

# Perubahan imunitas selular pasien karsinoma nasofaring stadium lanjut pra dan pasca kemoterapi neoadjuvan 3 siklus dan hubungannya dengan kejadian infeksi = Change immune response patients nasopharyngeal cell carcinoma an advanced stage are undergoing chemotherapy neoadjuvan 3 cycle and its connection with the incident infection

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## Abstrak

Latar Belakang : Infeksi sering didapatkan pada pasien kanker nasofaring yang menjalani kemoterapi. Infeksi disebabkan oleh rusaknya barrier fisik karena efek kemoterapi atau efek kemoterapi yang akan menurunkan imunitas tubuh, Infeksi pasca kemoterapi akan menunda kemoterapi berikutnya, akibatnya respon kemoterapi menjadi tidak optimal.

Tujuan : Mendapatkan data status imunitas selular primer dan sekunder, pasca kemoterapi neoadjuvan 3 siklus, data kekerapan infeksi dan perbandingan kekerapan infeksi pada pasien KNF stadium lanjut yang mendapatkan kemoterapi neoadjuvan 3 siklus pada pasien kanker nasofaring stadium lanjut, antara yang imunitas selular menurun dan yang tidak menurun.

Metode : Penelitian one group before and after observasional, 1 kelompok tanpa kontrol selama 3 bulan di gedung A lantai 8 RSCM, juli ndash; september 2015. Penurunan rerata jumlah lekosit, netrofil, CD4, CD8, kejadian infeksi dianalisis bivariat dengan uji T berpasangan atau uji Mann Whitney. Penelitian ini juga melihat kekerapan kejadian infeksi post kemoterapi neoadjuvan. Penelitian ini menggunakan tingkat kemaknaan 0,005, interval kepercayaan 95.

Hasil : Tidak ada penurunan status imunitas selular primer, lekosit  $p=0,356$  dan netrofil  $p=0,289$ . Terdapat penurunan status imunitas selular sekunder, CD 4  $P=0,002$ , CD 8  $P=0,001$ , dengan ratio CD 4 /CD 8 tidak berubah rerata CD 4 sudah rendah sejak sebelum kemoterapi. Mukositis oral dan pneumonia merupakan infeksi yang kerap didapatkan. CD4 yang rendah pada kelompok sebelum kemoterapi meningkatkan potensi infeksi selama dan sesudah kemoterapi neoadjuvan. Penurunan imunitas selular sekunder nilai rerata jumlah CD4 berhubungan dengan peningkatan kejadian infeksi pasca siklus ke 2  $p=0,016$ .

Kesimpulan : Tidak terdapat penurunan imunitas selular primer dan didapatkan penurunan imunitas selular sekunder pada pasien karsinoma nasofaring stadium lanjut yang menjalani kemoterapi neoadjuvan 3 siklus. Pada pasien dengan penurunan imunitas selular sekunder terdapat peningkatan kejadian infeksi mukositis oral dan pneumonia CD 4 yang rendah merupakan prediktor kejadian infeksi. Penurunan imunitas selular sekunder hanya akan meningkatkan kejadian infeksi pasca siklus ke 2 kemoterapi neoadjuvan.

.....Background: The infections especially in a the oropharynx often get on cancer patients nasopharyngeal. One of the causes of infection include breakdowns physical mucous barrier because the tumor growth or because the effects of chemotherapy and radiation. Chemotherapy and radiation will result in side effects namely the inflammation and ulceration mouth and the oropharynx mucous called mukositis oral. selama endure chemotherapy, besides mukositis oral, infections of the also often found. Chemotherapy resulted in an emphasis on cell production immune response that result in the lekopenia with rob possibilities infection become larger.

The purpose: To assess of immunity cellular status on advanced stage nasofaringeal patient to get 3 cycle

neoadjuvant chemotherapy and assess the incident lung infection and tumor area after undergoing 3 cycle neoadjuvant chemotherapy.

The method: Research one group before and after observational use 1 group without control. The research was done during the three months in the building a floor 8 Ciptomangunkusumo Hospital juli september 2015. The Data on the background respondents will be analyzed by a sort of descriptive set by using analysis univariat.hubungan between chemotherapy neoadjuvant and an immune response cellular will be analyzed bivariat by test wilcoxon sign rank test. In this research also be seen the proportion of the infection before pre and post chemotherapy neoadjuvant .This research using level evidence 0.05 to the interval trust 95.

Results: From 17 subject of research , 12 subjects 70,6 is laki laki , women made up subjects 29,4 .Median age patient is 46,7 , 10 patients 58,8 less than median age , 7 patients 42,2 more of age median.stadium 4a obtained on 4 patients 23,5 patients , while stadium 4 b obtained on 13 patients 76,5 .Seen from the infection after chemotherapy neoadjuvant 9 subjects 52,8 never would have experienced infection , 8 subjects 47,2 experienced infection. Looks the relationship between chemotherapy neoadjuvant 3 cycle in immunity cellular p 0,007 on cds 4 and p 0,005 on cds 8 , the immunity cellular decline in the infection look after chemotherapy neoadjuvant cycle to 2 p 0,016 on cds 4 while after cycle to 3 not seen the relationship between chemotherapy neoadjuvant 3 cycle in the infection .Count of leukosit and lymphocytes cannot be used to predict a decrease in an immune response cellular after undergoing 3 cycle neoadjuvant chemotherapy.

Conclusions: Immune response decreased on advanced stage nasopharynx carcinoma patient are undergoing 3 cycle neoadjuvant chemotherapy neoadjuvant 3 . The Decreased of cellular immune response has played of increased infection in the lung and tumor area post 2 cycle neoadjuvant chemotherapy.