

Hubungan Diameter dan Angka Oklusi Vena Saphena Magna Terhadap Revised Venous Clinical Severity Score (r-VCSS) Pasca Tindakan Endovenous Laser Ablation (EVLA) pada Pasien Insufisiensi Vena Kronik = Correlation between Diameter and Occlusion Rate of Great Saphenous Vein on Revised venous Clinical Severity Score (r-VCSS) After Endovenous Laser Ablation (EVLA) in Chronic Venous Insufficiency Patient

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Abstrak

Efektifitas EVLA terhadap diameter vena saphena magna yang besar masih banyak diperdebatkan, karena diameter vena saphena magna yang besar memiliki angka oklusi yang lebih rendah pasca EVLA dan diperkirakan mempengaruhi nilai r-VCSS. Desain penelitian ini adalah potong lintang pasien insufisiensi vena kronik pada vena saphena magna yang lakukan EVLA di Rumah Sakit Cipto Mangunkusumo dan rumah sakit jejaring dari Juli 2023 – Desember 2023. 37 tungkai dari 34 pasien yang dilakukan EVLA 1470 nm dengan tip radial. Dilakukan pengukuran diameter vena saphena magna dengan usg doppler pada 4 segmen (3 femoral, 1 kruris) dan dibagi berdasarkan nilai potong, dan juga dilakukan penilaian r-VCSS pre EVLA. 1 minggu pasca EVLA dilakukan penilaian oklusi dari vena saphena magna dengan usg doppler dan nilai r-VCSS. Analisis data menggunakan SPSS versi 25.0 secara bivariat dan multivariat. 5 tungkai (13,5%) mengalami gagal oklusi 1 minggu pasca EVLA. Semua kegagalan oklusi pada segmen 1/3 proksimal femoral (diameter > 10 mm) ($P < 0,05$). Tidak ada perbedaan bermakna antara angka oklusi dengan nilai r-VCSS, baik pre dan post EVLA ($P = 0,490$ dan $P = 0,102$). Perbedaan diameter sesuai nilai potong tidak mempengaruhi nilai r-VCSS post tindakan. Diameter vena pre-EVLA mempengaruhi keberhasilan oklusi pasca-EVLA. Angka oklusi vena saphena magna tidak mempengaruhi nilai r-VCSS pasca EVLA.

.....The effectiveness of EVLA on large saphenous vein diameter is still widely debated, because large saphenous vein diameter has a lower occlusion rate after EVLA and can affect the r-VCSS value. The design of this study was a cross-sectional of patients with chronic venous insufficiency in the great saphenous vein who underwent EVLA at Cipto Mangunkusumo Hospital and a network teaching hospitals from July 2023 – December 2023. 37 extremity from 34 patients underwent 1470 nm EVLA with a radial tip. The diameter of the great saphenous vein was measured using Doppler ultrasound in 4 segments (3 femoral, 1 cruris) and divided based on the cutoff value, and pre-EVLA r-VCSS was also assessed. 1 week after EVLA, the occlusion of the great saphenous vein was assessed using Doppler ultrasound and r-VCSS values. Data analysis used SPSS version 25.0 bivariate and multivariate. cases (13.5%) failed occlusion 1 week post EVLA. All occlusion failure occurred at the 1/3 proximal of the femoral segment (diameter > 10 mm) ($P < 0.05$). There was no significant difference between occlusion rates with r-VCSS, pre and post EVLA ($P = 0.490$ and $P = 0.102$). The difference in diameter according to the cut value does not affect the r-VCSS after the procedure. Pre-EVLA vein diameter influences the success of post-EVLA occlusion. The degree of occlusion of the great saphenous vein does not affect the r-VCSS after EVLA.