

Faktor risiko krisis miastenia di Rumah Sakit Umum Pusat Nasional Cipto Mangunkusumo = Risk factors of myasthenic crisis in Cipto Mangunkusumo Hospital

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Abstrak

Latar Belakang Krisis miastenia (KM) merupakan kondisi gagal nafas akut pada pasien miastenia gravis (MG). Beberapa faktor risiko diduga berperan terhadap kejadian KM. Deteksi dini faktor risiko diharapkan dapat mencegah terjadinya KM. Metodologi Penelitian Disain penelitian potong lintang menggunakan data sekunder rekam medis pasien MG rawat jalan maupun rawat inap di RSCM sejak Januari 2014-Maret 2019. Faktor risiko KM berdasarkan demografi dan klinis (jenis kelamin, usia awitan MG, jenis MG, antibodi reseptor asetilkolin (AchR), kelenjar timus, infeksi, rasio netrofil limfosit (RNL), riwayat timektomi, kehamilan, penghentian imunosupresan non steroid, penggunaan antibiotik, agen kardiovaskular serta agen kontras radiografi) dicatat dan dianalisis dalam penelitian ini.

Hasil Sebanyak 115 subjek memenuhi kriteria inklusi. Insiden terjadinya KM sebesar 46,1%. Faktor yang berhubungan dengan kejadian MG yaitu MG umum, infeksi dan RNL yang tinggi ($p < 0.05$). Rerata rasio netrofil limfosit pada KM lebih tinggi dibanding tidak KM (perbandingan rerata 1.62; IK95% 2.32-2.39). Berdasarkan analisis multivariat diperoleh prediktor independen KM yaitu MG umum (OR 5.3; IK95% 2.4-12.1) dan infeksi (OR 3.4; IK95% 1.2-9.7). Kadar antibodi AchR dan faktor klinis lainnya tidak berhubungan dengan kejadian KM. Kesimpulan Jenis MG umum, infeksi, dan rasio netrofil limfosit tinggi berpengaruh terhadap kejadian KM. Pencegahan infeksi, pemeriksaan RNL berkala serta intervensi agresif diperlukan pada pasien MG dengan faktor risiko tersebut.

.....Background Myasthenic crisis (MC) is an acute respiratory failure in myasthenia gravis (MG) patient with several risk factors contributing to the life-threatening condition. Early detection of MC risk factors are recommended. Material and methods This study was conducted with cross-sectional design using secondary data collected from MG patients medical records in Cipto Mangunkusumo General Hospital between 2014-2019. MC risk factors (gender, MG onset, initial presenting symptoms, acetylcholine receptor (AchR) antibody, thymic abnormality, infection, neutrophil-to-lymphocyte ratio (NLR), history of thymectomy, pregnancy status, non-steroid immunosuppressive agent withdrawal, antibiotic, cardiovascular agent and radiocontrast agent) were demographically and clinically analysed in this study. Result Of the 115 MG patients selected. Incidence of MC was 46,1%. Factors that were associated with occurrence of MC were generalized MG, presence of infection and high NLR ($p < 0.05$). Mean NLR was higher in MC than those without MC (mean difference 1.6; 95% CI 2.3-2.4). However, multivariate analysis showed that generalized MG (OR 5.3; 95% CI 2.4-12.1) and infection (OR 3.4; 95% CI 1.2-9.7) were independently associated with MC occurrence. Level of AchR antibody and other clinical factors apparently were not associated factors of MC. Conclusion Generalized MG, presence of infection and high NLR were associated with MC occurrence. Prevention of infection, periodic NLR evaluation, and aggressive treatment are suggested for MG patient with above risk factors.