

Terapi Medik Gizi terhadap Perbaikan Klinis Pasien Tuberkulosis dan Karsinoma Nasofaring dengan Sindrom Refeeding: Serial Kasus = Medical Nutrition Therapy in Clinical Improvement in Tuberculosis and Nasopharyngeal Carcinoma Patients with Refeeding Syndrome: Case Series

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Abstrak

Pasien kanker dan infeksi rentan mengalami malnutrisi. Malnutrisi berat merupakan faktor risiko dari sindrom refeeding, suatu pergeseran cairan dan elektrolit yang berat akibat nutrisi yang diberikan pada pasien malnutrisi dan menimbulkan gangguan metabolik. Deplesi mineral intrasel (hipofosfatemia, hipomagnesemia, hipokalemia), gangguan cairan tubuh (refeeding edema), defisiensi tiamin, aritmia, gagal nafas, dan gagal jantung kongestif merupakan tanda dan gejala sindrom refeeding yang dapat meningkatkan morbiditas dan mortalitas. Dilaporkan empat pasien malnutrisi berat dengan tuberkulosis (TBC) paru dan karsinoma nasofaring (KNF) yang mengalami sindrom refeeding saat dirawat di rumah sakit. Terapi medik gizi dengan pemberian energi awal kurang dari 20 kkal/kgBB/hari lalu ditingkatkan bertahap, kadar elektrolit darah yang rendah dilakukan koreksi melalui oral atau intra vena, juga diberikan suplementasi tiamin dan mikronutrien lain. Pemantauan ketat klinis, tanda vital, keseimbangan cairan, dan kadar elektrolit darah dilakukan minimal 24 jam selama nutrisi diberikan. Pada akhir perawatan, terdapat perbaikan gejala dan tanda sindrom refeeding, serta kadar elektrolit darah. Lama perawatan pasien di rumah sakit 11-27 hari. Terapi medik gizi yang benar dan sesuai dapat mengurangi keparahan sindrom refeeding, memperbaiki klinis dan kadar elektrolit darah pasien.

.....Patients with cancer or infection disease are vulnerable to malnutrition. Severe malnutrition is a risk factor for refeeding syndrome, profound shifts of fluid and electrolytes that is developed from refeeding and causes metabolic disturbances. Intracellular mineral depletion (hypophosphatemia, hypomagnesemia, hypokalemia), body water imbalance (refeeding edema), thiamine deficiency, arrhythmia, respiratory failure and congestive heart failure are the signs and symptoms of refeeding syndrome which can increase morbidity and mortality. We report four severe malnutrition patients with pulmonary tuberculosis and nasopharyngeal carcinoma who developed refeeding syndrome while being treated for their underlying illness in hospital. Medical nutrition therapy started with energy less than 20 kcal/kg/day and increased slowly, low blood electrolytes levels were supplemented with oral or intravenous electrolytes. Patients were also given thiamine and another micronutrient supplementation. Patients were monitored closely for clinical conditions, vital signs, water balances and blood electrolytes levels minimum every 24 hours. Before discharge, improvement was seen in signs and symptoms of refeeding syndrome, and blood electrolytes levels. Hospital length of stay was 11 to 27 days. Appropriate medical nutrition therapy can reduce refeeding syndrome severity, give clinical and blood electrolytes levels improvement.