

Latar Belakang : Trauma merupakan permasalahan kesehatan yang cukup serius karena banyak terjadi pada usia muda dan menjadi penyebab kematian tersering pada usia < 35 tahun. Trauma tumpul terjadi pada 78,9 – 95,6% kasus trauma, dimana 6 – 14,9% melibatkan abdomen. Pada pasien dengan hemodinamik stabil, *CT scan* abdomen merupakan pemeriksaan ideal untuk mengetahui adanya cedera organ padat pada abdomen. Beberapa dekade terakhir, ada perubahan dalam tatalaksana pasien dengan trauma tumpul abdomen dengan hemodinamik stabil, dari tatalaksana operasi menjadi tatalaksana non-operasi (terapi konservatif). Belum pernah dilakukan penelitian sebelumnya terkait hal ini di RSUP Dr.Sardjito Yogyakarta.

Metode : Penelitian ini merupakan deskriptif analitik dengan desain *cohort retrospective study*. Pengambilan data dilakukan dengan rekam medis pasien trauma tumpul abdomen usia ≥ 18 tahun yang ditangani oleh bagian bedah digestif pada periode Agustus 2018 hingga Agustus 2022. Pada penelitian ini akan menilai hubungan derajat trauma lien dan hepar berdasarkan *CT scan* abdomen terhadap keberhasilan terapi konservatif. Derajat trauma dibagi menjadi derajat ringan (I-III) dan derajat berat (IV-V) berdasarkan klasifikasi *American Association for the Surgery of Trauma (AAST)*. Analisis hubungan dilakukan dengan uji *chi square* dan analisis pengaruh menggunakan uji regresi logistik.

Hasil : Diperoleh 33 sampel trauma lien (24 sampel derajat ringan dan 9 sampel derajat berat) dan 30 sampel trauma hepar (18 sampel derajat ringan dan 12 sampel derajat berat). Pada trauma lien, dari 24 sampel derajat rendah, 22 sampel (91.7%) berhasil dan 2 sampel (8.3%) gagal terapi konservatif, kemudian dari 9 sampel derajat berat, 4 sampel (44.4%) berhasil dan 5 sampel (55.6%) gagal terapi konservatif, dengan *p-value* 0.009 (<0.05). Pada trauma hepar, dari 18 sampel derajat ringan 100% berhasil terapi konservatif, kemudian dari 12 sampel derajat berat, 11 sampel (91.7%) berhasil dan 1 sampel (8.3%) gagal terapi konservatif, dengan *p-value* 0.400 (>0.05). Komorbid dan penurunan kadar hemoglobin >1 g/dL dalam 12 jam pertama pasca trauma memiliki signifikansi dalam mempengaruhi keberhasilan terapi konservatif pada trauma lien, *p-value* 0.002 dan 0.009, dengan *Odds ratio* 4.239 (95% CI 1.000-17.979) dan 3.539 (95% CI 0.459-27.250).

Kesimpulan : Tidak terdapat hubungan antara derajat trauma hepar berdasarkan *CT scan* abdomen dengan keberhasilan terapi konservatif, sementara terdapat hubungan antara derajat trauma lien berdasarkan *CT scan* abdomen dengan keberhasilan terapi konservatif pada kasus trauma tumpul abdomen di RSUP Dr. Sardjito Yogyakarta. Adanya komorbid dan penurunan kadar hemoglobin >1 gr/dL dalam 12 jam pertama pasca trauma meningkatkan resiko kegagalan terapi konservatif pada trauma lien.

Kata kunci : Trauma lien, trauma hepar, derajat trauma, terapi konservatif, trauma tumpul abdomen

Background: Trauma is serious health problem because it occurs in young population and is the most common cause of death at the age of < 35 years. Blunt trauma occurs in 78.9 – 95.6% of trauma cases, which 6 – 14.9% involve the abdomen. In patients with stable hemodynamics, an abdominal CT scan is an ideal examination to determine the presence of solid organ injury in the abdomen. In recent decades, there has been a change in the management of patients with abdominal blunt trauma with stable hemodynamics, from surgical management to non-operative management (conservative therapy). No previous research has been conducted related to this at Dr. Sardjito Hospital of Yogyakarta.

Methods: This research is descriptive analytic with a cohort retrospective study design. Data collection was carried out with medical records of abdominal blunt trauma patients aged ≥ 18 years who were treated by the digestive surgery department in the period from August 2018 to August 2022. This study will assess the correlation between spleen and liver trauma degrees based on abdominal CT scans and successful of conservative therapy. Trauma degrees are divided into mild degrees (grade I-III) and severe degrees (grade IV-V) based on the American Association for the Surgery of Trauma (AAST) classification. Statistical analysis was performed with chi square test and logistic regression test.

Results: Obtained 33 samples of spleen trauma (24 samples of mild degree and 9 samples of severe degree) and 30 samples of liver trauma (18 samples of mild degree and 12 samples of severe degree). In spleen trauma, of the 24 mild degree samples, 22 samples (91.7%) were successful and 2 samples (8.3%) failed conservative therapy, then out of 9 severe degree samples, 4 samples (44.4%) were successful and 5 samples (55.6%) failed conservative therapy, with a p-value=0.009 (<0.05). In liver trauma, of the 18 mild degree samples 100% successful conservative therapy, then of the 12 severe degree samples, 11 samples (91.7%) were successful and 1 sample (8.3%) failed conservative therapy, with a p-value=0.400 (>0.05). Comorbidities and decreased hemoglobin levels >1 g/dL in the first 12 hours post-traumatic had significance in influencing the success of conservative therapy in spleen trauma, p-values=0.002 and 0.009, with odds ratios of 4,239 (95% CI 1,000-17,979) and 3,539 (95% CI 0.459-27,250).

Conclusion: There is no correlation between the degree of liver trauma based on abdominal CT scan and the successful of conservative therapy, while there is a correlation between the degree of spleen trauma based on abdominal CT scan and the successful of conservative therapy in abdominal blunt trauma cases at Dr.Sardjito Hospital of Yogyakarta. The presence of comorbidities and a decrease in hemoglobin levels of >1 gr/dL in the first 12 hours post-traumatic increases the risk of failure of conservative therapy in spleen trauma.

Keywords: Spleen trauma, liver trauma, degree of trauma, conservative therapy, abdominal blunt trauma