

INTISARI

Latar belakang

Juvenile idiopathic arthritis (JIA) merupakan penyakit aktif yang dapat terus berlangsung sampai usia dewasa dan dapat berpotensi menyebabkan keterbatasan fungsional dan menurunkan kualitas hidup seseorang.

Kasus

Pemantauan jangka panjang dan intervensi multidisiplin dilakukan terhadap anak perempuan berusia 4 tahun 5 bulan dengan keluhan nyeri dan bengkak di kedua sendi lutut, kedua pergelangan kaki dan jari-jari kaki disertai demam dan ruam kemerahan kambuh-kambuhan tanpa pemicu yang jelas, kedua lutut terasa kaku dan anak belum bisa berdiri. Pasien dikelola sebagai JIA sistemik dengan kontraktur genu bilateral, *global developmental disorder* dan *stunted*. Pasien diberikan edukasi, terapi farmakologis, tindakan bedah, fisioterapi dan latihan fisik. Selama 12 bulan pengamatan, luaran yang tercapai yaitu perbaikan keluhan nyeri sendi, tidak ada kekambuhan bengkak sendi, perbaikan pertumbuhan dan perkembangan berupa anak sudah mampu berdiri dan berjalan dengan bantuan *walker*. Hal tersebut didukung oleh asupan nutrisi yang baik, kepatuhan terapi farmakologis, dan tidak adanya efek samping obat yang muncul. Luaran yang belum tercapai yaitu status remisi, munculnya komplikasi berupa uveitis, destruksi tulang menetap dan adanya kontraktur sendi baru sehingga kualitas hidup pasien belum banyak mengalami perbaikan. Masalah yang dialami adalah pasien belum rutin melakukan latihan fisik sesuai yang direkomendasikan.

Kesimpulan

Pendekatan multidisiplin dan kerjasama yang baik dari anak, orang tua dan penyedia layanan kesehatan diperlukan untuk mendukung pemantauan kepatuhan terapi JIA, baik farmakologis maupun non farmakologis, sehingga status remisi dapat tercapai, mencegah terjadinya komplikasi dan juga menghasilkan luaran dan kualitas hidup yang baik.

Kata kunci

Juvenile idiopathic arthritis, JIA, kontraktur sendi, *global developmental disorder*, *stunted*

ABSTRACT

Background

Juvenile idiopathic arthritis (JIA) is an active disease that can persist into adulthood with the potential to cause functional limitations and reduce the quality of life.

Case Presentation

Long-term monitoring and multidisciplinary intervention was carried out on a girl aged 4 years 5 months with complaints of pain and swelling in both knee joints, both ankles and toes accompanied by fever and a recurring red rash without a clear trigger, both knees felt stiff and the child cannot stand yet. The patient was managed as systemic JIA with bilateral genu contracture, global developmental disorder and stunted. Patients are given education, pharmacological therapy, surgery, physiotherapy and physical exercise. During 12 months of observation, the outcomes achieved were improvement in complaints of joint pain, no recurrence of joint swelling, improvement in growth and development in the form of children being able to stand and walk with the help of a walker. This is supported by good nutritional intake, compliance with pharmacological therapy, and the absence of drug side effects. Outcomes that have not been achieved are remission status, the emergence of complications in the form of uveitis, persistent bone destruction and the presence of new joint contractures so that the patient's quality of life has not improved much. The problem experienced is that the patient has not routinely carried out physical exercise as recommended.

Conclusion

A multidisciplinary approach and good cooperation between the child, parents, and healthcare providers are required to support the monitoring of JIA therapy compliance, both pharmacological and non-pharmacological, in order to achieve remission status, prevent complications, and improve outcomes and quality of life.

Keywords

Juvenile idiopathic arthritis, JIA, joint contractures, global developmental disorder, stunted