

Faktor-faktor yang Memengaruhi Kejadian Cedera Ginjal Akut pada Pasien Pascaoperasi Tetralogy of Fallot = Factors Affecting the Incidence of Acute Kidney Injury in Postoperative Tetralogy of Fallot Patients

Thereatdy Sandi Susyanto, author

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Abstrak

Tetralogy of Fallot (TOF) merupakan salah satu kelainan jantung kongenital sianotik paling umum, dengan insiden sekitar empat dari setiap 10.000 kelahiran hidup. Operasi koreksi TOF dapat diperberat dengan cedera ginjal akut yang berkaitan dengan morbiditas dan mortalitas yang signifikan. Prevalensi cedera ginjal akut pada populasi pasien pascaoperasi koreksi TOF belum banyak diketahui. Penelitian ini menggunakan metode kohort retrospektif. Data diambil secara sekunder dari rekam medis RSPJN HK terhadap semua pasien TOF yang dilakukan koreksi TOF pada tahun 2019 -2023. Terdapat 520 pasien yang dianalisis dalam penelitian ini. Terdapat hubungan bermakna antara kelompok cedera ginjal akut dan kelompok tidak cedera ginjal akut pada variabel lama CPB ($p=0.000$; MD = -35.78; IK 95% -51.21 - -20.35) dan lama klem silang aorta ($p=0.000$; MD = -13.68 (IK 95% -21.42 - -5.94). Terdapat hubungan bermakna secara antara lesi residual pulmonary regurgitation ($p=0.024$; RR=1.56; IK 95% 1.07 – 2.28, dan lesi residual pulmonary stenosis dan kejadian cedera ginjal akut ($p=0.035$; RR =1.49; IK 95% 1.03 – 2.15). Dapat disimpulkan bahwa lama CPB, klem silang aorta dan adanya lesi residual yakni pulmonary regurgitation dan pulmonary stenosis berhubungan dengan kejadian cedera ginjal akut pada pasien yang menjalani koreksi TOF.

.....Tetralogy of Fallot (TOF) is one of the most common cyanotic congenital heart defects, with an incidence of approximately four per 10,000 live births. Corrective surgery for TOF is often complicated by acute kidney injury (AKI), which is associated with significant morbidity and mortality. The prevalence of AKI in patients undergoing postoperative TOF correction is not well established. A retrospective cohort study was conducted using medical records from PJN HK Hospital. Data was collected for TOF patients who underwent corrective surgery between 2019 and 2023. A total of 520 patients were analysed. There was a significant difference between the AKI group and the non-AKI group in terms of cardiopulmonary bypass (CPB) duration ($p = 0.000$; MD = -35.78; 95% CI: -51.21 to -20.35) and aortic cross-clamp time ($p = 0.000$; MD = -13.68; 95% CI: -21.42 to -5.94). Residual pulmonary regurgitation lesions were significantly associated with AKI incidence ($p = 0.024$; RR = 1.56; 95% CI: 1.07–2.28), as were residual pulmonary stenosis lesions ($p = 0.035$; RR = 1.49; 95% CI: 1.03–2.15). In conclusion, CPB duration, aortic cross-clamp time, and the presence of residual lesions, such as pulmonary regurgitation and pulmonary stenosis, are significantly associated with the incidence of acute kidney injury in patients undergoing TOF corrective surgery.