

Manajemen Malformasi Arteri-Vena Serebral di Departemen Bedah Saraf RSUPN dr. Cipto Mangunkusumo: Analisis Derajat, Terapi, Luaran, dan Biaya = Management of Cerebral Arteriovenous Malformations at the Department of Neurosurgery, dr. Cipto Mangunkusumo Hospital: Analysis of Grading, Therapy, Clinical Outcome, and Costs

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Abstrak

Latar Belakang: malformasi arteri-vena (MAV) adalah struktur abnormal yang menyebabkan fistula antara arteri dan vena tanpa perantara kapiler. MAV serebral memiliki risiko ruptur yang tinggi, dimana keadaan ruptur dapat menyebabkan kondisi katastrofik bagi pasien. Terdapat berbagai modalitas penatalaksanaan dalam manajemen MAV, seperti reseksi, embolisasi endovaskular, pembedahan stereotaktik, atau kombinasi tindakan-tindakan tersebut. Penelitian mengenai MAV sudah banyak dilakukan di luar negeri, namun masih sedikit dilakukan di Indonesia.

Tujuan: memperoleh data profil klinis, manajemen, luaran, dan gambaran pembiayaan pasien MAV serebral di RSUPN Dr. Cipto Mangunkusumo, serta memperoleh hubungan antara variabel tersebut.

Metode: penelitian ini merupakan penelitian observasional deskriptif dengan memperoleh data dari rekam medis pasien sejak tahun 2012 hingga 2021.

Hasil: sebanyak 128 tindakan dilakukan pada pasien MAV serebral di RSCM. Jenis tindakan terbanyak adalah DSA diagnostik, disusul dengan GKRS dan embolisasi. Pada tindakan embolisasi, luaran klinis yang memiliki perbedaan signifikan antara pra dan pasca operasi adalah kejang, nyeri kepala, dan penurunan kesadaran. Pada tindakan GKRS, luaran klinis yang memiliki perbedaan signifikan pra dan pasca operasi adalah kejang, nyeri kepala, mual muntah, penurunan kesadaran, hemiparesis, dan hemihipestesia. Median persentase obliterasi GKRS adalah 51,86%. Data tindakan reseksi tidak dianalisis karena jumlah sampel tidak mencukupi. Biaya tindakan paling tinggi adalah tindakan GKRS, dengan rerata pembiayaan tindakan sebesar Rp. 134.878.643,00.

Kesimpulan: dibandingkan dengan embolisasi dan reseksi, tindakan GKRS menunjukkan luaran klinis yang lebih baik dengan nilai median obliterasi 51,86%, namun merupakan tindakan dengan pembiayaan paling tinggi dan tidak ditanggung oleh asuransi negara.

.....Backgrounds: Arteriovenous malformation (AVM) is an abnormal structure that causes fistulas between arteries and veins without capillary intermediaries. Cerebral AVM has a high risk of rupture, where the state of rupture can cause catastrophic conditions for the patient. There are various treatment modalities in the management of AVM, such as resection, endovascular embolization, stereotactic surgery, or a combination of the treatments above. Many researches on AVM have been carried out abroad, but little has been done in Indonesia.

Objective: to obtain data on clinical profiles, management, outcomes, and costs of cerebral AVM patients at Dr. Cipto Mangunkusumo, and to obtain the relationship between the variables.

Method: this study is a descriptive observational study by extracting data from patient medical records from 2012 to 2021.

Results: a total of 128 procedures were performed on cerebral AVM patients at RSCM. The most common type of procedure was diagnostic DSA, followed by GKRS and embolization. In the embolization procedure, the clinical outcomes that had a significant difference between pre and post-procedure were seizures, headache, and decreased consciousness. In the GKRS procedure, the clinical outcomes that had significant differences before and after the procedure were seizures, headache, nausea and vomiting, decreased consciousness, hemiparesis, and hemihypesthesia. The median percentage of GKRS obliteration was 51.86%. Resection data were not analyzed because the number of samples was insufficient. The highest cost of procedure is GKRS, with an average cost of action of Rp. 134,878,643.00.

Conclusion: compared to embolization and resection, the GKRS procedure showed a better clinical outcome with a median obliteration value of 51.86%, but it was the procedure with the highest cost and was not covered by national health coverage.