

# Korelasi Status Gizi Pascaproedur Arterial Switch Operation Pada Transposition Intact Ventricular Septum Usia ≥30 hari = Nutritional status correlation with Arterial switch post operative outcome in Transposition with Intact Ventricular Septum late presenter (age ≥30 days)

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## Abstrak

Latar belakang: Arterial Switch Operation (ASO) merupakan prosedur utama pada Transposition Intact Ventricular Septum (TGA-IVS). TGA-IVS kehadiran terlambat (usia 30 hari) mempengaruhi kesintasan pascaproedur ASO dan umum ditemukan di negara berkembang, termasuk Indonesia. Semakin besar usia pada populasi penyakit jantung kongenital, terutama TGA-IVS, umumnya disertai status gizi kurang. Hubungan antara status gizi terhadap kesintasan pascaproedur ASO pada TGA-IVS kehadiran terlambat belum diketahui. Metodologi: Penelitian studi potong lintang berdasarkan data sekunder dari rekam medis pada pasien TGA-IVS 30 hari yang menjalani operasi ASO periode 2015-2021. Variabel utama yang dinilai adalah status gizi berdasarkan kurva status gizi WHO 2006. Variabel yang ikut dinilai antara lain usia, jenis kelamin, anomali koroner, pola anomali, jenis ASO, lama penggunaan mesin jantung paru, dan penggunaan klem silang aorta terhadap mortalitas pascaproedur ASO. Hasil: Terdapat 89 anak dengan kehadiran terlambat; 68,53% memiliki status gizi kurang/buruk. Karakteristik pasien TGA-IVS kehadiran terlambat adalah laki-laki (67,2-67,9%), tidak memiliki anomali koroner dan memiliki pola anomali koroner normal (67,2-78,6%) dan menjalani ASO primer (67,9-68,9%). Status gizi kurang/buruk tidak memiliki hubungan terhadap risiko kematian pascaproedur ASO (OR: 2,41, P:0,661) dibandingkan status gizi cukup. Lama mesin jantung paru merupakan prediktor mortalitas independen ( $p = 0,031$ ). Kesimpulan: Status gizi rendah tidak memiliki hubungan terhadap mortalitas pascaproedur ASO pada TGA-IVS kehadiran terlambat.

.....Background: Arterial Switch Operation (ASO) is the main procedure for Transposition of with Intact Ventricular Septum (TGA-IVS). Late presenter TGA-IVS (age 30 days) has lower postoperative ASO survival and commonly found in developing country, including Indonesia. Older age in congenital heart disease, including TGA-IVS, associated with poor nutritional status. The correlation between nutritional status and mortality post ASO in late presenter TGA-IVS remains unknown. Method: a cross sectional study based on secondary data based on medical record of late presenter TGA-IVS who undergone ASO in 2015-2021. The main measured variable is nutritional status based on WHO 2006 nutritional status curves. Other measured variables are age at intervention, gender, coronary anomaly, coronary patterns, ASO types, cardiopulmonary bypass time, aortic cross-clamp time and hospital mortality post ASO. Result: 89 children identified as late presenter TGA-IVS; 68,53% with poor nutritional status. The late presenter TGA-IVS characteristics are male (67,2-67,9%), normal coronary anatomy and pattern (67,2-78,6%), and mostly underwent primary ASO (67,9-68,9%). Poor nutritional status has no correlation (OR: 2,41, P:0,661) with mortality outcome post ASO if compared with normal nutritional status. CPB time is an independent risk factor for mortality ( $p = 0,031$ ). Conclusion: No correlation between poor nutritional status with mortality outcomes post ASO procedure in late presenter TGA-IVS