

# Studi Kasus Pemantauan Terapi Obat Pasien X Penderita Koledokolitiasis di Rumah Sakit Universitas Indonesia Periode Juni 2023 = Case Study Therapeutic Drug Monitoring Patient X with Choledocholithiasis in University of Indonesia Hospital June 2023 Period

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## Abstrak

Koledokolitiasis adalah keadaan tersumbatnya saluran Common Bile Duct oleh batu empedu yang dapat menyebabkan komplikasi infeksi saluran empedu dan ikterus. Koledokolitiasis dialami oleh pasien X yang merupakan pasien geriatri dengan multi-penyakit dan polifarmasi, sehingga membutuhkan pemantauan terapi obat karena pasien berpotensi rentan tidak patuh pengobatan, terjadi efek samping obat ataupun penurunan fungsi organ tubuh. Metode penelitian dilakukan dengan menelusuri rekam medis, melakukan pemantauan terapi obat dan visite pasien X. Hasil pemantauan terapi obat pasien X ditemukan potensi interaksi obat mayor antara cilostazol dengan lansoprazole, ibuprofen, dan siprofloksasin yang berakibat pendarahan dan interaksi antara simvastatin dengan siprofloksasin dan cilostazol yang berpotensi menimbulkan rhabdomyolisis. Menurut hasil visite, pasien tidak mengalami gejala klinis pendarahan atau rhabdomyolisis. Tes laboratorium aPTT dan PT direkomendasikan apabila pasien X mengalami gejala pendarahan untuk mempertimbangkan penurunan dosis cilostazol. Selain itu, pasien diketahui menggunakan lansoprazole dengan jangka waktu melebihi ketentuan BEERs Criteria, maka dapat direkomendasikan pertimbangan penghentian penggunaan lansoprazole karena berpotensi osteoporosis dan terinfeksi *C. difficile*.

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Choledocholithiasis is a condition where the Common Bile Duct is blocked by gallstones which can lead to complications of bile duct infection and jaundice. Choledocholithiasis is experienced by patient X who is a geriatric patient with multi-disease and polypharmacy, so it requires monitoring of drug therapy because patients are potentially vulnerable to non-compliance with treatment, drug side effects or decreased organ function. The research method was carried out by tracing medical records, monitoring drug therapy and visiting patient X. The results of monitoring patient X's drug therapy found potential major drug interactions between cilostazol with lansoprazole, ibuprofen, and ciprofloxacin which resulted in bleeding and interactions between simvastatin with ciprofloxacin and cilostazol which had the potential to cause rhabdomyolysis. According to the results of the visit, the patient did not experience clinical symptoms of bleeding or rhabdomyolysis. Laboratory tests of aPTT and PT were recommended if patient X experienced bleeding symptoms to consider decreasing the dose of cilostazol. In addition, the patient was known to use lansoprazole for a period exceeding the provisions of the BEERs Criteria, so it can be recommended to consider discontinuing the use of lansoprazole because of the potential for osteoporosis and *C. difficile* infection.