

Korelasi kadar asam urat dengan nilai elastografi transien dan controlled attenuation parameter penyakit perlemakan hati non alkoholik = The correlation between serum uric acid level and the steatosis and fibrosis degree of non alcoholic fatty liver disease evaluated using controlled attenuation parameter - transient elastography

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Abstrak

Latar belakang. Hiperurisemia merupakan salah satu parameter metabolik yang diperkirakan mempunyai peranan dalam perjalanan non-alcoholic liver disease NAFLD . Studi mengenai peranan asam urat dalam progresivitas penyakit hati masih terbatas. Tujuan. Mengetahui korelasi antara kadar asam urat dengan nilai Elastografi Transien ET dan Controlled Attenuation Parameter CAP pasien NAFLD. Metode. Penelitian ini merupakan studi potong lintang dengan menggunakan data sekunder yang melibatkan 113 pasien NAFLD dewasa. Dilakukan uji korelasi antara kadar asam urat dengan nilai ET dan nilai CAP. Lalu dilakukan analisis tambahan dengan membagi pasien menjadi 2 kelompok berdasarkan nilai ET dan CAP. Nilai titik potong ET untuk fibrosis signifikan sebesar 7 kPa dan nilai CAP 285 dB/m digunakan untuk membedakan steatosis ringan dan steatosis sedang-berat. Faktor metabolik yang mempengaruhi derajat steatosis dan fibrosis dianalisis dengan menggunakan uji chi-square dan dilakukan analisis regresi logistik. Hasil. Terdapat 45 pasien dengan steatosis sedang-berat dan 34 pasien yang mengalami fibrosis signifikan. Tidak terdapat korelasi antara kadar asam urat dengan nilai CAP koefisien korelasi $r = 0,2$ dan $p = 0,026$ maupun nilai ET $r = 0,151$ dan $p = 0,110$. Terdapat perbedaan rerata kadar asam urat antara kelompok steatosis ringan dibandingkan steatosis sedang-berat $6,31 \text{ } 1,44 \text{ mg/dL}$ vs $6,94 \text{ } 1,62 \text{ mg/dL}$, $p = 0,03$. Tidak terdapat hubungan independen antara hiperurisemia dan derajat steatosis. Sedangkan faktor yang berhubungan secara independen dengan derajat fibrosis signifikan adalah hiperurisemia OR 2,450; 95 IK 1,054- 5,697 dan kenaikan kadar glukosa puasa OR 3,988 1,105-14,389 . Kelompok fibrosis signifikan mempunyai nilai rerata kadar asam urat yang lebih tinggi $6,89 \text{ } 1,60 \text{ mg/dL}$ vs $6,42 \text{ } 1,50 \text{ mg/dL}$ walau tidak bermakna secara statistik nilai $p = 0,145$. Kesimpulan. Tidak terdapat korelasi antara kadar asam urat dengan nilai ET dan CAP

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Background. Hyperuricemia is one of metabolic parameter which has been considered to play an important role in NAFLD. There is still lack of studies or evidence about correlation between serum uric acid level with liver disease progression. Aim of the study. To know the correlation between serum uric acid level and the steatosis and fibrosis degree of non alcoholic fatty liver disease evaluated using Controlled Attenuation Parameter CAP Transient Elastography TE examination. Methods. This study is a cross sectional study using secondary data of 113 NAFLD. Correlation between uric acid level and the degree of steatosis and fibrosis were also evaluated. Cutoff value for significant liver fibrosis 7 kPa . Mild and moderate severe steatosis diagnosed with a cutoff value of 285 dB m . Each metabolic factors were analyzed using chi square test. Univariate and multivariate analysis were performed using logistic regression test. Results. Of 113 NAFLD patients, there were 45 patients with moderate severe steatosis and 34 patients with significant fibrosis. There was no correlation between uric acid level and CAP correlation coefficient 0.2, P 0.026 and ET

correlation coefficient 0.151, P 1,110 value were found. The difference of uric acid level mean value was found between mild steatosis and moderate severe steatosis 6.31 1.44 mg dL vs. 6.94 162 mg dL, P 0,03 . Hyperuricemia was not independent risk factor of moderate severe steatosis. High level of fasting blood glucose OR 3.98, 95 CI 1.105 14.389 and hyperuricemia OR 2.501, 95 CI 1.095 5.714 were found to be independent risk factors for significant liver fibrosis. Significant liver fibrosis group tends to have a higher mean value of uric acid level 6.89 1.60 mg dL vs. 6.42 1,50 mg dL with a p value 0,145. Conclusion. There was no correlation between uric acid an CAP TE value