Gambaran Klinis dan Topografi Anatomi CT Sken Otak Pada Stro Iskemik = Clinical Features and Topographic Anatomy CT Brain Scenes in Ischemic Stroke

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Abstrak

Diagnosis strok sering ditegakkan berdasarkan pembuktian klinis dengan anamnesis dan pemeriksaan klinis neurologis saja. Akan tetapi gambaran klinis yang ditemukan tidaklah selalu sama, seringkali bervariasi sehingga diagnosa topis tidak selalu tepat. Diteliti hubungan antara gambaran klinis dengan topografi anatomi/ tipe infark pada CT-sken otak pad a penderita strok iskemik. Penelitian ini dilakukan secara prospektif, "cross sectional" dan bersifat deskriptif analitik. Populasi adalah penderita strok iskernik kejadian pertama berusia 40 tahun dan 65 tahun yang dirawat di ruang perawatan klas III RSUPN-CM Jakarta. Sejak bulan April sampai dengan Juli 1996, didapatkan 52 kasus strok iskemik kejadian pertama. Terdiri dari 34 laki-laki (65,3%) dan perempuan 18 (34,7%) dengan rasio laki : perempuan adalah 1,9 : 1 . Strok trombosis ditemukan terbanyak yaitu 93,9% sedangkan strok emboli 6,1 %. Dari 52 penderita yang diteliti, didapatkan basil CT-sken otak adalah 29 (59,2 %) berupa infark tentorial , 20 (40,8%) adalah infark lakunar, hanya satu kasus ditemukan berupa infark watershed dan dua lainnya dengan infark multipel. Pada pemeriksaan CT otak pertama, dua kasus tidak memperlihatkan adanya gambaran infark sehingga dilakukan pemeriksaan CT otak yang kedua yaitu antara hari ke 7 - 10 , didapatkan hasil berupa infark lakunar pada kedua kasus tersebut. Hemihipatesis ringan ditemukan pada 44,8% strok dengan tipe infark tentorial dan 70 % pada strok lakunar. Hemihipatesis berat hanya ditemukan pada strok dengan tipe infark tentorial. Hemihipestesi ditemukan 55,2% pada strok tipe tentorial dan 75 % pada strok tipe lakunar. Afasis hanya ditemukan pada strok tent.....The diagnosis of stroke is often made based on clinical evidence with anamnesis and neurological clinical examination alone. However, the clinical picture found is not always the same, it often varies so that the diagnosis of topis is not always correct. The relationship between clinical features and anatomical topography/type of infarction on brain CT scans in ischemic stroke sufferers was studied. This research was conducted prospectively, "cross sectional" and is descriptive analytic in nature. The population was first-time iskernic stroke sufferers aged 40 years and 65 years who were treated in class III treatment rooms at RSUPN-CM Jakarta. From April to July 1996, there were 52 cases of first-occurrence ischemic stroke. Consisting of 34 men (65.3%) and 18 women (34.7%) with a male: female ratio of 1.9: 1. The highest number of thrombotic strokes was found, namely 93.9%, while embolic strokes were 6.1%. Of the 52 patients studied, brain CT scan results showed that 29 (59.2%) were tentorial infarctions, 20 (40.8%) were lacunar infarctions, only one case was found to be a watershed infarction and the other two were multiple infarctions. In the first brain CT examination, two cases did not show any signs of infarction so a second brain CT examination was carried out, namely between days 7 - 10, the results were lacunar infarcts in both cases. Mild hemihypathesis was found in 44.8% of tentorial strokes and 70% of lacunar strokes. Severe hemihypathesis is only found in strokes with tentorial infarction type. Hemihypesthesia was found in 55.2% of tentorial type strokes and 75% of lacunar type strokes. Aphasis is only found in tentorial strokes.