

Pengaruh panjang usus aganglionik terhadap morbiditas penderita penyakit hirschsprung pascaoperasi definitif di Indonesia = The association between aganglionic bowel segment length and morbidity of post definitive operative surgery hirschsprung's disease in Indonesia.

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Abstrak

Latar Belakang: Penyakit Hirschsprung (PH) dihadapkan pada penyulit berupa malnutrisi dan enterokolitis. Meskipun terapi bedah efektif pada PH, 32% pasien memiliki morbiditas pascaoperasi. Panjang segmen usus aganglionik memiliki pengaruh terbesar, pasien dengan aganglionik kolon total memiliki 63% komplikasi pascaoperasi, sedangkan pasien dengan aganglionik rektosigmoid memiliki 17% komplikasi pascaoperasi. Belum pernah ada penelitian yang membuktikan faktor-faktor yang memengaruhi morbiditas penderita PH pascaoperasi definitif yang terjadi di RSCM.

Metode: Dilakukan studi kohort retrospektif menilai penyulit berupa ekskoriasi perianal, kebocoran anastomosis dan striktur anastomosis pada 62 kasus PH di Rumah Sakit Cipto Mangunkusumo, Jakarta, Indonesia yang didiagnosis pada tahun 2015-2019. Data dianalisis dengan uji bivariat Chi-squared, uji Fischer atau uji Mann-Whitney.

Hasil: Aganglionik usus segmen pendek memiliki jumlah terbesar (75,8%), diikuti oleh aganglionik usus segmen panjang (19,4%), dan aganglionik kolon total (4,8%). Tidak ada pasien dengan aganglionik kolon total dan usus halus. Dari 62 kasus yang sesuai dengan kriteria inklusi, didapatkan 14 kasus mengalami morbiditas pascaoperasi dan 48 kasus tanpa morbiditas. Morbiditas terbanyak adalah ekskoriasi perianal sebanyak 6 kasus (42,8%), diikuti kebocoran anastomosis sebanyak 4 kasus (28,6%) dan striktur anastomosis sebanyak 4 kasus (28,6%). Panjang usus aganglionik tidak mempunyai hubungan yang bermakna dengan morbiditas pasien pascaoperasi PH ($p = 0,098$).

Kesimpulan: Panjang segmen usus aganglionik tidak menunjukkan asosiasi secara bermakna dengan morbiditas pasien dengan penyakit Hirschsprung pascaoperasi definitif.

.....Background: Hirschsprung's disease (HD) was faced with malnutrition and enterocolitis. Although surgical therapy is effective at HD, 32% of patients have postoperative morbidity. The length of the aganglionic bowel segment had the greatest influence, patients with total colonic aganglionic had 63% postoperative complications, whereas patients with rectosigmoid aganglionic had 17% postoperative complications. There has never been a study that proves the factors that influence the morbidity of postoperative HD patients who occur in RSCM.

Method: Conducted a retrospective cohort study assessing complicaion of the occurrence of perianal excoriation, anastomotic leak, and anastomotic stricture in 62 cases of PH at Cipto Mangunkusumo Hospital, Jakarta, Indonesia who were diagnosed in 2015-2019. Data were analized by using Chi-squared test, Fisher test or Mann-Whitney test.

Result: Short segment intestinal aganglionic had the largest number (75.8%), followed by long segment intestinal aganglionic (19.4%), and total colonic aganglionic (4.8%). There were no patients with total colon and small intestine aganglionic. Of the 62 cases that met the inclusion criteria, 14 cases experienced postoperative morbidity and 48 cases without morbidity. The most morbidity was perianal excoriation (6

cases, 42.8%), anastomotic leak (4 cases, 28.6%) and anastomotic stricture in 4 cases (28.6%). Aganglionic bowel length did not have a significant association with postoperative PH morbidity ($p = 0.037$).

Conclusion: Aganglionic bowel segment length is not significantly associated with morbidity, which is perianal excoriation, anastomotic leakage, and anastomotic stricture following definitive operative surgery for Hirschsprung disease.