

Hubungan Perburukan Fungsi Ginjal Terkait Antibiotik dengan Mortalitas Intraperawatan pada Pasien Endokarditis Infektif Sisi Jantung Kiri = Association of Antibiotic-Related Worsening of Renal Function with Intrahospital Mortality in Patients with Left-sided Infective Endocarditis

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Abstrak

Endokarditis Infektif (EI) merupakan masalah kesehatan serius dengan angka insidensi, morbiditas dan mortalitas yang tinggi. Perburukan fungsi ginjal terkait antibiotik intraperawatan terjadi cukup sering dan dikaitkan dengan luaran klinis yang lebih buruk. Tujuan penelitian ini adalah mengetahui hubungan antara perburukan fungsi ginjal terkait antibiotik dengan mortalitas intraperawatan pada pasien EI sisi jantung kiri. Dilakukan studi kohort retrospektif terhadap 315 pasien dengan EI aktif sisi jantung kiri pada periode 1 Januari 2013–31 Mei 2023. Dilakukan analisis bivariat dan multivariat untuk mengetahui prediktor mortalitas intraperawatan, mortalitas jangka panjang, lama rawat dan kebutuhan terapi pengganti ginjal. Terdapat 315 pasien dengan EI aktif sisi jantung kiri dimana 169 pasien dengan perburukan fungsi ginjal terkait antibiotik dan 146 pasien tanpa perburukan fungsi ginjal. Angka mortalitas intraperawatan sebesar 20,3% sedangkan pada pasien dengan perburukan fungsi ginjal terkait antibiotik mortalitas intraperawatan sebesar 34,9%. Dari analisis multivariat didapatkan faktor yang berhubungan dengan mortalitas intraperawatan adalah perburukan fungsi ginjal terkait antibiotik (OR 8,6), kejadian sepsis (OR 11,16), penggunaan antibiotik inkomplit (OR 10,49), lama perawatan <21 hari (OR 5,16), ukuran vegetasi >10 mm (OR 5,04) dan penggunaan terapi pengganti ginjal (OR 4,74). Dilakukan perhitungan untuk skoring prediktor mortalitas intraperawatan. Hasil analisis kurva ROC untuk perhitungan skor prediktor mortalitas intraperawatan didapatkan AUC 0,927; IK 95% 0,886 – 0,968; $p < 0,001$; H-L 0,610) dengan sensitivitas 89,1%, spesifisitas 84,5%. Kejadian perburukan fungsi ginjal terkait antibiotik berhubungan dengan mortalitas intraperawatan dengan OR 8,6.

.....Infective endocarditis (IE) is a serious health problem with high incidence, morbidity, and mortality rates. Intrahospital antibiotic-related worsening of renal function occurs quite frequently and is associated with worse clinical outcomes. The objective of this study was to determine the relationship between antibiotic-related worsening of kidney function and intrahospital mortality in left-sided IE patients. A retrospective cohort study was conducted on 315 patients with active IE on the left side of the heart from January 1, 2013 to May 31, 2023. Bivariate and multivariate analyses were conducted to determine predictors of intrahospital mortality, long-term mortality, length of stay, and the need for renal replacement therapy. There were 315 patients with active IE on the left side of the heart, of whom 169 had antibiotic-related worsening of kidney function, and 146 did not. The intrahospital mortality rate was 20.3%, whereas the intrahospital mortality rate was 34.9% in patients with worsening kidney function due to antibiotics. According to multivariate analysis, factors associated with intra-treatment mortality were antibiotic-related worsening of kidney function (OR 8.6, $p=0.001$), incidence of sepsis (OR 11.16, $p<0.001$), incomplete use of antibiotics (OR 10.49, $p<0.001$), length of stay <21 days (OR 5.16, $p=0.003$), vegetation size >10 mm (OR 5.04, $p=0.006$), and use of renal replacement therapy (OR 4.74, $p=0.008$). We obtained the predictor

score for intrahospital mortality. The results of the ROC curve analysis for calculating intrahospital mortality predictor scores showed an AUC of 0.927 (95% CI 0.886–0.968; $p < 0.001$; H-L 0.610) with a sensitivity of 89.1% and a specificity of 84.5%. Worsening kidney function related to antibiotics was associated with intrahospital mortality.