

Hubungan faktor demografi, gaya hidup, dan klinikopatologi terhadap kanker kolon proksimal = The Association Of demographic factors, lifestyle, and clinicopathology with proximal colon cancer

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Abstrak

Latar Belakang. Peningkatan prevalensi kanker kolon proksimal menjadi perhatian di beberapa dekade terakhir. Fenomena yang sering disebut "Right Shifting" ini mulai muncul di banyak negara maju. Telah diketahui pula terdapat perbedaan di tingkat molekular antara kanker kolon proksimal dan kanker kolorektal distal yang membuat para ahli menganggap dua penyakit ini merupakan dua entitas penyakit yang berbeda. Perbedaan ini memunculkan perbedaan karakteristik antara keduanya. Maka timbul pertanyaan apakah terdapat perbedaan faktor-faktor yang berhubungan dengan kanker kolorektal pada umumnya mulai dari faktor genetik maupun lingkungan.

Tujuan. Mengetahui hubungan usia, jenis kelamin, indeks massa tubuh, riwayat keluarga, kebiasaan merokok, konsumsi alkohol, gejala klinis dan jenis diferensiasi lesi terhadap kejadian kanker kolon proksimal.

Metode. Desain potong lintang. Menggunakan data sekunder dari registri Pusat Endoskopi Saluran Cerna dan unit rekam medis Rumah Sakit Cipto Mangunkusumo yang melibatkan 261 subjek kanker kolorektal yang memenuhi kriteria inklusi dan eksklusi. Dilakukan pencatatan data usia, jenis kelamin, indeks massa tubuh, riwayat keluarga, konsumsi rokok, alkohol, jenis diferensiasi lesi dan manifestasi klinis. Analisis bivariat dan multivariat dilakukan pada faktor – faktor tersebut.

Hasil. Didapatkan proporsi kanker kolon proksimal dan kanker kolorektal distal berturut – turut adalah 39% dan 61%. Sebagian besar subjek adalah laki-laki dengan proporsi 55,9% dengan rerata usia 51,9 (SB 13,2). Tidak didapatkan hubungan antara usia tua, jenis kelamin wanita, riwayat keluarga, indeks massa tubuh yang tinggi, konsumsi rokok, alkohol dan lesi diferensiasi buruk dengan kanker kolon proksimal. Terdapat hubungan bermakna antara anemia (OR 1,903; 95% IK 1,15 – 3,15; P = 0,012), penurunan berat badan (OR 2,04; 95% IK 1,23 – 3,38; P = 0,001), nyeri perut (OR 8,55; 95% IK 4,08 – 17,89; P = <0,001), massa abdomen (OR 8,85; 95% IK 4,54 – 12,21 ; P = <0,001), dan gejala kluster proksimal (OR 2,37; 95% IK 1,43 – 3,95; P = <0,001) dengan kanker kolon proksimal. Analisis multivariat didapatkan hubungan antara gejala kelompok kluster proksimal (AUC 0,829; 95% IK; 0,781 – 0,876) dan gejala individual seperti nyeri perut, massa abdomen, hematoskezia, diare, tenesmus (AUC 0,907; 95% IK 0,867 – 0,946) dengan kanker kolon proksimal.

Kesimpulan. Beberapa gejala klinis (gejala individual maupun gejala kelompok) berhubungan dengan kanker kolon proksimal. Gejala kluster proksimal dan gejala individu seperti nyeri perut dan massa abdominal berhubungan dengan kanker kolon proksimal.

.....Background. Increasing the prevalence of proximal colon cancer has been a concern in the past few decades. This phenomenon which is often called "Right Shifting" is starting to emerge in many developed countries. It is also known that there are differences in the molecular level between proximal colon cancer and distal colorectal cancer which makes experts consider these two diseases to be two different disease entities. this difference raises characteristic differences between the two. So the question arises whether there are differences in factors associated with colorectal cancer in general, starting from genetic and

environmental factors.

Objective. Knowing the association between age, sex, body mass index, family history, smoking habits, alcohol consumption, clinical symptoms, and types of lesion differentiation in proximal colon cancer.

Methods. Cross-sectional design. Using secondary data from the Central Gastrointestinal Endoscopy Center and the Cipto Mangunkusumo Hospital medical record unit involving 261 colorectal cancer subjects who met the inclusion and exclusion criteria. Data on age, sex, body mass index, family history, cigarette consumption, alcohol consumption, type of lesion differentiation and clinical manifestations were recorded. Bivariate and multivariate analyzes were carried out on these factors.

Results. The proportion of proximal colon cancer and distal colorectal cancer was 39% and 61%, respectively. Most subjects were men with a proportion of 55.9% with an average age of 51.9 (SD 13.2). There was no association between old age, female gender, family history, high body mass index, cigarette consumption, alcohol, and poorly differentiated lesions with proximal colon cancer. There was a significant association between anemia (OR 1.903; 95% CI 1,15 – 3,15; P = 0,012), weight loss (OR 2.04; 95% CI 1.23 – 3.38; P = 0,001), abdominal pain (OR 8.55; 95% CI 4.08 – 17.89; P = <0,001), abdominal mass (OR 8.85; 95% CI 4.54 – 12.21 ; P = <0,001), and proximal cluster symptoms (OR 2.37; 95% CI 1.43 – 3.95; P = <0,001) with proximal colon cancer. Multivariate analysis found an association between symptoms of the proximal cluster group (AUC 0.829; 95% IK; 0.781 - 0.876) and individual symptoms such as abdominal pain, abdominal mass, hematochezia, diarrhea, tenesmus (AUC 0.907; 95% IK 0.867 - 0.946) and colon cancer proximal.

Conclusions. Some clinical symptoms (individual symptoms and group symptoms) are associated with proximal colon cancer. Proximal cluster symptoms and individual symptoms such as abdominal pain and abdominal mass are associated with proximal colon cancer.