

ABSTRAK

PERAN *DIRECT ACTING ANTIVIRAL* TERHADAP PERBAIKAN *LIVER STIFFNESS* PADA PASIEN HEPATITIS C KRONIK DI RSUP DR SARDJITO YOGYAKARTA

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Latar belakang. Virus hepatitis C merupakan salah satu penyebab penyakit hati kronik. Daerah Istimewa Yogyakarta mempunyai *positif rate* sebesar 0,5%. Patofisiologi terjadinya fibrosis, meliputi peradangan dan produksi berbagai sitokin. Tujuan terapi adalah memperlambat atau meregresi fibrosis hati. Perkembangan terbaru dengan DAA secara efisien mengendalikan viremia, namun tidak semua strategi pengobatan efektif mencegah patogenesis fibrosis hati lanjut atau sirosis.

Tujuan penelitian. Penelitian ini bertujuan untuk mengetahui peran *Direct Acting Antiviral* terhadap perbaikan *liver stiffness* pada pasien hepatitis C kronik.

Metode. Penelitian ini adalah penelitian observasional retrospektif dengan *pre-post design*. Subjek penelitian adalah pasien hepatitis C kronik yang 12 minggu telah menyelesaikan terapi DAA di poliklinik Penyakit Dalam RSUP Dr. Sardjito Yogyakarta. Dilakukan penilaian status *liver stiffness* sebelum terapi dan saat SVR12, berdasarkan skor APRI dan nilai *transient elastography*.

Hasil. Didapatkan 49 subjek penelitian. Usia rerata $56,33 \pm 12,08$ tahun. Analisis Wilcoxon *test*, didapatkan penurunan bermakna median skor APRI (1,13 menjadi 0,38; $p < 0,001$) dan nilai *transient elastography* (19,45 menjadi 14,85; $p = 0,021$) dari sebelum terapi dan SVR12 setelah selesai terapi sofosbuvir+daclatasvir. Penurunan bermakna sebelum terapi dan SVR12 setelah selesai terapi sofosbuvir+daclatasvir, pada skor APRI < 1 (0,41 vs 0,25; $p = 0,004$) dan skor APRI ≥ 1 , (1,97 vs 0,84; $p < 0,001$). Peningkatan *transient elastography* $< 9,6$ kPa (4,9 vs 5,0; $p = 0,893$) tidak bermakna secara statistik, dan penurunan bermakna *transient elastography* $\geq 9,6$ kPa (21,90 vs 17; $p = 0,023$). Analisis Mann Whitney *test*, didapatkan median penurunan skor APRI dan *transient elastography* tidak bermakna berdasarkan variabel usia ($p = 0,230$ vs $p = 0,420$), jenis kelamin ($p = 0,580$ vs $p = 0,582$), HCV RNA kuantitatif ($p = 0,967$ vs $p = 0,660$).

Kesimpulan. *Direct Acting Antiviral* memperbaiki *liver stiffness* pada pasien hepatitis C kronik.

Kata kunci: *Direct Acting Antiviral*, hepatitis C kronik, skor APRI, *transient elastography*

ABSTRACT

THE ROLE OF DIRECT ACTING ANTIVIRAL TO IMPROVEMENT LIVER STIFFNESS IN CHRONIC HEPATITIS C PATIENTS AT DR SARDJITO GENERAL HOSPITAL YOGYAKARTA

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Background. Hepatitis C virus is one of the causes of chronic liver disease. The Special Region of Yogyakarta has a positive rate of 0.5%. Pathophysiology of fibrosis, including inflammation and production of various cytokines. The goal of treatment is to slow down or regress liver fibrosis. Recent therapy with DAA efficiently control viremia, but not all treatment strategies can effectively prevent the pathogenesis of advanced liver fibrosis or cirrhosis.

Aim. To determine the role of Direct Acting Antiviral in improving liver stiffness in chronic hepatitis C patients.

Method. This study is a retrospective observational study with a pre-post design. The research subjects were chronic hepatitis C patients who had 12 weeks after end of DAA therapy at the Internal Medicine Polyclinic, Dr. Sardjito General Hospital, Yogyakarta. Liver stiffness status was assessed before treatment and at SVR12, based on APRI scores and transient elastography values.

Results. There were 49 research subjects. The mean age was 56.33 ± 12.08 years. Wilcoxon test analysis revealed a significant decrease in median APRI scores (1.13 to 0.38; $p < 0.001$) and transient elastography values (19.45 to 14.85; $p = 0.021$) from before treatment and at SVR12 post sofosbuvir+daclatasvir therapy. Significant decrease before treatment and at SVR12 post sofosbuvir+daclatasvir therapy, APRI score < 1 (0.41 vs 0.25; $p = 0.004$) and APRI score ≥ 1 , (1.97 vs 0.84; $p < 0.001$). The increase in transient elastography < 9.6 kPa (4.9 vs 5.0; $p = 0.893$) was not statistically significant, and a significant decrease in transient elastography ≥ 9.6 kPa (21.90 vs 17; $p = 0.023$). Mann Whitney test analysis showed that the median decrease in APRI scores and transient elastography was not significant based on the variables of age ($p = 0.230$ vs $p = 0.420$), gender ($p = 0.580$ vs $p = 0.582$), quantitative HCV RNA ($p = 0.967$ vs $p = 0.660$).

Conclusion. Direct Acting Antiviral improve liver stiffness in chronic hepatitis C patients.

Keywords: Direct Acting Antiviral, chronic hepatitis C, APRI score, transient elastography