

## INTISARI

Massa nasofarings merupakan pertumbuhan abnormal jaringan nasofarings yang mempunyai insidensi yang cukup tinggi di Indonesia terutama karsinoma nasofarings. Diagnosis massa nasofarings sering terlambat karena gejala dan tanda dini massa nasofarings tidak khas, letak nasofarings relatif tersembunyi serta pemeriksaan penunjang seperti nasoendoskopi, CT-Scan, patologi anatomi tidak tersedia di semua rumah sakit sehingga penderita karsinoma nasofarings seringkali datang sudah dalam stadium lanjut. Diagnosis hanya berdasar gejala dan tanda utama massa nasofarings belum pernah diteliti sebagai salah satu alat diagnosis karsinoma nasofarings yang sederhana, cepat, valid dan murah untuk meningkatkan kewaspadaan dokter terutama yang bekerja di pusat pelayanan kesehatan primer. Tujuan penelitian ini adalah untuk menentukan validitas gejala sumbatan hidung, gangguan pendengaran, benjolan leher pada massa nasofarings sebagai metode diagnosis massa nasofarings.

Penelitian ini merupakan uji diagnostik gejala sumbatan hidung, gangguan pendengaran, benjolan leher pada massa nasofarings dibandingkan dengan suatu *reference standard* yaitu CT Scan nasofarings sehingga didapatkan tabel 2x2. Sampel pada penelitian ini adalah semua orang dengan keluhan benjolan leher, sumbatan hidung dan gangguan pendengaran konduktif di RS DR.Sardjito Yogyakarta yang memenuhi kriteria inklusi dan eksklusi. Analisis statistik dilakukan analisis data menghitung sensitivitas, spesifisitas, nilai duga positif, nilai duga negatif, rasio kecenderungan positif dan rasio kecenderungan negatif dari 3 gejala dan tanda massa nasofarings dengan tabel 2x2.

Hasil penelitian ini didapatkan gejala sumbatan hidung, gangguan pendengaran, benjolan leher untuk diagnosis massa nasofarings mempunyai nilai sensitivitas 65,7%, spesifisitas 76,6%, nilai duga positif 78,1%, nilai duga negatif 63,8%, rasio kecenderungan positif 2,8, rasio kecenderungan negatif 0,4 serta akurasi 70,5%.

Kata kunci: *Massa nasofarings, gejala dan tanda massa nasofarings, CT Scan, Sensitivitas, Spesifisitas.*

## ABSTRACT

Nasopharyngeal mass is an abnormal growth within nasopharynx with a high incidence rate in Indonesia especially nasopharyngeal cancer. The diagnosis of Nasopharyngeal mass is often late due to the fact that the signs and symptoms of early Nasopharyngeal mass is not specific, the location of the nasopharynx which is quite hidden, and supporting examinations such as nasoendoscopy, CT Scan, pathology may not be available in primary health care facilities. Thus patients suffering from Nasopharyngeal mass are often diagnosed during the later stages of the cancer. Diagnosing this cancer based on the main signs and symptoms of Nasopharyngeal mass has never been evaluated as a simple, quick, valid and inexpensive primary diagnostic tool to increase awareness of physicians located in primary health care facilities.

The aim of this study to evaluate the validity of symptoms nasal obstruction, hearing loss and lump in the neck of Nasopharyngeal mass as a diagnostic tool for Nasopharyngeal mass.

This study was a diagnostic test that assessed symptoms of nasal obstruction, hearing loss and lump in the neck of nasopharyngeal mass compared to a reference standard which are nasopharyngeal CT Scan and resulted in a 2 x 2 table. This study implemented a cross – sectional design. Samples for this study was done using consecutive sampling. The samples for this study were all patients that complained of lump in the neck, nasal obstruction and hearing loss at Dr. Sardjito Hospital Yogyakarta based on the inclusion and exclusion criteria. Data analysis was done by evaluating the sensitivity, specificity, positive predictive value, negative predictive value, likelihood ratio, and unlikelihood ratio from three main signs and symptoms of Nasopharyngeal mass with a 2 x 2 table.

Symptoms of nasal obstruction, hearing loss and lump in the neck of Nasopharyngeal mass had a sensitivity of 65,7%, specificity of 76,6%, positive predictive value of 78,1%, negative predictive value of 63,8%, likelihood positive of 2,8, likelihood negative of 0,4 with an accuracy of 70,5%.

**Keywords:** *Nasopharyngeal mass, signs and symptoms of Nasopharyngeal mass, CT Scan, sensitivity, specificity*