

Faktor Prognostik Pasca Operasi Kimura Pada Kasus Obstruksi Duodenum Kongenital Terhadap Kesintasan

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Latar Belakang: Atresia dan stenosis duodenum terjadi pada 1: 5000 - 10000 kelahiran hidup. Duodenoduodenostomi atau prosedur operasi Kimura saat ini menjadi pilihan utama sebagai teknik operasi kasus obstruksi duodenum kongenital. Tingkat kesintasan pasien obstruksi duodenum kongenital yang menjalani prosedur operatif meningkat secara signifikan dari 45% menjadi 96% dalam 50 tahun. Tujuan penelitian ini adalah untuk mengetahui pengaruh usia kehamilan, berat badan lahir (BBL), kadar albumin pre-operatif, sepsis pre-operatif, pemasangan TAT, dan usia saat operasi terhadap kesintasan pasien obstruksi duodenum kongenital pasca operasi Kimura dan mengetahui perbedaan luaran pasien dengan *transanastomotic tube* (TAT) dan non TAT.

Metode: Studi retrospektif pada pasien obstruksi duodenum kongenital di RSUP Dr. Sardjito periode Juni 2019 – Juni 2023. Data diambil dari rekam medis dan dianalisis menggunakan SPSS versi 20.0

Hasil: Dari 39 pasien yang menjalani operasi Kimura, mayoritas lahir aterm (74,4%), memiliki BBL normal (51,3%), kadar albumin pre operasi normal (51,3%), tidak mengalami sepsis (56,4%), berusia < 7 hari saat dioperasi (46,2%), tidak menggunakan jejunostomy feeding (92,3%), dan tidak menggunakan TAT (82,1%), dengan tingkat kesintasan 69,2%. Perbedaan kesintasan hanya dipengaruhi oleh faktor usia saat operasi ($p = 0,004$; HR = 8,4 (1,9-36,1). Pasien dengan TAT dapat memulai enteral feeding yang secara signifikan lebih dini dibandingkan non TAT ($p = 0,002$).

Kesimpulan: Terdapat perbedaan kesintasan yang signifikan dipengaruhi oleh faktor usia saat dilakukan operasi Kimura. Pasien dengan TAT dapat memulai *enteral feeding* yang secara signifikan lebih dini daripada pasien dengan non TAT.

Kata Kunci: Faktor prognostic, Kimura, Obstruksi duodenum kongenital, Kesintasan

Prognostic factors following Kimura surgery in cases of congenital duodenum obstruction toward survival

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Abstract

Background: Atresia and stenosis of the duodenum occur in 1:5000 - 10000 live births.

Duodenoduodenostomy or the Kimura surgical procedure is currently the preferred choice as the operative technique for cases of congenital duodenal obstruction. The survival rate of patients with congenital duodenal obstruction undergoing operative procedures has significantly increased from 45% to 96% over the past 50 years. We aimed to understand the relationship of gestational age, birth weight (BBL), preoperative albumin levels, preoperative sepsis, trans anastomotic tube (TAT) placement, and age at the time of surgery on the survival of patients with post-Kimura operative congenital duodenal obstruction, and identifying the outcome differences in patients with trans anastomotic tube (TAT) and without TAT. **Methods:** A retrospective study was done in patients with congenital duodenal obstruction at Dr. Sardjito General Hospital during the period of June 2019 to June 2023. Data were collected from medical records and analyzed using SPSS version 20.0.

Results: Out of 39 patients undergoing the Kimura operation, the majority were born at term (74.4%), had normal birth weight (51.3%), normal preoperative albumin levels (51.3%), did not experience sepsis (56.4%), were less than 7 days old at the time of surgery (46.2%), did not use jejunostomy feeding (92.3%), and did not use a trans anastomotic tube (TAT) (82.1%), with a survival rate of 69.2%. The difference in survival was only influenced by the age at the time of surgery ($p = 0.004$; $HR = 8.4$ (1.9-36.1)). Patients with TAT could initiate enteral feeding significantly earlier than those without TAT ($p = 0.002$).

Conclusions: There is a significant difference in survival influenced by the age factor at the time of the Kimura operation. Patients with a trans anastomotic tube (TAT) can initiate enteral feeding significantly earlier than patients without TAT.

Keywords: Prognostic factors; Kimura; Congenital duodenal obstruction; Survival rate