

INTISARI

Latar belakang: Sepsis neonatorum merupakan suatu kondisi sistemik yang timbul akibat masuknya mikroorganisme yang menyebabkan perubahan hemodinamik dan temuan klinis lainnya. Trombositopenia merupakan gangguan yang paling sering dijumpai. Trombositopenia terjadi akibat peningkatan konsumsi trombosit dan faktor koagulasi sehingga menyebabkan trombosis mikrovaskular, cedera jaringan dan disfungsi organ multipel yang menyebabkan kematian.

Tujuan: untuk mengetahui apakah trombositopenia akan memberikan risiko kematian lebih tinggi pada sepsis neonatorum yang dirawat di RSUP DR Sardjito Yogyakarta.

Metode: Penelitian kohort retrospektif pada pasien sepsis neonatorum di RSUP Dr. Sardjito. Kriteria inklusi adalah neonatus yang terdiagnosis sepsis yang mengacu pada PPK yang disusun oleh Divisi Anak RSUP Dr. Sardjito Yogyakarta yang melakukan pemeriksaan hematologi dalam 24 jam pertama perawatan. Subjek penelitian dibagi menjadi dua kelompok, kelompok dengan jumlah trombosit $\geq 150 \times 10^3/\mu\text{L}$ dan jumlah trombosit $< 150 \times 10^3/\mu\text{L}$. Kedua kelompok kemudian dicatat keluaran berupa kematian atau hidup maksimal 30 hari atau sampai dengan pasien pulang. Data karakteristik subjek penelitian ditampilkan secara deskriptif dalam rerata dan standar deviasi apabila distribusi data normal atau median dan nilai minimum-maksimum apabila distribusi data tidak normal. Data dianalisis dengan uji statistik chi square dan perhitungan risiko relatif. Batas kemaknaan menggunakan $p < 0,05$.

Hasil: Didapatkan 47 subjek penelitian, pasien sepsis neonatorum dengan median usia gestasi 35 (27-41) minggu dengan berat badan lahir 1900 (724-3800) gram terdiri dari laki-laki 61,72% dan perempuan 38,28%. Didapatkan median jumlah trombosit 211 (7-629). Faktor yang berpengaruh terhadap kematian pada analisis univariat didapatkan trombositopenia (RR 1,82; IK95%: 1,32-2,5; $p=0,001$) dan metode persalinan (RR 0,488; IK95%: 0,36-0,9; $p=0,037$). Pada analisis multivariat menunjukkan tidak adanya pengaruh secara statistik pada variabel trombositopenia (OR 0,9996; IK95%: 0,9906-1,0087; $p=0,997$) dan metode persalinan (OR 0,24; IK95%: 0,038-1,5; $p=0,1277$).

Simpulan: Pasien sepsis neonatorum dengan trombositopenia mempunyai risiko kematian 1,82 kali lebih tinggi dibandingkan tanpa trombositopenia.

Kata Kunci: sepsis neonatorum, trombositopenia, kematian

ABSTRACT

Background: Neonatal sepsis is a systemic condition that arises due to the entry of microorganisms that cause hemodynamic changes and other clinical findings. Thrombocytopenia is the most common disorder. Thrombocytopenia occurs due to increased consumption of platelets and coagulation factors, causing microvascular thrombosis, tissue injury and multiple organ dysfunction that can lead to mortality.

Aim: to determine whether thrombocytopenia will provide a higher risk of death in neonatal sepsis treated at RSUP DR Sardjito Yogyakarta.

Methods: A retrospective cohort study on neonatal sepsis patients at Dr. Sardjito. The inclusion criteria were neonates diagnosed with sepsis referring to the PPK compiled by the Children's Division of Dr. RSUP. Sardjito Yogyakarta who performed a hematological examination in the first 24 hours of treatment. The research subjects were divided into two groups, the group with the platelet count $150 \times 10^3/\mu\text{L}$ and the platelet count $<150 \times 10^3/\mu\text{L}$. Both groups then recorded the output in the form of death or life for a maximum of 30 days or until the patient went home. Characteristics of research subjects are displayed descriptively in the mean and standard deviation if the data distribution is normal or median and the minimum-maximum value if the data distribution is not normal. Data were analyzed by chi square statistical test and relative risk calculation. The limit of significance used $p < 0.05$.

Result: There were 47 study subjects, neonatorum sepsis patients with a median gestational age of 35 (27-41) weeks with a birth weight of 1900 (724-3800) grams consisting of 61.72% male and 38.28% female. The median platelet count was 211 (7-629). Factors influencing mortality in univariate analysis were thrombocytopenia (RR 1.82; 95% CI: 1.32-2.5; $p=0.001$) and method of delivery (RR 0.488; 95% CI: 0.36-0.9; $p=0.037$). Multivariate analysis showed that there was no statistical effect on the variables of thrombocytopenia (OR 0.9996; 95% CI: 0.9906-1.0087; $p=0.997$) and delivery method (OR 0.24; 95% CI: 0.038-1.5). ; $p=0,1277$).

Conclusion: Neonatal sepsis with thrombocytopenia had a 1.82 times higher risk of mortality than without thrombocytopenia.

Keywords: neonatal sepsis, thrombocytopenia, mortality