

Determinan Kejadian Perdarahan Saluran Cerna Pada Pasien Coronavirus Disease-19 (COVID-19) Derajat Sedang Hingga Kritis

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Deskripsi Lengkap: <https://lib.fkm.ui.ac.id/detail.jsp?id=135759&lokasi=lokal>

Abstrak

Perdarahan saluran cerna (PSC) merupakan salah satu komplikasi COVID-19 dengan angka mortalitas yang tinggi, namun hingga kini besaran kasusnya belum pernah dilaporkan di Indonesia. Selain itu, hasil penelitian sebelumnya mengenai faktor yang mempengaruhi kejadian PSC juga masih bervariasi. Penelitian ini bertujuan untuk menghitung proporsi kejadian PSC pada COVID-19 serta mendapatkan faktor-faktor yang mempengaruhinya. Penelitian merupakan studi potong-lintang dengan subjek pasien dewasa COVID-19 derajat sedang hingga kritis di RS Rujukan COVID-19 Pertamina Jaya dan RS Darurat Wisma Haji Pondok Gede, Jakarta, selama periode Juni-September 2021. Dari 414 subjek yang memenuhi kriteria inklusi dan eksklusi didapatkan kejadian PSC sebesar 17,63%. Mayoritas subjek memiliki komorbid hipertensi (51%), diabetes melitus tipe 2 [DMT2] (43,2%), penyakit serebrokardiovaskular [PSKV] (31,4%), serta riwayat penyakit ulkus peptikum dan PSC sebelumnya (23,9%). Median nilai neutrofil absolut ialah 4.842,5[1.116-70.000], kadar CRP 65,5[9-275] mg/dL, dan kadar D-dimer 890[200-5010] μg/L. Berdasarkan uji bivariat, terdapat tujuh variabel yang bermakna secara statistik, namun pada analisis multivariat generalized linear model menggunakan family regresi Poisson dan fungsi link log dengan robust error variance diperoleh empat variabel akhir yang bermakna secara statistik, yaitu hipertensi (aRR 2,67; IK95% 1,52-4,41; p<0,001), PSKV (aRR 1,90; IK95% 1,27-2,84; p=0,002), terapi kortikosteroid dosis tinggi (aRR 1,82; IK95% 1,22-2,73; p=0,004), dan terapi proton pump inhibitor (PPI) dosis tinggi (aRR 0,41; IK95% 0,27-0,60; p<0,001). Uji Pearson goodness-of-fit menunjukkan nilai p=0,999 dan nilai AUC 0,755 (IK95% 0,694-0,815; p<0,001). Sebagai kesimpulan, proporsi kejadian PSC pada COVID-19 derajat sedang-kritis ialah 17,63% (IK95% 14,1-21,6%). Faktor yang dapat mempengaruhi kejadian PSC ialah hipertensi, PSKV, serta penggunaan kortikosteroid dan PPI.

Gastrointestinal bleeding (GIB) is a COVID-19 complication with high mortality rate whose magnitude and impact have not been reported in Indonesia. Moreover, the results of previous studies on factors influencing GIB in COVID-19 still varied widely. This study aimed to measure the proportion of GIB cases in COVID-19 and investigate the factors influencing GIB in COVID-19. This was a cross sectional study on adults with moderate to critical COVID-19 in Pertamina Jaya Referral Hospital and Wisma Haji Pondok Gede Field Hospital, Jakarta from June to September 2021. We found that out of 414 subjects that met the inclusion and exclusion criteria, 17.63% had cases of GIB. Most subjects had comorbidities, including hypertension (51%), type 2 diabetes mellitus [T2DM] (43.2%), cerebrocardiovascular disease [CCVD] (31.4%), and history of peptic ulcer and previous GIB (23.9%). Median[*min-max*] number of absolute neutrophil was 4,842.5 [1,116-70,000], CRP levels was 65.5 [9-275] mg/dL, and D-dimer levels was 890 [200-5,010] ug/L. Bivariate analysis showed that there were seven variables that were statistically significant. However, according to generalized linear model analysis with Poisson regression family and log link function with robust error variance, there were four final variables that were statistically significant. These variables as follow hypertension (aRR 2.67; 95%CI 1.52-4.41; p<0.001), CCVD (aRR 1.90; 95%CI 1.27-2.84;

p=0.002), high dose corticosteroid therapy (aRR 1.82; 95%CI 1.22-2.73; p=0.004), and high dose proton pump inhibitor [PPI] therapy (aRR 0.41; 95%CI 0.27-0.60; p<0.001). Pearson goodness-of-fit test showed p=0.999 and AUC value of 0.755 (95%CI 0.694-0.815; p<0.001). In conclusion, the proportion of GIB incidence in moderate-critical COVID-19 was 17.63% (95%CI 14.1-21.6%). Factors that influence GIB were hypertension, CCVD, the use of corticosteroid, and PPI.