

Kualitas hidup pasien bekas TB dihubungkan dengan pemeriksaan high resolution computerized tomography scanning (HRCT) toraks dan pemeriksaan faal paru = Quality of life of former TB patient associated with high resolution computerized tomography scanning (HRCT) thorax and lung function examination

Diyan Ekawati, author

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Abstrak

Latar belakang dan tujuan: Sekuele TB dapat berupa keluhan respirasi yang menetap, risiko infeksi saluran napas berulang dan gangguan fungsional. Berkurangnya kualitas hidup, disabilitas dan besarnya biaya yang harus dikeluarkan oleh sistem penjamin kesehatan merupakan hal lain yang terkait dengan kondisi ini. Peneliti berupaya untuk mengetahui kualitas hidup pasien bekas TB dihubungkan dengan pemeriksaan high resolution computerized tomography scanning (HRCT) toraks dan uji faal paru.

Metode: Penelitian potong lintang terhadap pasien yang telah menyelesaikan pengobatan TB kategori 1 di instalasi rawat jalan poliklinik paru RSUP Persahabatan/Departemen Pulmonologi dan Kedokteran Respirasi FKUI Jakarta pada tanggal 1 Desember 2016 - 30 Juni 2017.

Hasil: Terdapat 32 subjek yang mengikuti penelitian ini, 56,3% diantaranya laki-laki. Sebanyak 57,8% subjek mengalami gangguan kualitas hidup dengan gangguan kualitas hidup terbanyak (24,4%) pada kedua ranah (fisis dan mental). Gangguan ranah fisis yang paling banyak dirasakan adalah rasa nyeri (30,3%), fungsi sosial merupakan ranah mental yang paling banyak mengalami gangguan (36,4%). Sekuele sedang pada HRCT toraks ditemukan pada 43,8% subjek. Rata-rata KVP 2265 ml (95% CI 2043.73-2495.26) dan rata-rata VEP1 1898 ml (95% CI 1667-2129) dengan kelainan terbanyak restriksi (68,8%). Uji Chi square mendapatkan hubungan tidak bermakna antara hasil HRCT toraks dan kualitas hidup pasien bekas TB ($p=0,455$). Tidak terdapat hubungan bermakna antara hasil pemeriksaan spirometri dan kualitas hidup ($p=0,470$). Uji Mann Whitney menunjukkan hubungan bermakna antara VEP1/KVP dan hasil HRCT toraks ($p=0,00$).

Kesimpulan: Sebagian besar pasien bekas TB mengalami gangguan kualitas hidup yang secara statistik tidak berhubungan dengan luas lesi pada HRCT toraks dan pemeriksaan spirometri. Luas lesi pada HRCT toraks berhubungan dengan nilai VEP1/KVP.

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Introduction: Sequelae of tuberculosis (TB) could arise as a persistent respiratory complaint, risk of recurrent respiratory infections and functional impairment. Reduced quality of life, disability and the cost to be paid by the health insurer system are other things related to this condition. This study aims to determine the quality of life of former TB patients associated with high resolution tomography scanning (HRCT) examination with pulmonary function tests.

Method: This study was a cross-sectional study with the subjects were the patients who have completed TB

treatment of category 1 in the outpatient Pulmonary Clinic of Department of Pulmonology and Respiratory Medicine, Faculty of Medicine Universitas Indonesia, Persahabatan Hospital Jakarta on December 1, 2016 to June 30, 2017.

Result: There were 32 subjects in this study. As much as 56.3% of the subjects were men and 57.8% of subjects experienced quality of life disorder. The most quality of life disorder found in the subjects was occurred in both sphere, physical and mental quality of life disorder (24.4%). The most perceived physical disturbance was pain (30.3%) and impaired social function was the most problematic crude (36.4%). A sequelae on HRCT of the thorax was found in 43.8% of subjects. Average FVC was 2265 ml (95% CI 2043.73-2495.26) and average FEV1 was 1898 ml (95% CI 1667-2129). Most of the lung function disorder was restriction disorder (68.8%). The chi square test found no significant correlation between HRCT and quality of life of TB patients ($p = 0.455$). There was no significant correlation between spirometry and quality of life ($p=0.470$). Mann Whitney test on FEV1/FVC and thorax HRCT found significant correlation ($p=0.00$).

Conclusion: Most of the former TB patients have a quality of life disorder that is statistically unrelated to the extent of the lesions on thoracic CT-Scan and spirometry examination. The area of the lesion on the HRCT of the thorax corresponds to the FEV1/FVC value.