

Korelasi antara Abnormalitas Rontgen Servikal terhadap Disabilitas Leher pada Pasien *Cervicogenic Headache*

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ABSTRAK

Nyeri kepala terbagi menjadi primer dan sekunder, untuk nyeri kepala sekunder yang banyak dijumpai adalah *cervicogenic headache*, yaitu salah satu tipe nyeri kepala sekunder akibat kelainan dari vertebra servikal. Nyeri kepala dapat muncul bersamaan dengan nyeri leher yang menyebabkan disabilitas leher. Pemeriksaan foto polos servikal menjadi tes diagnostik pertama yang sering dilakukan pada pasien dengan keluhan nyeri leher. Disabilitas fungsional dari nyeri leher dapat dievaluasi salah satunya dengan *neck pain disability index* (NPDI). Disabilitas leher pada pasien *cervicogenic headache* di RSUP Dr. Sardjito belum pernah dilakukan penelitian dengan menggunakan NPDI.

Penelitian ini bertujuan untuk mengetahui korelasi antara abnormalitas rontgen servikal terhadap disabilitas leher pada pasien *cervicogenic headache*.

Rancangan penelitian menggunakan metode *cross sectional* dengan pendekatan perspektif dimana subjek diambil secara *consecutive sampling*. Subjek penelitian adalah pasien yang datang ke poli Saraf RSUP Dr. Sardjito dengan diagnosis *cervicogenic headache* dilakukan pemeriksaan menggunakan instrumen NPDI dan pemeriksaan rontgen servikal posisi AP/lateral/oblik.

Subjek penelitian sebanyak 69 yang memenuhi kriteria dengan karakteristik dasar wanita 48 (69,6%), laki-laki 21 (30,4%), subjek derajat abnormalitas rontgen servikal ringan 38 (55,1%), sedang 10 (14,5%), berat 21 (30,4%), dengan skor NPDI $22,2 \pm 15,4$. Hasil analisis bivariat antara NPDI dengan variabel bebas, signifikan pada lama menderita ($p = 0,007; r = 0,320$), riwayat trauma kepala ($p = 0,002; r = -0,365$), *numeric pain scale* (NPS) ($p = 0,000; r = 0,558$), *range of motion* (ROM) ($p = 0,000; r = 0,558$), *trigger point* ($p = 0,004; r = -0,342$). Analisis multivariat signifikan pada berat badan ($p = 0,041; B = 0,580; 95\% CI -1,097 - (-0,035)$) dan NPS ($p = 0,000; B = 4,176; 95\% CI 2,720 - 5,633$) dengan $R^2 = 0,534$.

Tidak terdapat korelasi antara abnormalitas rontgen servikal dengan disabilitas leher pada pasien *cervicogenic headache*.

Kata kunci : abnormalitas rontgen servikal, disabilitas leher, *cervicogenic headache*, NPDI

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Correlation between Cervical X-Ray Abnormalities and Neck Disability in Cervicogenic Headache Patients

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ABSTRACT

Headache is divided into primary and secondary, for secondary headache that is often found is cervicogenic headache, which is one type of secondary headache due to abnormalities of the cervical vertebrae. Headache can occur together with neck pain which causes neck disability. Cervical x-ray examination is the first diagnostic test that is often performed in patients with complaints of neck pain. Functional disability of neck pain can be evaluated by using Neck Pain Disability Index (NPDI). Neck disability in cervicogenic headache patients at Sardjito Hospital has never done research using NPDI.

The aims of this study is to determine the correlation between cervical x-ray abnormalities in neck disability in cervicogenic headache patients.

The study design used a cross sectional method with a perspective approach where subjects were taken by consecutive sampling. The research subjects were patients who came to the Neurology Outpatient Sardjito Hospital with a diagnosis of cervicogenic headache was examined using NPDI instruments and AP/lateral/oblique cervical x-ray examination.

Sixty nine subjects with the basic characteristics of 48 (69.6%) women, 21 (30.4%) men, 38 (55.1%) subjects with mild cervical x-ray abnormalities, 10 (14.5%) moderate, 21 (30.4%) severe, with NPDI score of 22.2 ± 15.4 . The results of bivariate analysis between NPDI and independent variables, significant in long suffer ($p = 0.007; r = 0.320$), history of head trauma ($p = 0.002; r = -0.365$), Numeric Pain Scale (NPS) ($p = 0.000; r = 0.558$), Range of Motion (ROM) ($p = 0.000; r = 0.558$), trigger point ($p = 0.004; r = -0.342$). Multivariate analysis was significant in body weight ($p = 0.041; B = 0.580; 95\%CI -1.097 - (-0.035)$) and NPS ($p = 0.000; B = 4.176; 95\%CI 2.720 - 5.633$) with $R^2 = 0.534$.

There is no correlation between cervical x-ray abnormalities and neck disability in cervicogenic headache patients.

Keywords : cervical x-ray abnormalities, neck disability, cervicogenic headache, NPDI

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