

ABSTRAK

Latar belakang: Penyakit Hirschsprung (HSCR) merupakan malformasi kongenital *hindgut* dengan karakteristik tidak adanya sel ganglion intrinsik parasimpatis pada pleksus submukosa dan pleksus mienterikus. Diagnosis pada usia neonates, harus segera dilakukan tindakan operasi. TEPT dan Soave merupakan metode operasi yang sering digunakan. Tidak terdapat perubahan luaran pertumbuhan jangka pendek pasca operasi. Belum terdapat penelitian luaran pertumbuhan jangka panjang pasca operasi sehingga diperlukan penelitian lebih lanjut.

Tujuan: Membandingkan luaran pertumbuhan jangka panjang pasien HSCR pasca operasi TEPT dan Soave di RSUP Dr. Sardjito.

Metode: Penelitian observasional dengan metode kohort retrospektif dan prospektif. Didapatkan 10 pasien pasca TEPT dan 7 pasien pasca Soave. Variabel yang dibandingkan adalah luaran pertumbuhan jangka panjang berupa status nutrisi pasien HSCR >3 tahun pasca operasi TEPT dan Soave. Data berupa berat badan, tinggi badan, dan usia pasien diklasifikasikan berdasarkan kurva *weight for age z-score* (WAZ) dan *BMI for age z-score* (BAZ) WHO. Pengambilan data komplikasi dan pekerjaan orang tua dilakukan untuk menentukan faktor perancu. Penghitungan *p-value* pada data kategorikal dengan *Fisher Exact* dan data numerik dengan *Mann-Whitney*, kemudian dilanjutkan dengan analisis secara deskriptif.

Hasil: Berdasarkan WAZ : 70% peningkatan status nutrisi pasca TEPT, 20% pada Soave. Berdasarkan BAZ: 50% peningkatan status nutrisi pasca TEPT, 66,67% pada Soave. Komplikasi pada 80% TEPT dan 71,4% Soave. Status pekerjaan orang tua tetap pada 43% pasien Soave dan 70% TEPT.

Kesimpulan: Terdapat perbedaan luaran pertumbuhan jangka panjang pasca operasi TEPT dan Soave di RSUP Dr. Sardjito, namun belum dapat diukur signifikansinya.

Kata kunci: Hirschsprung, TEPT, Soave, luaran, pertumbuhan, jangka, panjang.

ABSTRACT

Background: Hirschsprung disease (HSCR) is a congenital hindgut malformation with characteristics of the absence of parasympathetic intrinsic ganglion cells in the submucous plexus and myenteric plexus. Diagnosis at the age of neonates, surgery must be done immediately. TEPT and Soave are frequently used operating methods. There were no short-term post-operative growth changes. There has not been a long-term post-operative growth outcome study so further research is needed.

Objective: To compare the long-term growth outcomes of HSCR patients after TEPT and Soave surgery at RSUP Dr. Sardjito, Yogyakarta.

Methods: An Observational study with a retrospective and prospective cohort method. There were 10 post-TEPT patients and 7 post-Soave patients. The variables compared were long-term growth consisting of nutritional status of HSCR patients > 3 years after TEPT and Soave surgery. Data consisted of weight, height, and age of the patient according to the weight curve for age z-score (WAZ) and BMI for WHO z-score (BAZ). Retrieving data on postoperative complications and parental work is done to determine confounding factors. Calculation of p-values in categorical data with Fisher Exact and numerical data with Mann-Whitney, then followed by descriptive analysis.

Results: Based on WAZ: 70% improvement in nutritional status after TEPT, 20% after Soave. Based on BAZ: 50% improvement in nutritional status after TEPT, 66.67% after Soave. Complications at 80% post TEPT and 71.4% post Soave. The employment status of parents remains in 43% of Soave patients and 70% of TEPT.

Conclusion: There are differences in long-term growth outcomes after TEPT and Soave operations at Dr. RSUP Sardjito, but its significance cannot be measured.

Keywords: Hirschsprung, TEPT, Soave, long, term, outcome.