

Penilaian kemungkinan kejadian emboli paru dengan menggunakan skor revisi geneva pada pasien kanker padat: hubungannya dengan trombosis vena dalam dan tipe histopatologi = Risk assessement of pulmonary embolism using revised geneva score in solid tumor patient: the relationship with deep vein thrombosis and histopathology type

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Abstrak

Kanker telah diketahui sebagai faktor risiko kuat penyebab tromboemboli, baik emboli paru maupun trombosis vena dalam. Emboli paru sendiri seringkali tidak bergejala padahal angka mortalitas bisa mencapai 80%. Tipe histopatologi adenokarsinoma merupakan salah satu faktor risiko yang meningkatkan kejadian emboli paru. Penelitian ini bertujuan untuk mengetahui proporsi kejadian emboli paru dan trombosis vena pada kelompok kemungkinan tinggi menurut skor Revisi Geneva dan memperoleh besar kemungkinan kejadian emboli paru (EP) serta hubungannya dengan tipe histopatologi kanker padat. Penelitian menggunakan potong lintang dan didapatkan 124 subjek diikutkan dalam penelitian ini yang terdiri atas kelompok adenokarsinoma dan non adenokarsinoma masing-masing sebesar 62 subjek. Berdasarkan skor Revisi Geneva, sebanyak 11 (8,8%) subjek termasuk ke dalam kelompok kemungkinan rendah, 96 (77,4%) subjek termasuk ke dalam kelompok kemungkinan menengah dan 17 (13,8%) subjek ke dalam kelompok kemungkinan tinggi. Kejadian tromboemboli vena pada kelompok kemungkinan tinggi mencapai 94,1% dengan 58,8% mengalami emboli paru dan trombosis vena dalam secara bersamaan, 11,8% hanya mengalami emboli paru saja dan 23,6% mengalami thrombosis vena dalam saja. Tipe histopatologi adenokarsinoma memiliki risiko 2,58 kali lebih tinggi untuk masuk kedalam kelompok kemungkinan kejadian tinggi emboli paru menurut skor Revisi Geneva bila dibandingkan pada subjek dengan tipe histopatologi non adenokarsinoma. Sebagai kesimpulan, kanker padat dengan tipe histopatologi adenokarsinoma meningkatkan kemungkinan kejadian emboli paru bila dibandingkan dengan tipe non adenokarsinoma.

<hr>Cancer is widely known as a strong risk factor of thromboembolism, which consist of two kind are pulmonary embolism and deep vein thrombosis. We mainly focused on pulmonary embolism in this research. Pulmonary embolism is often asymptomatic which the mortality rate can reach 80%.

Adenocarcinoma histopathological type has been proved as one of the risk factors that increase the occurance of pulmonary embolism. This research determine the proportion of pulmonary embolism and deep vein thrombosis events in high clinical probability group based on Revised Geneva score and the correlation with solid tumor histopathological type. This research used cross sectional method with 124 subjects participated in this research which consisted of 62 patients for each of adenocarcinoma and non-adeocarcinoma group. Mean of patient age was 52 years old and the sum of female participant was larger than male. Based on Revised Geneva score, 11 (8,8%) participants were in low risk clinical probability group, 96 (77,4%) participant were in middle risk clinical probability group and the rest of 17 (13,8%) participants were in high risk clinical probability group. The total event of vena thromboembolism in high risk clinical probability group reached 94,1% whereas 58,8% got both pulmonary embolism and deep vein thrombosis simultaneously, 11,8% with pulmonary embolism alone and 23,6% with vein deep vein

thrombosis alone. Subjects with histopathological type of AC were 2.58 times greater to be a high-probability group of the Revised Geneva Score compared with NAC. As the conclusion, Solid cancer with histopathological type of AC increases the likelihood of PE incidence when compared with NAC.