Lumbal Pungsi sebagai Prediktor Keberhasilan Lumboperitoneal Shunt terhadap Luaran Pasien Syringomyelia Terkait Chiari Malformasi Tipe 1 di RSUPN Cipto Mangunkusumo = Lumbal Punction as a Predictor of Lumboperitoneal Shunt Success in Outcome of Syringomyelia Patients Related to Chiari Malformation Type 1 in National Central Hospital Cipto Mangunkusumo

Andre Dwijaya Saputra, author

Abstrak

Latar belakang: Syringomyelia merupakan rongga kistik patologis pada medulla spinalis yang menyebabkan kelainan kronis, progresif dan degeneratif. Etiologi paling sering yaitu sebagai komplikasi dari malformasi chiari tipe 1. Saat ini belum ada tatalaksana spesifik untuk syringomyelia. Tatalaksana bertujuan untuk mengurangi tekanan di dalam rongga subarachnoid. Salah satu pilihan pembedahan pada syringomyelia antara lumboperitoneal shunt (LPS). Sebelum dilakukan LPS setiap pasien dilakukan lumbal pungsi (LP) terlebih dahulu untuk memastikan apakah pasien tersebut responsif secara klinis terhadap drainase CSF. Lumbal pungsi merupakan prosedur sederhana yang bisa dilakukan di hampir setiap tipe rumah sakit, sehingga dapat dipertimbangkan menjadi tatalaksana awal pada kasus syringomyelia akibat CM tipe 1.

Metode: Penelitian observasional dengan desain studi potong lintang.
terkait CM tipe 1 pasca

Hasil: Sebanyak tujuh pasien terdiagnosis syringomyelia e.c chiari malformation tipe I terdiagnosa di RSUPN Cupto Mangunkusumo. Seluruh pasien adalah Wanita dengan range usia 38-57 tahun. Diketahui ketujuh pasien mengalami keluhan berupa defisit sensorik, kelemahan subjektif, dan nyeri disestetik yang menetap/ kronik dengan skala nyeri bervariasi antara 5-7 (skala nyeri numerik rating scale (0-10). Setelah dilakukan tindakan LPS diketahui sebanyak 4 pasien mengalami perbaikan signifikan defisit sensorik. Seluruh pasien delaporkan mengalami perbaikan nyeri dimana 4 pasien mengalami resolusi sempurna. Dilaporkan satu pasien mengalami efek samping berupa migrasi shunt sehingga diperlukan tatalaksana tambahan berupa reposisi shunt.

Simpulan: Pada ketujuh pasien serial kasus mengalami perbaikan pasca dilakukan LP sehingga dilanjutkan dengan LPS satu minggu sesudahnya. Hasilnya menunjukkan perbaikan klinis yang cukup signifikan pada seluruh pasien.
.....Background: Syringomyelia is a pathological cystic cavity in the spinal cord that causes chronic, progressive and degenerative disorders. The most common etiology is as a complication of type 1 chiari malformation. Currently, there is no specific treatment for syringomyelia. Treatment aims to reduce pressure in the subarachnoid space. One of the surgical options for syringomyelia is a lumboperitoneal shunt (LPS). Prior to LPS, each patient was subjected to a lumbar puncture (LP) to determine whether the patient was clinically responsive to CSF drainage. Lumbar puncture is a simple procedure that can be performed in almost every type of hospital, so it can be considered as the initial treatment in cases of syringomyelia due to

type 1 CM.

Methods: Observational study with a cross-sectional design. The sample in this study were all patients with syringomyelia related to CM type 1 after lumboperitoneal shunt surgery at Cipto Mangunkusumo General Hospital from January 2017 to December 2021, a total of 7 people.

Results: A total of seven patients diagnosed with syringomyelia e.c chiari malformation type I were diagnosed at the Cupto Mangunkusumo General Hospital. All patients were women with an age range of 38-57 years. It is known that the seven patients experienced complaints in the form of sensory deficits, subjective weakness, and persistent/chronic dysesthetic pain with pain scales varying between 5-7 (numerical pain rating scale (0-10). After the LPS procedure, it was found that 4 patients experienced significant improvement. sensory deficit. All patients reported experiencing pain improvement where 4 patients experienced complete resolution.One patient reported side effects in the form of shunt migration so that additional management was needed in the form of shunt repositioning.

Conclusion: The seven case series patients experienced improvement after LP was carried out so that they were continued with LPS one week afterward. The results showed significant clinical improvement in all patients.