

ABSTRAK

Latar Belakang

Asfiksia neonatus merupakan salah satu penyebab tersering kematian neonatus di *Neonatal Intensive Care Unit* (NICU) dan masih merupakan penyebab utama morbiditas dan mortalitas pada bayi baru lahir di negara maju dan berkembang. Luaran tersering dari asfiksia neonatus adalah epilepsi. Epilepsi merupakan penyakit dengan mortalitas yang jarang tetapi berhubungan dengan komplikasi terhadap perkembangan otak dan kualitas hidup anak. Sebagian besar epilepsi sering disertai gangguan neurologi seperti disabilitas intelektual, CP, dan sebagainya yang disebabkan kelainan pada susunan saraf pusat.⁸

Kasus

Bayi laki-laki usia 0 lahir dari seorang ibu P1A0 usia 34 tahun usia kehamilan 35+3 minggu. Bayi lahir secara *sectio caesaria cito* ai placenta membumbung, lahir tidak langsung menangis, air ketuban jernih, A/S 1/1/1, saat lahir nadi 0 kali/menit. Resusitasi dilakukan ventilasi tekanan positif (VTP) sampai dengan intubasi. Bayi dirawat di ruang perinata dengan diagnosis HIE, asfiksia berat, *neotal jaundice*, bayi berat lahir rendah (BBLR), kurang bulan (KB), sesuai masa kehamilan (SMK), spontan. Selama perawatan bayi mendapatkan tatalaksana: terapi hipotermia selama 72 jam, alat bantu nafas ventilator selama 10 hari, dilanjutkan dengan *Continuous Positive Airway Pressure* (CPAP) selama 14 hari, penggunaan *umbilical artery cathether* (UAC) selama 12 hari, dan *Total parenteral nutrition* (TPN) selama 5 hari.

Kesimpulan

Pengamatan terhadap anak laki-laki usia 6 bulan dengan diagnosis Epilepsi GTC terkontrol, CP tetraparesis spastik GMFCS IV, GDD, riwayat HIE, *immunization not carried out due to parents' refusal*, luaran pada penelitian ini adalah kejang terkontrol, GDD dengan perbaikan aspek perkembangan, perawatan normal dengan gizi baik, dan tidak ditemukan adanya rehospitalisasi.

Kata Kunci Asfiksia, HIE, epilepsi, anak

ABSTRACT

Background

Neonatal asphyxia is one of the most frequent causes of neonatal death in *the Neonatal Intensive Care Unit* (NICU) and is still the leading cause of morbidity and mortality in newborns in developed and developing countries. The most frequent outcome of neonatal asphyxia is epilepsy. Epilepsy is a disease with a rare mortality but is associated with complications to the development of the brain and the quality of life of the child. Most epilepsy is often accompanied by neurological disorders such as intellectual disability, CP, and so on caused by abnormalities in the central nervous system.

Case

A 0-year-old baby boy was born to a 34-year-old P1A0 mother 35+3 weeks gestational age. Babies born *sectio caesaria cito* ai placenta soar, born not immediately crying, amniotic water clear, A/S 1/1/1, at birth pulse 0 times/min. Resuscitation is carried out positive pressure ventilation (VTP) up to intubation. Babies are treated in the leveling room with a diagnosis of HIE, severe asphyxia, *neoatal jaundice*, low birth weight babies (BBLR), less months (KB), according to the gestation period (SMK), spontaneous. During the treatment the baby gets treatment: *terapi hypothermia* for 72 hours, alat help breath ventilator for 10 days, followed by *Continuous Positive Airway Pressure* (CPAP) for 14 days, *puse of umbilical artery cathether* (UAC) for 12 days, and *Total parenteral nutrition* (TPN) for 5 days.

Conclusion

Observations of boys aged 6 months with a diagnosis of controlled GTC Epilepsy, SPASTIC TETRAPARESIS CP GMFCS IV, GDD, history of HIE, *immunization not carried out due to parents' refusal*, the output in this study was controlled seizures, GDD with improved aspects of development, normal stature with good nutrition, and no rehospitalization was found.

Keywords Asphykia, HIE, epilepsy, child