

Luaran anatomis dan fungsional dari koreksi akut dengan osteotomi tibia proksimal dan fiksasi internal pada pasien penyakit blount = Anatomical and functional outcomes of acute correction with proximal tibia osteotomy and internal fixation in patient with blount disease

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Abstrak

ABSTRAK

Pendahuluan: Strategi koreksi akut pada penyakit Blount menyajikan metode yang lebih praktis dan singkat tanpa memberikan dampak psikososial dan resiko infeksi situs pin. Namun demikian, luaran anatomis pada berbagai derajat deformitas perlu dikaji kembali. Disamping itu, luaran fungsional juga merupakan aspek penting yang belum banyak dilaporkan. Metode: Sampel diambil tahun 2014-2017 dan dibagi menjadi kelompok deformitas ringan-sedang dan deformitas berat. Luaran anatomis dievaluasi berdasarkan Tibiofemoral Angle (TFA) dan Metaphyseal-Diaphyseal Angle (MDA). Rekurensi dinilai satu tahun pasca operasi. Luaran fungsional dievaluasi berdasarkan Lower Extremity Functional Scale (LEFS). Hasil: Terdapat 19 pasien dengan total 31 ekstremitas dan rerata usia operasi 8,19 ($\pm 3,10$). Pada deformitas ringan-sedang, rerata pre operatif TFA adalah 32,90 ($\pm 4,38$) dan MDA adalah 24,60 ($\pm 6,16$). Pada deformitas berat, rerata pre operatif TFA adalah 57,57 ($\pm 11,88$) dan MDA adalah 45,20 ($\pm 16,85$). Berdasarkan analisa statistik, tidak didapatkan hubungan bermakna antara derajat deformitas pre operasi dengan luaran post operasi (TFA $p=0,147$; MDA $p=0,327$), satu tahun post operasi (TFA $p=0,981$; MDA $p=0,265$) dan angka rekurensi (TFA $p=0,690$; MDA $p=0,445$). Tidak didapatkan komplikasi neurovaskular maupun sindrom kompartemen post operasi. Rerata LEFS pre operasi adalah 67,00 ($\pm 7,95$) pada deformitas ringan-sedangan dan 70,08 ($\pm 4,35$) pada deformitas berat. Sedangkan post operasi adalah 73,85 ($\pm 2,73$) pada deformitas ringan-sedang dan 75,33 ($\pm 2,46$) pada deformitas berat. Pembahasan: Luaran anatomis koreksi akut pada deformitas ringan-sedang dan deformitas berat memberikan hasil yang sama baiknya. Angka rekurensi tidak dipengaruhi oleh besarnya deformitas pre operasi. Strategi ini aman diterapkan sepanjang tidak adanya komplikasi neurovaskular dan sindrom kompartemen yang didapatkan. Secara umum didapatkan peningkatan fungsional pada pre dan post operasi pada kedua kelompok.

ABSTRACT

Introduction: Acute correction strategy in Blount disease provides more practical technique and shorter monitoring without psychosocial impact and pin site infections. However, the anatomical outcomes in various degree of deformity need more investigation. Moreover, functional outcomes are important aspect that had not widely reported. Method: Samples took in 2014-2017 and divided into mild-moderate deformity and severe deformity group. Anatomical outcomes evaluated from the tibiofemoral angle (TFA) and metaphyseal-diaphyseal angle (MDA). Recurrences were evaluated one year after operation. Functional outcome was evaluated with Lower Extremity Functional Scale. Result: There are 19 patients with total of 31 extremity and operation age mean 8.19 (± 3.10). In mild-moderate deformity group, the pre-operative TFA mean was 32.90 (± 4.38) and MDA was 24.60 (± 6.16). In severe deformity group, the pre-operative TFA mean was 57.57 (± 11.88) and MDA was 45.20 (± 16.85). By statistical analysis, we found no correlation between the pre-operative degree of deformity with outcomes in post-operative (TFA $p=0.147$; MDA

p=0.327), one year after operation (TFA p=0.981; MDA p=0.265) and recurrence rate (TFA p=0,690; MDA p=0.445). There are no post-operative neurovascular and compartment syndrome complication. The pre-operative LEFS score mean was 67.00 (± 7.95) in mild-moderate deformity group and 70.08 (± 4.35) in severe deformity group. The post-operative mean was 73.85 (± 2.73) in mild-moderate deformity group and 75.33 (± 2.46) in severe deformity group. Discussion: Anatomical outcomes of acute correction strategy between mild-moderate deformity group and severe deformity group show equal good result. Recurrence rate were not related by pre-operative degree of deformity. The acute correction was a safe strategy since there were no neurovascular and compartment syndrome complication founded in this study. Generally, the functional state was increase from pre to post-operative in two groups.</i>