

Hubungan trombositopenia dan perdarahan intraventrikular pada bayi usia gestasi 35 minggu = The relationship between thrombocytopenia and intraventricular hemorrhage in a baby with gestational age 35 weeks

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Abstrak

[ABSTRAK

Latar Belakang: Angka kejadian trombositopenia pada neonatus dilaporkan antara 22-35%, dan salah satu komplikasinya adalah perdarahan intraventrikular (PIV). Penelitian sebelumnya di Rumah Sakit Cipto Mangunkusumo (RSCM) Jakarta melaporkan angka kejadian PIV masih tinggi pada bayi usia gestasi < 35 minggu sebesar 43,47%. Perdarahan intraventrikular menyebabkan dampak yang berat pada perkembangan neurologis dan mortalitas. Di Indonesia, belum ada penelitian mengenai hubungan trombositopenia dan PIV. Tujuan: Mengetahui hubungan trombositopenia dengan PIV pada bayi usia gestasi < 35 minggu dan korelasi antara derajat berat trombositopenia dan derajat berat PIV. Metode: Penelitian potong lintang dengan penelusuran rekam medis dilakukan di Divisi Neonatologi Departemen Ilmu Kesehatan Anak Fakultas Kedokteran Universitas Indonesia RSCM pada subjek yang dirawat pada bulan Januari 2012 sampai Desember 2014 dengan diagnosis PIV. Subjek dibagi menjadi kelompok PIV ringan sedang (derajat ≤ 2) dan berat (derajat > 2). Nilai trombosit dicatat pada hari yang sama dengan diagnosis PIV. Digunakan uji Pearson's chi-square, Fischer, analisis multivariat, dan korelasi untuk analisis data. Hasil: Angka kejadian PIV berat dengan trombosit < 100.000/uL sebesar 28,2% dibanding 10,4% pada nilai trombosit ≥ 100.000/uL (p=0,014). Berdasarkan analisis multivariat, faktor yang memiliki pengaruh terhadap terjadinya PIV berat adalah usia gestasi < 32 minggu dan penggunaan alat bantu napas berupa ventilator dan high frequency oscillatory ventilation (HFOV). Derajat berat trombositopenia tidak memiliki korelasi dengan derajat berat PIV (koefisien korelasi 0,21). Simpulan: Trombositopenia tidak memiliki peranan pada terjadinya PIV berat. Derajat berat trombositopenia tidak memiliki korelasi dengan derajat berat PIV.

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ABSTRACT

Background: The prevalence of thrombocytopenia in neonates ranges from 22 to 35%, and the complication could be intraventricular hemorrhage (IVH). The previous research in Cipto Mangunkusumo Hospital (RSCM) Jakarta reported high incidence of IVH until gestational age < 35 weeks which is 43,47%. Intraventricular hemorrhage has caused a significant defect to neurologic development and mortality. In Indonesia, there were no research about the relationship between thrombocytopenia and IVH. Objective: To study the relation between thrombocytopenia and IVH in a baby with gestational age < 35 weeks and the correlation between the severity of thrombocytopenia and the severity of IVH. Methods: A cross sectional study was performed by medical records review in Neonatology Division of Child Health Department University of Indonesia RSCM. The subject of this study is neonates who were hospitalized from January 2012 until December 2014 with IVH diagnosis. Subjects were divided into mild moderate IVH (grade ≤ 2) and severe IVH (grade > 2). Thrombocyte count was recorded in the same day with the diagnosis of IVH. Pearson's chi-squared, Fischer's tests, multivariate analysis, and correlation were used to

analyzed the data. Results: Risk of severe IVH was 28,2% in neonates with thrombocyte count < 100,000/uL versus 10,4% in neonates without ($p=0.014$). From multivariate analysis, gestational age < 32 weeks and the use of respiratory support (ventilator and high frequency oscillatory ventilation) played a significant role in severe IVH. The severity of thrombocytopenia has no correlation with the severity of IVH (correlation coefficient = 0,21). Conclusion: Thrombocytopenia doesn't have a role in severe IVH based on multivariate anlysis. The severity of thrombocytopenia has no correlation with the severity of IVH.,

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