

INTISARI

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Latar belakang: Bronkiektasis merupakan penyakit kronis progresif ditandai dilatasi bronkus atau bronkiolus yang menetap. Insidensi bronkiektasis tinggi di negara berkembang, dan sebanyak 42% terdiagnosis pada usia 5–7 tahun. Kondisi ini meningkatkan risiko infeksi berulang, penurunan fungsi paru progresif, dan penurunan kualitas hidup.

Tujuan: Mengetahui faktor prognostik luaran pertumbuhan, perkembangan, progresifitas penyakit, dan kualitas hidup anak dengan bronkiektasis.

Metode: Observasi terhadap anak usia 7 tahun terdiagnosis bronkiektasis selama 22 bulan dari Mei 2016 hingga Februari 2018 di Yogyakarta. Dilakukan intervensi terhadap faktor prognostik eksaserbasi akut, hipertensi pulmonal, fungsi paru, kondisi malnutrisi, masalah belajar, masalah psikologis, dan kejadian rawat inap.

Hasil: Terjadi perbaikan laju pertumbuhan berdasarkan nilai BMI/U dari 3,1 menjadi 2,5. Aspek perkembangan tidak menunjukkan perubahan. Gambaran progresifitas bronkiektasis membaik secara klinis dengan berkurangnya kejadian eksaserbasi akut dan perbaikan status gizi, tetapi secara radiologis gambaran bronkiektasis menetap, hanya gambaran infeksi akut yang membaik. Perbaikan skor PedQl dari 63,01 menjadi 73,91 menunjukkan perbaikan kualitas hidup. **Kesimpulan:** Didapatkan hubungan yang positif antara kejadian eksaserbasi akut, status gizi terhadap luaran pertumbuhan, serta kejadian eksaserbasi akut, hipertensi pulmonal, penurunan fungsi paru, dan kondisi malnutrisi terhadap progresifitas bronkiektasis. Kualitas hidup berkorelasi negatif dengan kejadian rawat inap dan eksaserbasi akut.

Kata kunci: bronkiektasis akut, eksaserbasi akut, gizi buruk marasmik

ABSTRACT

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Background: Bronchiectasis is a chronic progressive disease characterized by irreversible dilatation of the bronchus or bronchioles. Bronchiectasis often occurs in children in developing countries, with 42% diagnosed at the age of 5-7 years. This condition could increase incidence of recurrent infections, progressive decline in lung function, and decreased quality of life.

Objective: To know relationship between prognostic factor with growth, development, progression of bronchiectasis, and quality of life children with bronchiectasis.

Methods: We had observed a child with bronchiectasis and severe malnutrition for 22 months in Yogyakarta. Intervention was carried out on the prognostic factors of acute exacerbation, pulmonary hypertension, pulmonary function, malnutrition conditions, learning problems, psychological problems, and the incidence of hospitalization.

Results: Patient showed improvement in growth status, disease progression, and quality of life at the end of observation. Growth status improvement was measured based on BMI for age score from 3.1 to 2.5. Disease progression was clinically improved with reduced incidence of acute exacerbations and improvement in nutritional status, but there was not change in radiological appearance. There was improvement in PedQL score from 63.01 to 73.91, showed that decreases acute exacerbation and hospitalization episodes could improve the quality of life for this patient.

Conclusion: To achieve optimal outcomes for patients with bronchiectasis and severe malnutrition, good multidisciplinary team collaboration between patient, family, and medical personnel are required. All nonpharmacological and pharmacological interventions during monitoring which had been carried out should be continued because bronchiectasis is an irreversible condition that can occur repeatedly.

Keywords: bronchiectasis, severe malnutrition, acute exacerbation