

Faktor yang Mempengaruhi Tingkat Kepositifan Biopsi Transbronchial Needle Aspiration Konvensional Kelenjar Getah Bening Paratrakeal Kanan Bawah dan Subkarina di RSUP Persahabatan Jakarta = Influence the Level of Positivity of Conventional Transbronchial Needle Aspiration Biopsy of Lower Right Paratracheal and Subcarinal Lymph Nodes at Persahabatan Hospital Jakarta

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Abstrak

Latar Belakang: Transbronchial needle aspiration (TBNA) konvensional merupakan salah satu modalitas minimal invasif yang digunakan untuk diagnosis dan staging kanker paru serta tumor mediastinum terutama jika EBUS-TBNA tidak tersedia. Penelitian ini dilakukan untuk mengetahui tingkat kepositifan biopsi TBNA konvensional KGB paratrakeal kanan bawah (KGB 4R) dan subkarina (KGB 7) pada pasien kanker paru dan tumor mediastinum.

Metode: Penelitian ini menggunakan desain potong lintang. Pengumpulan data dilakukan dengan cara observasi langsung pada pasien kanker paru atau tumor mediastinum yang menjalani TBNA konvensional pada KGB 4R dan/atau KGB 7 di RSUP Persahabatan Jakarta, Indonesia.

Hasil Penelitian: Total 33 pasien menjalani tindakan TBNA konvensional. Hasil TBNA positif sebanyak 20 (60,6%) yang terdiri dari 18 kasus keganasan dan dua kasus infeksi M. Tuberculosis. Pada kasus adenokarsinoma 58,3% pemeriksaan mutasi EGFR menggunakan sediaan sitologi TBNA. Jarum 21 G memberikan hasil TBNA positif lebih banyak dibandingkan jarum 19 G (masing-masing 68,2% dan 45,5%). Kelompok 1-2 set TBNA menunjukkan hasil TBNA positif 55,6% sedangkan kelompok 3-4 set TBNA menunjukkan hasil TBNA positif 66,7%. Kelompok jigging 10-14 tusukan menunjukkan hasil TBNA positif 70% sedangkan kelompok jigging 15-20 tusukan menunjukkan hasil TBNA positif 56,5%. Kelenjar getah bening subkarina memberikan hasil TBNA positif lebih banyak dibandingkan KGB paratrakeal kanan bawah (masing-masing 75% dan 47,1%). Ukuran KGB < 30 mm memberikan hasil TBNA positif lebih sedikit dibandingkan ukuran KGB 30 mm (36,4% berbanding 53,8%).

Kesimpulan: Jarum TBNA 21 G, pengambilan spesimen sitologi sebanyak 3-4 set TBNA, jumlah jigging sebanyak 10-14 tusukan, KGB 7 dan KGB berukuran 30 mm memberikan hasil TBNA positif lebih banyak.

.....Background: Minimally invasive conventional transbronchial needle aspiration (C-TBNA) is an alternative method for diagnosing and staging a lung cancer and mediastinal tumor when EBUS-TBNA is unavailable. This study was to determine the positivity level of C-TBNA biopsies in different techniques (repeated sets and jigged) at the right lower paratracheal (station 4R) and subcarinal (station 7) lymph nodes in lung cancer and mediastinal tumor cases.

Methods: This cross-sectional study was carried out by direct observation of lung cancer and mediastinal tumor cases examined by using C-TBNA of the station 4R and/or 7 lymph nodes at Persahabatan Hospital Jakarta, Indonesia.

Results: A total of 33 patients underwent C-TBNA. Positive results were 20 (60.6%), of which 18 cases were malignancy and two cases were M. tuberculosis infection. In the case of adenocarcinoma, 58.3% showed EGFR mutations from cytological exam. The 21 G needle yielded more positive TBNA results than

the 19 G needle (68.2% and 45.5%, respectively). Repeated 1-2 sets of TBNA showed 55.6% positive results while repeated 3-4 sets of TBNA showed 66.7% positive results. The 10-14 jiggled TBNA showed 70% positive results while the 15-20 jiggled TBNA showed 56,5% positive results. Station 7 lymph node TBNA received more positive TBNA results than station 4R lymph node (75% and 47.1%, respectively). Lymph nodes of size < 30 mm yielded less positive TBNA result than of size 30 mm (36.4% vs 53.8%). Conclusion: Specimen collection using 21 G TBNA needle, by means of repeated 3-4 sets or 10-14 jiggled, done at station 7 lymph nodes, and at lymph nodes of size 30 mm were observed to yield more positive TBNA results.