto Mangunkusumo Hospital with septic shock and generalized peritonitis due to bowel perforation. Following resuscitation and laparotomy, the patient developed laparotomy wound dehiscence and multiple high output fistulas. The pathologic examination revealed intestinal tuberculosis infection. During the course of treatment, the patient developed cellulitis, dermatitis, hipoproteinemia, and severe malnutrition. After unsatisfactory results using conservative dressings for one month, NPWT was applied. Improvements were observed immediately after three days. Spillage contaminations were controlled, and the number of active fistulas decreased. One month following the end of NPWT, keystone flap was performed to facilitate closure. No complications occurred.ConclusionThe results in suggest that NPWT is a safe and effective alternative to treat ECF, whether to achieve fistula closure or as a bridge to definitive surgery.