

# Evaluasi angka mortalitas gastroskisis dan faktor yang memengaruhi di Rumah Sakit Cipto Mangunkusumo Tahun 2015-2020 = Mortality rate evaluation of gastrochizis and influencing factors in Cipto Mangkunkusumo National Referral Hospital in 2015-2020

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## Abstrak

Latar Belakang: Di negara maju, angka mortalitas gastroskisis adalah 5-10%, berbeda dengan di negara berkembang. Angka mortalitas gastroskisis mencapai 52% di Brazil, 43% di Afrika Selatan, 35% di Iran, dan 79% di Jamaika. Di RSUPN Cipto Mangunkusumo (RSCM), sampai saat ini belum ada data mengenai angka mortalitas gastroskisis. Angka mortalitas gastroskisis di RSCM perlu diketahui karena karakteristik pasien yang diperkirakan berbeda dengan di negara maju. Tujuan dari penelitian ini adalah untuk mengetahui angka mortalitas gastroskisis di RSCM serta mengidentifikasi faktor risiko yang berpengaruh terhadap mortalitas gastroskisis, antara lain: usia kehamilan, berat badan lahir, jumlah operasi, usia saat operasi pertama kali, serta gastroskisis komplikata.

Metode: Metode penelitian ini adalah studi kohort retrospektif dengan total sampling seluruh neonatus yang menjalani operasi penutupan defek di RSCM dari Januari 2015 – September 2020. Analisis bivariat dilakukan menggunakan uji Chi Square atau uji Fisher. Didapatkan 49 subjek neonatus dengan 7 data masuk kategori drop out sehingga 42 subjek diambil untuk dianalisis.

Hasil: Angka mortalitas neonatus dengan gastroskisis di RSCM tahun 2015-2020 adalah 69% (29 dari 42 subjek). Pada penelitian ini didapatkan usia saat operasi (<1 hari) berpengaruh menurunkan angka mortalitas gastroskisis ( $p = 0,005$ ). Usia kehamilan, berat badan lahir, jumlah operasi, dan gastroskisis komplikata didapatkan tidak berpengaruh terhadap angka mortalitas gastroskisis.

Kesimpulan: Angka mortalitas gastroskisis di RSCM adalah 69% dan dipengaruhi oleh usia saat operasi.

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Background: Unlike developing countries, the mortality rate of gastroschizis in developed countries is much lower, accounting at 5-10%. In developing countries, for example, Brazil, the mortality rate can reach up to 52%, 43% in South Africa, 35% in Iran, and 79% in Jamaica. Until recently, there are no data regarding gastrochizis-related mortality rate in Cipto Mangkunkusumo National Referral Hospital, Indonesia. This is important as it reflects patient characteristics that is different with developed countries. The objective of this research is to find out the mortality rate of gastroschizis in Indonesia along with other possible influencing risk factors such as; gestational age, birth weight, number of operations, age at closure, and the presence of complicated gastroschizis.

Methods: A cohort retrospective study with total sampling is used to document all neonates who undergo defect closure surgery from January 2015 to September 2020. Bivariate analysis is done using Chi Square test or Fisher test. A total of 49 neonates were documented, however 7 neonates were excluded due to drop out criteria, resulting in 42 neonates who were included in the analysis.

Results: The mortality rate of gastroschizis in Cipto Mangkunkusumo National Referral Hospital is 69% (29 out of 42 subjects). The age at closure is related to lower mortality rate ( $p = 0.005$ ), while other factors such as gestational age, birth weight, number of operations, and the presence of complicated gastroschizis has no

impact on mortality.

Conclusions: The mortality rate of gastroschisis in Cipto Mangkunkusumo National Referral Hospital is 69% and is influenced by age at closure.