

## Profil Sensitivitas Ketokonazol dan Mikonazol terhadap *Malassezia* spp.: = Sensitivity Profile of Ketoconazole and Miconazole to *Malassezia* spp.: An In Vitro Study

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### Abstrak

Latar belakang: Pitiriasis versikolor (PV) atau panau adalah penyakit kulit yang disebabkan oleh infeksi jamur *Malassezia* spp. Pitiriasis versikolor bersifat komensal di negara tropis dan merupakan dermatomikosis kedua terbanyak di Indonesia. Perhimpunan Dokter Spesialis Kulit dan Kelamin Indonesia merekomendasikan antijamur golongan azol sebagai regimen utama pengobatan PV. Tujuan penelitian ini antara lain untuk menilai perbedaan sensitivitas *Malassezia* spp. terhadap antijamur ketokonazol dan mikonazol secara in vitro.

Metode: Penelitian analitik observasional dengan desain cross-sectional dilakukan menggunakan data rekam medis Laboratorium Mikologi Departemen Parasitologi FKUI pada periode 2013-2018. Didapatkan 173 subjek yang bahan klinisnya teridentifikasi *Malassezia* spp. dibiakkan dalam medium agar dan dilakukan uji sensitivitas terhadap ketokonazol dan mikonazol menggunakan metode difusi cakram. Perbedaan sensitivitas diuji signifikasinya menggunakan uji chi square.

Hasil: Seluruh 173 sampel (100%) yang diuji sensitif ketokonazol, sedangkan pada mikonazol didapatkan 171 sampel (98.8%) sensitif dan 2 sampel (1.2%) resisten. Berdasarkan uji statistik didapatkan perbedaan yang tidak signifikan ( $p>0.05$ ) antara sensitivitas *Malassezia* spp. terhadap ketokonazol dan mikonazol.

Simpulan: Sensitivitas *Malassezia* spp. tidak terdapat perbedaan sensitivitas *Malassezia* spp. terhadap ketokonazol dan mikonazol.

.....Introduction: Pityriasis versicolor (PV) is a fungal skin infection caused by *Malassezia* spp.. PV is the second most common dermatomycoses (fungal skin infection) in Indonesia. Indonesian Society of Dermatology and Venereology recommend azoles as the main regiment for the treatment of PV. The main purpose of this study is to determine the difference of in vitro sensitivity between ketoconazole and miconazole to *Malassezia* spp..

Methods: An observational analytical study with cross-sectional design was conducted using medical records of patients of Mycology Laboratorium of the Department of Parasitology, Faculty of Medicine University of Indonesia between 2013-2018 period. The study used 173 subjects whose clinical materials were identified with *Malassezia* spp.. Then, the materials were grown using agar medium and susceptibility test was conducted using disk diffusion method. The difference of sensitivities between the two drugs was tested with chi-square test to determine the significance.

Results: All the 173 samples (100%) were sensitive to ketoconazole. However, we found 2 samples (1.2%) that were resistant to miconazole, with the remaining samples being sensitive (98.8%). The chi-square test

showed that there was no significant difference ( $p>0.05$ ) between the sensitivity of the two drugs to the *Malassezia* spp.

Conclusion: There is no significant difference of sensitivity between ketoconazole and miconazole to *Malassezia* spp..