Gambaran Status Gizi Penderita Tumor Otak Primer dan Sekunder di RSUPN Cipto Mangunkusumo dan Faktor-faktor yang Memengaruhinya = The Nutritional Status of Patients with Primary and Secondary Brain Tumors at Cipto Mangunkusumo General Hospital and The Affecting Factors

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Abstrak

Latar belakang: Tumor otak primer dan sekunder memiliki patofisiologi dan pendekatan diagnosis yang berbeda. Keganasan dapat menyebabkan status gizi kurang, namun hal tersebut belum diketahui pada tumor otak primer, terutama bila dibandingkan tumor otak sekunder.

Metode penelitian: Studi potong lintang pada penderita tumor otak primer dan sekunder di RSUPN Cipto Mangunkusumo tahun 2017-2019. Diagnosis malnutrisi menggunakan kriteria GLIM (Global Leadership Initiative on Malnutrition). Analisis data menggunakan Chi Square/Fisher dan multivariat regresi logistik.

Hasil: Terdapat 333 subjek: 246 tumor otak primer dan 87 sekunder. Gambaran status gizi penderita tumor otak primer: 47,6% obesitas; 6,1% malnutrisi; sisanya normal, sedangkan pada tumor otak sekunder: 25,3% malnutrisi; 24,1% obesitas; sisanya normal. Tumor otak sekunder berisiko malnutrisi dengan RR 1,257 (KI 95% 1,108-1,426), p<0,001. Faktor-faktor yang memengaruhi malnutrisi adalah jenis tumor otak primer/sekunder, jenis kelamin, usia, penurunan kesadaran, anoreksia, keluhan gastrointestinal, lesi intraaksial, lesi multipel, dan lokasi lesi yang melibatkan lobus frontal. Faktor yang berhubungan secara independen adalah lesi multipel dengan aOR 3,423 (KI 95% 1,124-10,426), p 0,03.

Kesimpulan: Status gizi penderita tumor otak primer dan sekunder berbeda, dengan tingkat malnutrisi yang lebih tinggi pada tumor otak sekunder dan obesitas yang tinggi pada tumor otak primer. Jumlah lesi multipel di otak memengaruhi terjadinya malnutrisi.
.....Background: Primary and secondary brain tumors have different pathophysiologies and diagnostic approaches. Malignancy can cause poor nutritional status, but it is not yet known in primary brain tumors, especially when compared to secondary brain tumors.

Method: Cross-sectional study in patients with primary and secondary brain tumors at Cipto Mangunkusumo General Hospital in 2017-2019. Malnutrition was diagnosed using the GLIM (Global Leadership Initiative on Malnutrition) criteria. Data analysis used Chi Square/Fisher and multivariate logistic regression.

Results: There were 333 subjects: 246 primary and 87 secondary brain tumors. Description of nutritional status of patients with primary brain tumors: 47.6% obese; 6.1% malnutrition; the rest were normal, while in secondary brain tumors: 25.3% were malnourished; 24.1% obese; the rest is normal. Secondary brain tumor at risk of malnutrition with RR 1.257 (95% KI 1.108-1.426), p<0.001. Factors influencing malnutrition were the type of primary/secondary brain tumor, gender, age, decreased consciousness, anorexia, gastrointestinal

complaints, intraaxial lesions, multiple lesions, and the location of the lesions involving the frontal lobes. The independently related factor was multiple lesions with an aOR of 3,423 (95% KI 1.124-10.426), p 0.03.

Conclusion: The nutritional status of patients with primary and secondary brain tumors is different, with higher levels of malnutrition in secondary brain tumors and higher obesity in primary brain tumors. The number of multiple lesions in the brain affects the occurrence of malnutrition.