Perbandingan Jarak Antero-Posterior Hiatus Levator Ani antara Kasus Ballooning dan Non-Ballooning pada Perempuan dengan Prolaps Organ Panggul = Comparison of Antero-posterior Length of Levator Ani Hiatal between Ballooning and Non-Ballooning Cases in Pelvic Organ Prolapse

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Abstrak

Latar Belakang Prolaps organ panggul (POP) merupakan perubahan posisi organ-organ penyusun panggul dari posisi normal. Ballooning atau distensi otot levator ani dinilai menjadi penyebab POP. Penentuan balloning sejauh ini masih menggunakan USG 3D/4D yang tidak banyak ada di Indonesia. Diperlukan penelitian perbandingan ballooning dan non-ballooning dengan USG 2D untuk menentukan ballooning dengan panjang antero-posterior (AP) hiatus levator ani. Metode Digunakan metode deskriptif analitik menggunakan perbandingan rerata dengan desain penelitian potong lintang retrospektif dan pemilihan sampel penelitian secara konsekutif. Didapatkan sebanyak 72 subjek dengan 37 orang berada pada kelompok ballooning. Hasil Usia kelompok ballooning dan non-ballooning berada pada usia dewasa tua (60.35 ± 11.06 vs 56.54 ± 11.14 tahun, p=0.096), obesitas (26.73 ± 3.94 vs 24.53 ± 2.88 kg/m2, p=0.015), aktivitas berat (51.3% vs 65.7%, p=0.217), pekerjaan ibu rumah tangga (64.8% vs 65.7%, p=0.893), multiparitas (72.9% vs 60.0%, p=0.210), menopause (75.6% vs 74.2%, p=0.892), bayi lahir terberat 3500 gram (56.7% vs 45.7%, p=0.349), dan persalinan normal (83.7% vs 88.5%, p=0.420). Rerata anteroposterior ballooning lebih besar dibandingkan non-ballooning (7.09 ± 0.63 vs 5.56 ± 0.64 cm) dengan seluruh subjek ballooning memiliki panjang AP di atas 6 cm (<0.001). Kesimpulan Obesitas dan berat badan berhubungan dengan adanya ballooning pada pasien POP. Perbandingan AP hiatus levator ani menunjukkan perbedaan sehingga skrining ballooning berdasarkan panjang AP hiatus dapat dilakukan untuk membedakan kedua kelompok.

.....Introduction Pelvic organ prolapse (POP) is a change in the position of the organs that make up the pelvis from their normal position. Ballooning or distension of the levator ani muscle is considered to cause POP. This determination of ballooning still uses 3D/4D ultrasound, which is not widely available in Indonesia. Comparative research between ballooning and non-ballooning with 2D ultrasound is needed to determine the ballooning through anteroposterior (AP) length of the levator ani hiatus. Method The analytical descriptive method was used using mean comparisons with a retrospective cross-sectional research design and consecutive research sample selection. There were 72 subjects with 37 people in the ballooning group. Results The ages of the ballooning and non-ballooning groups were older adults (60.35 ± 11.06 vs 56.54 ± 11.14 years, p=0.096), obesity (26.73 ± 3.94 vs 24.53 ± 2.88 kg/m2, p=0.015), heavy activity (51.3% vs 65.7%, p=0.217), housewife work (64.8% vs 65.7%, p=0.893), multiparity (72.9% vs 60.0%, p=0.210), after menopause (75.6% vs 74.2%, p=0.892) , the heaviest baby born 3500 grams (56.7% vs 45.7%, p=0.349), and normal delivery (83.7% vs 88.5%, p=0.420). The mean anteroposterior ballooning was greater than non-ballooning (7.09 ± 0.63 vs 5.56 ± 0.64 cm) with all ballooning subjects having an AP length above 6 cm (<0.001). Conclusion Obesity and body weight are associated with ballooning in POP patients. Comparison of the AP hiatus of the levator ani shows differences so that ballooning screening

based on the length of the AP hiatus can be performed to differentiate the two groups.