

# Prevalensi Disfagia Dan Gambaran Fungsi Menelan Bayi Laringomalasia Primer: Kajian Kesesuaian antara Pemeriksaan Static Endoscopic Evaluation of Swallowing (SEES) dan Flexible Endoscopic Evaluation of Swallowing (FEES) = Prevalence of Dysphagia and Overview of Swallowing Function in Primary Laryngomalacia Infants: The Conformity Study between Static Endoscopic Evaluation of Swallowing (SEES) and Flexible Endoscopic Evaluation of Swallowing (FEES)

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## Abstrak

### <b>ABSTRAK</b><br><br>

Latar belakang: Bayi laringomalasia primer memiliki komorbiditas yang tinggi akibat silent aspiration. Hingga saat ini, belum diketahui prevalensi disfagia dan data mengenai gambaran fungsi menelan bayi laringomalasia primer. Tujuan penelitian: Mengetahui prevalensi disfagia dan gambaran fungsi menelan pada bayi laringomalasia primer serta mengetahui kesesuaian antara SEES dan FEES. Metode: Penelitian cross-sectional yang bersifat deskriptif dan analitik komparatif terhadap 34 subjek bayi laringomalasia primer secara konsekutif di RS Dr. Cipto Mangunkusumo periode Januari-Maret 2020. Hasil: Prevalensi disfagia pada bayi laringomalasia primer sebanyak 9 dari 34 subjek (26,5%). Gejala disfagia pada bayi < 6 bulan tersering adalah regurgitasi dan apnea saat menyusu (5/6), sedangkan pada bayi > 6 bulan adalah terdengar banyak lendir di tenggorok (3/3). Komorbid terbanyak adalah kelainan genetik dan PRGE (3/9). Komplikasi tersering adalah pneumonia aspirasi (6/9). Pada pemeriksaan awal FEES, kontrol postural terganggu (7/9) merupakan tanda yang paling sering ditemukan. Pada pemeriksaan FEES, preswallowing leakagedidapatkan pada konsistensi puree, tim saring, dan tim kasar. Pada pemeriksaan SEES dan FEES, residu, penetrasi, dan aspirasi paling banyak didapatkan pada konsistensi susu. Silent aspiration didapatkan pada 4 dari 9 subjek dengan disfagia. Pemeriksaan SEES memiliki kesesuaian dengan FEES berdasarkan uji McNemar pada parameter ada tidaknya penetrasi, residu, dan aspirasi. Kesimpulan: Prevalensi disfagia pada bayi laringomalasia primer sebanyak 9 dari 34 subjek (26,5%), penetrasi dan aspirasi didapatkan pada konsistensi air dan susu terutama pada bayi < 6 bulan, dan SEES memiliki kesesuaian dengan FEES dalam menilai fungsi menelan berdasarkan parameter ada tidaknya residu, penetrasi, dan aspirasi.

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Background: Silent aspiration is often unrecognized comorbidity in infants with congenital laryngomalacia with serious medical consequence. However, prevalence of dysphagia and characteristic of dysphagia in infants with congenital laryngomalacia is still unknown. Aim: To find the prevalence and the overview of swallow function in infants with congenital laryngomalacia and also to know the conformity between SEES and FEES in assessing swallow function. Methods: This is a descriptive cross-sectional and comparative analytic study involving 34 infants with congenital laryngomalacia who came consecutively to Dr. Cipto Mangunkusumo Hospital on January-March 2019. Results: The prevalence of dysphagia was 9 out of 34 subjects (26,5%). Dysphagia symptom in infants < 6 months was regurgitation and apnea while bottle/breast feeding (5/6). Meanwhile, in infants > 6 months was wet sounding voice (3/3).

The comorbidities found mostly were genetic anomaly and GERD(3/9). The complication mostly was aspiration pneumonia (6/9). In pre-FEES examination, poor postural control was dominant(7/9). In FEES examination, preswallowing leakage was found in puree, soft steam porridge, and rough steam porridge. In FEES and SEES examination, residue, penetration, and aspiration was mostly found in thick liquid. Silent aspiration was found in 4 out of 9 subjects with dysphagia. SEES has a conformity to FEES based on McNemar test in the presence of residue, penetration, and aspiration. Conclusion: The prevalence of dysphagia in infants with congenital laryngomalacia was 9 out of 34 subjects(26,5%). In FEES examination, penetration, and aspiration were found mostly in thin liquid, <6 months of age predominantly. SEES has a conformity to FEES based on presence of residue, penetration, and aspiration in assessing swallow function.