



INTISARI

Pendahuluan: Tuberkulosis (TB) pada remaja saat ini menjadi prioritas program nasional TB karena pada kelompok usia ini dihadapkan tantangan terkait deteksi kasus, tata laksana, dan luarannya. Penelitian ini bertujuan untuk mengevaluasi luaran terapi dan menentukan prediktor luaran ketidakberhasilan terapi pada remaja dengan TB.

Metode: Studi kohort retrospektif dilakukan pada remaja (usia 10-18 tahun) dengan TB yang menjalani rawat inap dan rawat jalan di RSUP Dr. Sardjito, Yogyakarta dalam rentang 1 Januari 2016 sampai dengan 31 Desember 2020. Data diambil dari rekam medis menggunakan *case report form* meliputi data demografi, imunisasi BCG, status gizi, komorbiditas, efek samping terapi TB, jenis TB, dan luaran. Luaran tidak berhasil meliputi putus berobat, gagal terapi, dan meninggal. Pasien dengan data yang tidak lengkap atau meninggal sebelum mulai pengobatan dieksklusi. Analisis multivariat dilakukan untuk menentukan prediktor luaran.

Hasil: Sejumlah 140 remaja dimasukkan dalam penelitian. Diantara remaja tersebut, 114 (81,4%) dengan luaran terapi berhasil, yang terdiri dari 93 (66,4%) selesai pengobatan dan 21 (15,0%) sembuh. Dua puluh enam remaja (18,6%) mengalami luaran tidak berhasil, terdiri dari 6 (4,3%) putus berobat, 3 (2,1%) gagal terapi, dan 17 (12,1%) meninggal. Analisis bivariat menunjukkan tingkat pendidikan ayah yang rendah, konfirmasi bakteriologis, adanya efek samping terapi, dan komorbiditas merupakan prediktor yang potensial selama terapi TB. Pada analisis multivariat, komorbiditas (aOR 3,44; IK 95% 1,24-9,57) dan terkonfirmasi bakteriologis (aOR 4,13; IK 95% 1,63-10,51) berhubungan dengan luaran ketidakberhasilan terapi TB.

Kesimpulan: Keberhasilan terapi TB pada remaja di penelitian ini yaitu 81,4%. Pasien dengan komorbiditas dan terkonfirmasi bakteriologis meningkatkan probabilitas luaran ketidakberhasilan terapi.

Kata kunci: tuberkulosis pada remaja, luaran terapi, prediktor



ABSTRACT

Introduction: Tuberculosis (TB) in adolescent has been a priority in national TB program because this age period presents unique challenges in both case detection, management, and outcome. This study aimed to evaluate treatment outcome and determine predictors of unfavorable treatment outcome in adolescent with TB.

Methods: A retrospective cohort study was done involving adolescent (age 10-18 years) who were treated as TB, both inpatient and outpatient in Dr. Sardjito Hospital, Yogyakarta, between 1 January 2016 and 31 December 2020. Data were collected from medical records using case report form which included demography, BCG immunization, nutritional status, comorbidity, side effects of anti-TB therapy, type of TB, and outcomes. Unfavorable outcome included defaulted from treatment, treatment failure, and died. Those with incomplete data or died before initiating treatment were excluded. A multivariate analysis using logistic regression was performed to determine the predictors.

Results: A total of 140 adolescent were eligible. Of them, 114 (81,4%) had favorable treatment outcome, consisted of 93 (66,4%) completed treatment and 21 (15,0%) cured. Twenty-six adolescent (18,6%) were with unfavorable treatment outcome, consisted of 6 (4,3%) defaulted from treatment, 3 (2,1%) with treatment failure, and 17 (12,1%) died. Bivariate analysis revealed that father with low education level, presence of treatment side effect, comorbidity, and bacteriologically confirmed TB were potential predictors of unfavorable treatment outcome during TB treatment. In multivariate analysis, comorbidity (aOR 3,44; 95% CI 1,24-9,57) and bacteriologically confirmed TB (aOR 4,13; 95% CI 1,63-10,51) were significantly related to unfavorable treatment outcome.

Conclusion: Success treatment rate of adolescent with TB in this study was 81,4% Those with comorbidity and bacteriologically confirmed TB were more likely to have unfavorable outcome.

Keyword: adolescent tuberculosis, treatment outcome, predictor