

PREVALENSI UNKNOWN PRIMARY CANCER KEPALA LEHER PADA PASIEN LIMFADENOPATI SERVIKAL DI RSUP DR. SARDJITO

ABSTRAK

Latar belakang: Limfadenopati servikal adalah sebuah pembengkakan pada kelenjar getah bening servikal yang secara sekunder bisa merupakan akibat dari infeksi bakteri, virus atau jamur, atau merupakan penyakit autoimun maupun keganasan. Malignansi menjadi salah satu penyebab sekunder dari limfadenopati servikal yang originnya berasal dari orofaring, nasofaring, beberapa area di kepala. Pada pemeriksaan penunjang dapat dilakukan AJH pada limfadenopati servikal dan biopsi pada tumor primer. Karsinoma nasofaring menjadi salah satu penyebab sekunder limfadenopati servikal dengan hasil AJH positif dan biopsi pada tumor primer positif. Selain itu jika didapatkan hasil AJH positif pada limfadenopati servikal dan hasil biopsi negatif pada lokasi tumor primer didapatkan keganasan sebagai *unknown primary cancer* kepala leher.

Tujuan: mengetahui prevalensi *unknown primary cancer* pada pasien dengan limfadenopati servikal di RSUP Dr Sardjito

Metode penelitian: Desain pada penelitian ini adalah penelitian *cross-sectional*, deskriptif analitik, penelitian dimulai dengan mengidentifikasi rekam medis pada pasien limfadenopati servikal pada level II yang telah dilakukan aspirasi jarum halus pada limfadenopati servikal dan biopsi pada tumor primer di RSUP Dr. Sardjito, data kemudian dilakukan analisis.

Hasil penelitian: Pada 112 sampel penelitian, prevalensi *unknown primary cancer* kepala leher pada pasien di RSUP Dr. Sardjito sebesar 8.53%.

Kesimpulan: Prevalensi *unknown primary cancer* kepala leher pada pasien di RSUP Dr. Sardjito sebesar 8.53%.

Kata Kunci: *unknown primary cancer*, karsinoma nasofaring, aspirasi jarum halus, limfadenopati servikal

UNKNOWN PRIMARY HEAD AND NECK CANCER PREVALENCE IN PATIENTS WITH CERVICAL LYMPHADENOPATHY AT RSUP DR.

SARDJITO

ABSTRACT

Introduction: Cervical lymphadenopathy is swelling of the cervical lymph nodes, which can be a secondary result of bacterial, viral, or fungal infections, or it can be associated with autoimmune diseases or malignancies. Malignancy is one of the secondary causes of cervical lymphadenopathy, originating from the oropharynx, nasopharynx, and various head areas. Supportive examinations may include fine-needle aspiration biopsy (FNAB) for cervical lymphadenopathy and a biopsy of the primary tumor. Nasopharyngeal carcinoma is one of the secondary causes of cervical lymphadenopathy with positive FNAB results and positive biopsy results of the primary tumor. Additionally, when positive FNAB results are obtained for cervical lymphadenopathy, but the biopsy results for the primary tumor location are negative, malignancy is categorized as an unknown primary cancer of the head and neck.

Objective: Understanding prevalence of unknown primary cancer in patients with cervical lymphadenopathy at RSUP Dr. Sardjito

Methodology: The design in this study is a cross-sectional, descriptive-analytic research. The research began by identifying medical records of patients with cervical lymphadenopathy at level II who had undergone fine-needle aspiration biopsy (FNAB) on cervical lymphadenopathy and a biopsy of the primary tumor at Dr. Sardjito General Hospital. The data was then subjected to analysis.

Result: In 112 research samples, the prevalence of unknown primary head and neck cancer in patients at Dr. Sardjito General Hospital is 8.53%.

Conclusion: the prevalence of unknown primary head and neck cancer in patients at Dr. Sardjito General Hospital is 8.53%.

Keywords: unknown primary cancer, nasopharyngeal carcinoma, Fine Needle Aspiration, cervical lymphadenopathy