

Luaran Tata Laksana Laparatomi Gawat Darurat dengan Perforasi Gastrointestinal Selama Pandemi COVID-19 Tahun 2020 di Rumah Sakit dr. Cipto Mangunkusumo dan RSUP Fatmawati = Outcome of Emergency Laparotomy in Patient with Gastrointestinal Perforation During the 2020 COVID-19 Pandemic at dr. Cipto Mangunkusumo and Fatmawati Hospital

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Abstrak

Latar belakang: Mortalitas pascaoperasi dan komplikasi respiratorik berat telah didokumentasikan pada pasien COVID-19 pada berbagai studi. Namun, belum terdapat penelitian yang secara khusus mengevaluasi luaran dari laparatomi gawat darurat dengan perforasi gastrointestinal selama pandemi COVID-19 tahun 2020.

Metode: Studi dilakukan dengan desain observasional retrospektif sejak bulan Desember 2020-Februari 2021. Pasien perforasi gastrointestinal berusia lebih dari 15 tahun yang menjalani laparotomi gawat darurat diinklusi dalam penelitian. Luaran yang dievaluasi adalah mortalitas dan morbiditas, yang meliputi sindrom distres pernapasan akut (ARDS), reoperasi, durasi perawatan di rumah sakit, sepsis, admisi ke ruang perawatan intensif (ICU), dan infeksi daerah operasi (IDO).

Hasil: Terdapat 117 pasien pascalaparotomi yang direkrut dalam penelitian ini, dengan 95 (81,2%) pasien tidak terinfeksi SARS-CoV-2. Median usia untuk kelompok non-COVID dan kelompok COVID secara berturut-turut sebesar 41 (14–92) tahun dan 39 (15–77) tahun. Mortalitas umum tercatat pada angka 23,9%. Pasien perforasi COVID-19 yang menjalani tindakan laparotomi memiliki risiko yang lebih tinggi untuk mengalami kematian, ARDS, dan sepsis, serta mendapatkan tindakan reoperasi dibandingkan pasien non-COVID, dengan risiko odds masing-masing sebesar 2,769 (95% IK; 1,032–7,434), 8,50 (95% IK; 2,939–24,583), 3,36 (95% IK; 1,292–8,735), dan 3,69 (95% IK; 1,049–13,030). Tidak terdapat perbedaan antara pasien perforasi gastrointestinal yang terkonfirmasi COVID-19 dan pasien non-COVID dalam hal risiko IDO, lama durasi perawatan, dan admisi ke ICU. Usia, sepsis, dan ARDS merupakan faktor prognostik bermakna untuk mortalitas COVID-19.

Simpulan: Pasien perforasi gastrointestinal pascalaparotomi yang terkonfirmasi COVID-19 memiliki risiko mortalitas, ARDS, sepsis, dan menjalani tindakan reoperasi yang lebih tinggi dibandingkan pasien non-COVID.

<hr>Background: Postoperative mortality and severe respiratory complications have been documented in COVID-19 patients in various studies. However, no studies specifically evaluate the outcome of emergency laparotomy with gastrointestinal perforation during the 2020 COVID-19 pandemic.

Methods: The study was conducted with a retrospective observational design from December 2020-February 2021. Patients with gastrointestinal perforations aged more than 15 years who underwent emergency laparotomy were included in the study. The outcomes evaluated were mortality and morbidity, which included acute respiratory distress syndrome (ARDS), reoperation, duration of hospital stay, sepsis, admission to the intensive care room (ICU), and surgical site infections (SSI).

Results: There were 117 post-laparotomy patients recruited, with 95 (81.2%) COVID-19 negative patients.

The median ages for the non-COVID group and the COVID group were 41 (14–92) years and 39 (15–77) years. General mortality was recorded at 23.9%. Patients with perforated COVID-19 who underwent laparotomy had a higher risk of dying, ARDS, and sepsis, as well as receiving re-surgery than non-COVID-19 patients, with an odds risk of 2.769 each (95% CI; 1,032–7,434), 8,50 (95% CI; 2,939–24,583), 3.36 (95% CI; 1,292–8,735), and 3.69 (95% CI; 1,049–13,030). There was no difference between gastrointestinal perforated patients with confirmed COVID-19 and non-COVID-19 patients in terms of risk of SSI, length of stay, and admission to the ICU. Age, sepsis, and ARDS are significant prognostic factors for COVID-19 mortality.

Conclusion: Post-laparotomy confirmed gastrointestinal perforation patients with COVID-19 have a higher risk of mortality, ARDS, sepsis, and undergoing reoperation than non-COVID-19 patients.