

Hubungan Kadar Kalsidiol Serum Pasien Keratosis Seboroik di Daerah Pesisir dengan Sun Index dan Asupan Vitamin D = Association of Serum Calcidiol of Seborrheic Keratoses Patient in The Coastal Area with Sun Index and Vitamin D Intake

Izzah Aulia, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=20513615&lokasi=lokal>

Abstrak

Keratosis Seboroik (KS) merupakan salah satu tumor jinak epidermis dengan faktor risiko utama pajanan matahari yang berlebihan. Selain pajanan matahari, defisiensi vitamin D diduga berperan pada patogenesis KS. Defisiensi vitamin D dapat disebabkan pajanan matahari yang kurang maupun kurangnya asupan vitamin D. Daerah pesisir memiliki karakteristik pajanan matahari yang tinggi. Oleh karena itu, diperlukan penelitian yang menilai hubungan kadar vitamin D (kalsidiol serum) pasien KS di daerah pesisir dengan pajanan matahari (sun index) dan asupan vitamin D. Penelitian ini bersifat deskriptif-analitik dengan desain potong lintang. Dilakukan wawancara dengan menggunakan kuesioner sun index, food frequency questionnaire semikuantitatif vitamin D, pemeriksaan fisis dan dermoskopi untuk menilai ukuran terbesar lesi KS, serta pengukuran kadar kalsidiol serum pada 39 individu usia 19-59 tahun di Kecamatan Cilincing, Jakarta Utara. Median ukuran lesi KS adalah 2 mm; median nilai sun index adalah 3,95; median kadar kalsidiol serum sebesar 14,3 ng/ml, dan median asupan vitamin D adalah 4,3 mcg/hari. Tidak ditemukan korelasi yang bermakna antara sun index dan kadar kalsidiol dengan ukuran lesi KS, serta sun index dan asupan vitamin D dengan kadar kalsidiol pada masyarakat pesisir tersebut.

.....Seborrheic keratosis (SK) is a benign epidermal tumor with high sun exposure as a major risk factor. In addition, vitamin D deficiency is thought to play a role in the pathogenesis of SK. Vitamin D deficiency can be caused by insufficient sun exposure or a lack of vitamin D intake. Coastal areas are characterized by high sun exposure. Therefore, research assessing the relationship of vitamin D levels of SK patients living in a coastal area with sun exposure and vitamin D intake needs to be done. This is an analytic-descriptive cross-sectional study. We performed interview using sun index questionnaire; semi quantitative food frequency questionnaire for vitamin D; physical examination and dermoscopy to determine the largest diameter of SK lesions; and measurement of serum calcidiol levels in 39 individuals with 19-59 years age living in Cilincing District, North Jakarta. The Spearman correlation test was used to assess the relationship between variables. Median of the largest SK lesions size, sun index, serum calcidiol, and vitamin D intake were 2 mm, 3.95, 14.3 ng/ml, and 4.3 mcg/day, respectively. There were no significant correlations between sun index and calcidiol level with SK lesion size, as well as sun index and vitamin D intake with calcidiol level in this coastal population.