

Luaran pendekatan operasi mikroskopik dan endoskopik pada pasien kraniofaringima di RSUPN dr. Cipto Mangunkusumo = The surgical outcome of microscopic and endoscopic approach in craniopharyngioma patient at Dr. Cipto Mangunkusumo National General Hospital

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Abstrak

Latar Belakang: Berdasarkan alat yang digunakan, pendekatan operasi kraniofaringioma terbagi menjadi endoskopik dan mikroskopik. Masing-masing pendekatan memiliki kelebihan dan kekurangan masing-masing sehingga akan memberikan luaran klinis, resektabilitas dan efektifitas pembiayaan yang berbeda-beda. Belum diketahui luaran pasca operasi baik pendekatan mikroskopik maupun endoskopik di RSUPN dr. Cipto Mangunkusumo.

Tujuan: Mengetahui luaran operasi pasien kraniofaringioma di RSUPN dr. Cipto Mangunkusumo..

Metode: Kohort retrospektif pasien kraniofaringioma yang menjalani pembedahan sejak tahun 2012 hingga tahun 2021 di RSUPN dr. Cipto Mangunkusumo, Jakarta, Indonesia. Pasien dengan masalah ekstrakranial, pasien endoskopi dengan kraniotomi luas dikeluarkan dari penelitian. Dilakukan pengambilan data demografis, luaran klinis dan resektabilitas tumor dan efektifitas pembiayaan. Data dikelompokkan menjadi variabel kategorik dan numerik. Analisa variabel kategorik dan kategorik diolah menggunakan uji Chi-square. Sedangkan variabel kategorik dan numerik diolah menggunakan T-Test. Pengolahan data menggunakan SPSS 25.0.

Hasil: Pada 30 subjek penelitian, 22 subjek (73%) menjalani tindakan operasi mikroskopik dan 8 subjek (27%) menjalani tindakan operasi endoskopik. Perdarahan intraoperasi rata-rata pendekatan mikroskopik 445ml (50-1600), sedangkan endoskopik 57ml (20-200). Secara signifikan perdarahan intraoperasi pendekatan endoskopik lebih rendah dibandingkan pendekatan mikroskopik, $p < 0,01$. Durasi operasi rata-rata pendekatan mikroskopik 3 jam (2-4jam), sedangkan endoskopik 6,6jam (2,5-14jam). Secara signifikan waktu operasi pendekatan endoskopik lebih singkat dibandingkan mikroskopik, $p=0,001$. Kesimpulan: Pendekatan endoskopik memiliki potensi yang baik untuk dikembangkan sebagai pilihan tatalaksana bedah pasien kraniofaringioma.

.....Based on the equipment used, the surgical approach to craniopharyngioma is divided into endoscopic and microscopic. Each approach has its own advantages and disadvantages so that it will provide different clinical outcomes, resectability, and cost effectiveness. The postoperative outcome for both microscopic and endoscopic approaches in RSUPN dr. Cipto Mangunkusumo is unknown.

Objective: Knowing the operative approach outcome of craniopharyngioma patients at RSUPN dr. Cipto Mangunkusumo.

Methods: A retrospective cohort of craniopharyngioma patients undergoing surgery from 2012 to 2021 at RSUPN dr. Cipto Mangunkusumo, Jakarta, Indonesia. Patients with extracranial problems, assisted endoscopic approach were excluded from the study. Demographic data, clinical outcome, and tumor resectability and cost effectiveness were collected. The data are grouped into categorical and numeric variables. The analysis of categorical and categorical variables was processed using the Chi-square test.

Meanwhile, categorical and numerical data were processed using T-Test. Data processing using SPSS 25.0. Results: In 30 study subjects, 22 subjects (73%) underwent microscopic surgery and 8 subjects (27%) underwent endoscopic surgery. Intraoperative bleeding using microscopic approach average 445ml (50-1600), while endoscopic 55ml (20-200). Intraoperative bleeding was significantly lower in the endoscopic approach than the microscopic approach, $p < 0.01$. The average duration of surgery for the microscopic approach is 3 hours (2-4 hours), while the endoscopic approach is 6.6 hours (2.5-14 hours). The operating time for the endoscopic approach was significantly shorter than the microscopic one, $p = 0.001$. Conclusion: The endoscopic approach has good potential to be developed as a surgical treatment option for craniopharyngioma patients.