

# Perbedaan Kadar Human Beta-Defensin 2 (hBD-2) Feses pada Kolitis Infeksi dan Non-infeksi di RSUPN Dr. Cipto Mangunkusumo = The Difference of Fecal Human Beta-Defensin 2 (hBD-2) Concentration in Infective and Non-infective Colitis at RSUPN Dr. Cipto Mangunkusumo

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## Abstrak

Kolitis adalah salah satu penyakit saluran cerna yang sering dijumpai di Indonesia. Peptida antimikroba human beta-defensin 2 (hBD-2) merupakan bagian dari komponen sistem imun alamiah sistem gastrointestinal yang diteliti perannya dalam patofisiologi kolitis. Penelitian ini bertujuan memperoleh kadar hBD-2 feses pada pasien kolitis di RSUPN dr. Cipto Mangunkusumo, serta apakah terdapat perbedaan kadarnya pada kolitis infeksi dan non-infeksi. Penelitian potong lintang ini dilakukan pada subjek kolitis yang direkrut secara konsekutif di poliklinik Gastroenterologi dan Pusat Endoskopi Saluran Cerna RSUPN dr. Cipto Mangunkusumo, pada bulan Juni – Oktober 2020. Sampel feses dari subjek diperiksa kadar hBD-2 dengan metode ELISA, feses rutin, darah samar, serta biakan di Laboratorium Departemen Patologi Klinik RSUPN dr. Cipto Mangunkusumo. Kadar hBD-2 feses subjek kolitis infeksi dibandingkan dengan kadar hBD-2 feses subjek kolitis non-infeksi. Diperoleh 26 subjek kolitis infeksi dan 20 subjek kolitis non-infeksi dengan median kadar hBD-2 feses berturut-turut adalah 40,39 (5,11 – 555,27) ng/ml dan 36,35 (1,75 – 260,34) ng/ml. Terdapat kecenderungan kadar hBD-2 feses yang tinggi pada subjek kolitis tuberkulosis dan kolitis jamur dengan median berturut-turut 460,55 (30,94 – 555,27) ng/ml dan 340,45 (283,01 – 361,95) ng/ml. Tidak terdapat perbedaan kadar hBD-2 feses yang bermakna antara kolitis infeksi dan non-infeksi ( $p > 0,05$ ). Perlu dilakukan penelitian lanjutan dengan jumlah subjek lebih banyak untuk kelompok kolitis tuberkulosis dan kolitis jamur.

.....Colitis is one of the most common gastrointestinal diseases in Indonesia. Antimicrobial peptide human beta-defensin 2 (hBD-2) is a part of gastrointestinal innate immunity which roles in the pathophysiology of colitis are still being studied. This study aims to determine fecal hBD-2 concentration in colitis at RSUPN dr. Cipto Mangunkusumo, and whether there is significant difference of its concentration in infective and non-infective colitis. A cross-sectional study was conducted on colitis subjects recruited consecutively at Gastroenterology Clinic and Gastroenterology Endoscopy Center of RSUPN dr. Cipto Mangunkusumo, in June - October 2020. Stool samples collected were tested for hBD-2 concentration using ELISA method, routine fecal analysis, fecal occult blood test, and culture at Clinical Pathology Laboratory of RSUPN dr. Cipto Mangunkusumo. Fecal hBD-2 concentration was compared between infective and non-infective colitis. There were 26 subjects with infective colitis and 20 subjects with non-infective colitis. Fecal hBD-2 concentrations of the two groups were 40,39 (5,11 – 555,27) ng/ml and 36,35 (1,75 – 260,34) ng/ml. Fecal hBD-2 concentrations in tuberculous colitis and fungal colitis tended to be high, 460,55 (30,94 – 555,27) ng/ml and 340,45 (283,01 – 361,95) ng/ml. There was no significant difference of fecal hBD-2 concentrations in infective and non-infective colitis ( $p > 0,05$ ). It is recommended to conduct further study with more subjects regarding group tuberculous colitis and fungal colitis.