Luaran Klinis Anak dengan Stage IV Human Immunodeficiency Virus, Pulmonary Tuberculosis, Bronchiectasis, Pulmonal Hypertension, Specific Learning Disorder Suspect, Excessive Screen Time,
Stunting, Gizi Buruk
Roberto Suhartono, Dr. dr. RR Ratni Indrawanti, Sp.A(K)
Universitas Gadjah Mada, 2026 | Diunduh dari http://etd.repository.ugm.ac.id/

LUARAN KLINIS ANAK DENGAN STAGE IV HUMAN IMMUNODEFICIENCY VIRUS, PULMONARY TUBERCULOSIS, BRONCHIECTASIS, PULMONAL HYPERTENSION, SPECIFIC LEARNING DISORDER SUSPECT, EXCESSIVE SCREEN TIME, STUNTING, GIZI BURUK

INTISARI

Latar Belakang: Infeksi Human Immunodeficiency Virus (HIV) pada anak melalui transmisi vertikal sering diikuti oleh berbagai komplikasi akibat imunosupresi kronis. Komorbiditas seperti tuberkulosis paru, bronkiektasis, hipertensi pulmonal, gangguan pembelajaran spesifik, penggunaan layar berlebih, stunting, serta gizi buruk dapat berinteraksi secara sinergis dan memperburuk morbiditas serta kualitas hidup pasien. Laporan kasus longitudinal ini mendeskripsikan perjalanan klinis dan luaran klinis anak dengan multiple komorbiditas tersebut.

Kasus: Anak laki-laki 10 tahun 1 bulan dengan diagnosis HIV Stage IV, tuberkulosis paru, bronkiektasis, hipertensi pulmonal, gangguan pembelajaran spesifik suspek, penggunaan layar berlebih, stunting, dan gizi buruk. Riwayat transmisi vertikal dari ibu yang meninggal akibat HIV. Pasien terdiagnosis Agustus 2024 dengan batuk kronis, demam, sesak nafas progresif, penurunan berat badan 4 kg, kandidiasis oral, pneumonia Pneumocystis jirovecii, dan aspergiloma. Pemantauan longitudinal enam bulan dilakukan dengan terapi antiretroviral, antituberkulosis, sildenafil, antibiotik profilaksis, dan rehabilitasi gizi.

Kesempulan: Pemantauan longitudinal enam bulan menunjukkan perbaikan klinis bermakna. Berat badan meningkat dari 14,9 kg menjadi 17,2 kg dan status nutrisi membaik dari gizi buruk menjadi gizi kurang. Aderensi terapi meningkat signifikan (skor MMAS-8 dari 2 menjadi 0). Hipertensi pulmonal membaik dari regurgitasi trikuspid berat menjadi sedang dengan hilangnya efusi perikard. Jumlah CD4 meningkat dari 176 menjadi 560 sel/Ul. Pasien kembali bersekolah dan berinteraksi sosial dengan baik. Pendekatan menajemen multidisiplin terintegrasi terbukti efektif mengoptimalkan luaran klinis, nutrisi, dan kesejahteraan psikososial pasien.

Kata Kunci: HIV; Tuberkulosis; Hipertensi Pulmonal; Gangguan Pembelajaran Spesifik

Luaran Klinis Anak dengan Stage IV Human Immunodeficiency Virus, Pulmonary Tuberculosis, Bronchiectasis, Pulmonal Hypertension, Specific Learning Disorder Suspect, Excessive Screen Time,
Stunting, Gizi Buruk
Roberto Suhartono, Dr. dr. RR Ratni Indrawanti, Sp.A(K)
Universitas Gadjah Mada, 2026 | Diunduh dari http://etd.repository.ugm.ac.id/

LONG CASE REPORT

CLINICAL OUTCOMES OF A CHILD WITH STAGE IV HUMAN IMMUNODEFICIENCY VIRUS, PULMONARY TUBERCULOSIS, BRONCHIECTASIS, PULMONARY HYPERTENSION, SUSPECTED SPECIFIC LEARNING DISORDER, EXCESSIVE SCREEN TIME, STUNTING, AND SEVERE MALNUTRITION

ABSTRACT

Background: Human Immunodeficiency Virus (HIV) infection in children through vertical transmission is often followed by various complications due to chronic immunosuppression. Comorbidities such as pulmonary tuberculosis, bronchiectasis, pulmonary hypertension, specific learning disorder, excessive screen time, stunting, and malnutrition can interact synergistically, worsening morbidity and the patient's quality of life. This longitudinal case report describes the clinical course and outcomes of a child with these multiple comorbidities.

Case: A 10-year-1-month-old boy diagnosed with Stage IV HIV, pulmonary tuberculosis, bronchiectasis, pulmonary hypertension, suspected specific learning disorder, excessive screen time, stunting, and severe malnutrition. There was a history of vertical transmission from his mother, who died due to HIV. The patient was diagnosed in August 2024 with chronic cough, fever, progressive shortness of breath, weight loss of 4 kg, oral candidiasis, Pneumocystis jirovecii pneumonia, and aspergilloma. Six months of longitudinal monitoring was conducted with antiretroviral therapy, antituberculosis therapy, sildenafil, prophylactic antibiotics, and nutritional rehabilitation.

Conclusion: Six months of longitudinal monitoring showed significant clinical improvement. Weight increased from 14.9 kg to 17.2 kg, and nutritional status improved from severe malnutrition to undernutrition. Therapy adherence increased significantly (MMAS-8 score from 2 to 0). Pulmonary hypertension improved from severe tricuspid regurgitation to moderate, with the disappearance of pericardial effusion. CD4 count increased from 176 to 560 cells/μL. The patient returned to school and socialized well. An integrated multidisciplinary management approach proved effective in optimizing clinical outcomes, nutrition, and the patient's psychosocial well-being.

Keywords: HIV; Tuberculosis; Pulmonary Hypertension; Specific Learning Disorder