

Perbandingan p-possum dan asa-ps dalam memprediksi in-hospital mortality pasien pascalaparotomi emergensi = Comparison of p-possum and asa-ps in predicting in-hospital mortality of patient undergoing emergency laparotomy

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Abstrak

Portsmouth Physiological and Operative Severity Score for the Enumeration of Mortality and morbidity (P-POSSUM) merupakan sistem skoring yang memprediksi morbiditas dan mortalitas berdasarkan 12 parameter fisiologis dan 6 parameter pembedahan. American Society of Anesthesiologists' Physical Status (ASA-PS), yang terdiri dari 6 tingkatan, adalah skoring prediksi risiko pembedahan yang pertama kali dikembangkan dan paling sering digunakan saat ini. Penelitian ini bertujuan untuk menilai apakah kemampuan prediksi in-hospital mortality skoring P-POSSUM lebih baik dibanding skoring ASA-PS. Penelitian kohort retrospektif di RSCM selama bulan Mei-Juli 2018. Sebanyak 230 rekam medis diambil sesuai pasien yang menjalani laparotomi emergensi pada periode 1 Januari 2016-31 Desember 2017. Penilaian status ASA dicatat sesuai rekam medis dan dilakukan penilaian P-POSSUM. Analisis data dilakukan dengan komparatif Area Under the Curve (AUC), Hosmer Lemeshow goodness of fit dan multivariat regresi logistik. Angka in-hospital mortality pasien pascalaparotomi emergensi periode Januari 2016-Desember 2017 adalah sebesar 21,3%. Nilai kalibrasi ASA-PS lebih baik dibanding dengan P-POSSUM ($p < 0,072$ vs $0,043$). Nilai diskriminasi P-POSSUM lebih baik dibanding dengan ASA-PS (AUC 87,9% vs 76,2%). Komponen P-POSSUM yang paling berhubungan dengan in-hospital mortality adalah usia, riwayat gangguan napas, GCS, hemoglobin, natrium, kontaminasi intraperitoneal dan EKG. Skor P-POSSUM lebih baik dibanding ASA-PS dalam memprediksi in-hospital mortality pasien pascalaparotomi emergensi.

Portsmouth Physiological and Operative Severity Score for the Enumeration of Mortality and morbidity (P-POSSUM) is a scoring system which predicts morbidity and mortality based on 12 physiologic and 6 operative parameters. American Society of Anesthesiologists' Physical Status (ASA-PS), consists of 6 categories, is the first scoring system predicting risk preoperatively and mostly use to this date. Our goals are to evaluate and compare the ability of these two scores in predicting mortality. This is a retrospective cohort taken place in RSCM within May to July 2018. There was 230 medical records taken as samples based on patient who underwent emergency laparotomy within period 1 January 2016 to 31 December 2017. ASA physical status was recorded and P-POSSUM score was assessed. Data were analyzed to compare Area Under the Curve (AUC), Hosmer Lemeshow goodness of fit and multivariate of logistic regression. In-hospital mortality of patient undergoing emergency laparotomy within period January 2016 to December 2017 is 21.3%. Calibration performance of ASA-PS is better than P-POSSUM ($p < 0,072$ vs $0,043$). Discrimination performance of P-POSSUM is better than ASA-PS (AUC 87,9% vs 76,2%). Parameters of P-POSSUM, which most related with in-hospital mortality, are age, respiratory disorder, GCS, hemoglobin, sodium, intraperitoneal contamination and ECG. P-POSSUM is better than ASA-PS in predicting in-hospital mortality of patient undergoing emergency

laparotomy.</p>