

Prediktor kematian Difteri Klinis Anak di Provinsi DKI Jakarta dan Kabupaten Tangerang pada Kejadian Luar Biasa 2017-2018 =
Predictors of mortality of Pediatric with Clinical Diphtheria in The Province of Jakarta and Tangerang District During 2017-2018 Outbreak

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Abstrak

Latar belakang: Difteri merupakan penyakit infeksi endemis dan menjadi masalah kesehatan di Indonesia. Pada tahun 2017 kejadian luar biasa difteri terjadi di beberapa provinsi di Indonesia.

Tujuan: Untuk mengetahui prediktor kematian difteri klinis pada anak di Provinsi DKI Jakarta dan Kabupaten Tangerang selama kejadian luar biasa tahun 2017-2018.

Metode: Penelitian kohort retrospektif dilakukan di lima rumah sakit rujukan di DKI Jakarta dan satu di Kabupaten Tangerang periode 1 Januari 2017-31 Agustus 2018. Pasien anak usia 1-18 tahun dengan diagnosis difteri klinis dinilai faktor prediktor yang berhubungan dengan luaran kematian. Uji korelasi chi square dilakukan untuk mengetahui hubungan variabel bebas dan luaran. Multivariat analisis dilakukan untuk menentukan prediktor kematian. Analisis data dilakukan dengan program SPSS for Window ver 20,0.

Hasil: Pasien anak dengan difteri klinis sejumlah 283 kasus dengan case fatality rate 3,5%. Riwayat imunisasi dasar (RR 6,967; p 0,003), suara serak (RR 7,611; p 0,035), stridor (RR 16,963; p<0,001), bullneck (RR 28,456; p<0,001), limfadenopati (RR 3,838; p 0,045), komplikasi miokarditis (p<0,001), leukositosis >15.000sel/mm³ (RR 7,500; p 0,004), trombositopenia (RR 35,549; p<0,001), kultur C. diphtheriae positif (RR 6,587; p 0,04) berhubungan dengan kematian. Analisis multivariat menunjukkan stridor (HR 11,951; p 0,006), lekositosis (HR 11,425; p 0,01), dan trombositopenia (HR 44,199; p<0,001) berhubungan dengan kematian.

Simpulan: Stridor, lekositosis dan trmbositopenia merupakan faktor prediktor kematian pada difteri klinis anak.

<hr><i>Background: Diphtheria is endemic in Indonesia. In 2017 diphtheria outbreak has taken place in several provinces.

Objective: To identify predictors of mortality of pediatric patients with clinical diphtheria during 2017-2018 outbreak in the Province of Jakarta and Tangerang District.

Methods: A retrospective cohort study has been held at five referral hospitals in the Province of Jakarta and one in Tangerang District during January 2017 and 31 August 2018. The study group is children age group of 1-18 years old admitted with sign and symptoms and discharge as clinical diphtheria. All details that is demographic data, clinical features, immunization status, complication and laboratory profiles and outcome were analysed. Variables were compared among survivors and non survivors to determine the predictors of mortality. A chi square test and cox regression was done to assess association between variables and outcome. Data were analysed using SPSS for Window ver 20,0.

Results: A total of 283 pediatric patients with clinical diphtheria were included in the study group with case fatality rate of 3.5%. Basic immunization status (RR 6.967; p0.003), hoarseness (RR 7.611; p0.035), stridor (RR 16.963; p<0.001), bullneck (RR 28.456; p<0.001), limphadenopaty (RR 3.838; p0.045), myocarditis (p<0,001), leukocytosis >15,000 cell/mm³ (RR 7.500; p0.004), thrombocytopenia <150,000 cell/mm³ (RR

35.549; $p < 0.001$), *C. diphtheriae* positive culture (RR 6.587; $p = 0.04$) were found correlated to mortality. Multivariate analysis showed that stridor (HR 11.951; $p = 0.006$), leukocytosis (HR 11.425; $p = 0.01$), and thrombocytopenia (HR 44.199; $p < 0.001$) correlated to death.

Conclusion: Diphtheria is fatal disease with increased mortality. Presence of stridor, leukocytosis and thrombocytopenia are important predictors of mortality.