



KASUS LONGITUDINAL

LUARAN PASIEN REMAJA PEREMPUAN ANOREXIA NERVOSA DENGAN GIZI BURUK DAN KOMPLIKASI MULTI ORGAN

INTISARI:

Latar Belakang:

Anoreksia nervosa (AN) adalah gangguan makan yang ditandai dengan penurunan berat badan yang disengaja dan citra tubuh yang terdistorsi, serta dikaitkan dengan angka kematian yang tinggi akibat komplikasi medis dan bunuh diri. Remaja perempuan, terutama mereka yang sebelumnya mengalami obesitas, memiliki risiko yang lebih tinggi. AN dapat menyebabkan komplikasi multiorgan, termasuk gangguan kardiovaskular, metabolik, endokrin, dan hati. Kami melaporkan seorang remaja perempuan 15 tahun dengan riwayat obesitas yang berkembang menjadi anoreksia nervosa, hingga mengalami gizi buruk, serta luaran enam bulan pasca perawatan.

Kasus:

Seorang perempuan 15 tahun dengan riwayat obesitas (BB: 76 kg, TB: 155 cm, IMT: 31 kg/m²) mengalami anoreksia nervosa dan penurunan berat badan ekstrem (49 kg dalam 1,5 tahun). Pasien masuk rumah sakit dengan gizi buruk (BB: 27 kg, IMT: 11,2 kg/m²), dengan presentasi klinis bradikardia, hipoglikemia, gangguan elektrolit, amenore sekunder, dan peningkatan kadar transaminase. Dilakukan perawatan selama 15 hari, dengan rehabilitasi nutrisi dan manajemen multidisiplin yang komprehensif. Terapi nutrisi utama melalui nutrisi parenteral, dengan tambahan diet oral dan *oral nutritional supplements (ONS)* (600–1.000 kkal hari pertama sampai ketiga), kemudian ditingkatkan bertahap. Perawatan dilanjutkan secara rawat jalan. Dua bulan berikutnya, pasien berhasil mencapai berat badan ideal (47 kg). Pada akhir enam bulan, meskipun telah dilakukan pengaturan asupan kalori, namun berat badannya meningkat menjadi *overweight* (IMT: 26 kg/m², persentil IMT 85-95). Komplikasi dan presentasi klinis sebelumnya menunjukkan perbaikan yang substansial, termasuk kembalinya siklus menstruasi.

Kesimpulan:

Penanganan anoreksia nervosa, memerlukan pendekatan terpadu dan multidisiplin. Pemantauan dan perawatan jangka panjang yang ketat dan cermat diperlukan untuk mengurangi risiko peningkatan kembali berat badan secara berlebihan dan mengatasi sisa komplikasi.

Keywords: Anoreksia Nervosa, Remaja, Gizi Buruk, Komplikasi Multi Organ.



LONGITUDINAL CASE REPORT

CLINICAL OUTCOMES OF AN ADOLESCENT FEMALE PATIENT WITH ANOREXIA NERVOSA, SEVERE ACUTE MALNUTRITION, AND MULTIORGAN COMPLICATIONS

ABSTRACT:

Background:

Anorexia nervosa (AN) is an eating disorder characterized by self-induced weight loss and a distorted body image and is associated with a high mortality rate due to medical complications and suicide. Adolescent females, particularly those with prior obesity, are at increased risk. AN may lead to multiorgan complications, including cardiovascular, metabolic, endocrine, and hepatic disturbances. We report the case of a 15-year-old female with a history of obesity who progressed to anorexia nervosa, developed severe malnutrition, and was followed for six months after treatment.

Case:

A 15-year-old female with a history of obesity (body weight: 76 kg; height: 155 cm; BMI: 31 kg/m²) developed anorexia nervosa and experienced extreme weight loss (49 kg over 1.5 years). She was admitted to the hospital with severe malnutrition (body weight: 27 kg; BMI: 11.2 kg/m²), presenting with bradycardia, hypoglycemia, electrolyte disturbances, secondary amenorrhea, and elevated transaminase levels. The patient was hospitalized for 15 days and received comprehensive multidisciplinary management, including nutritional rehabilitation. Initial nutritional therapy was primarily administered via parenteral nutrition, supplemented with oral diet and oral nutritional supplements (ONS) providing 600–1,000 kcal/day during the first three days, followed by gradual caloric advancement. Outpatient care was continued after discharge. Within two months, the patient achieved an ideal body weight (47 kg). At six months of follow-up, despite caloric intake regulation, her weight increased to the overweight range (BMI: 26 kg/m²; BMI percentile 85th–95th). Previous complications and clinical manifestations showed substantial improvement, including the return of menstrual cycles.

Conclusion:

The management of anorexia nervosa requires an integrated and multidisciplinary approach. Careful and sustained long-term monitoring is essential to reduce the risk of excessive weight rebound and to address residual complications.

Keywords: Anorexia Nervosa, Adolescent, Malnutrition, Multiorgan Complications