

ABSTRAK

Latar Belakang: *Adverse Cutaneous Drug Reaction* (ACDR) merupakan reaksi obat yang tidak diinginkan dengan manifestasi kulit. ACDR memiliki banyak variasi yang tidak dapat diprediksi, dari berat hingga ringan. Obat anti tuberkulosis (OAT) merupakan salah satu obat yang sering menyebabkan ACDR. Tingginya penggunaan OAT di Indonesia dapat meningkatkan kejadian ACDR akibat OAT. Saat ini belum ada studi deskriptif maupun prevalensi terhadap ACDR akibat OAT di Yogyakarta.

Tujuan: Menjelaskan prevalensi dan menjelaskan kombinasi OAT yang memicu timbulnya ACDR tipe erupsi makulopapular, DRESS, AGEP dan SJS.TEN.

Subjek dan Metode: Penelitian retrospektif deskriptif observasional selama 3 tahun (2015-2017). Penelitian dilakukan dengan mengumpulkan data rekam medis pasien ACDR tipe erupsi makulopapular, DRESS, AGEP dan SJS.TEN yang disebabkan oleh OAT pada Departemen Dermatologi dan Venerologi RSUP dr. Sardjito Yogyakarta

Hasil: Dari total pasien 15,711 yang masuk ke Departemen Dermatologi dan Venerologi RSUP dr. Sardjito Yogyakarta, 16 pasien terdiagnosis ACDR tipe erupsi makulopapular, DRESS, AGEP dan SJS.TEN yang disebabkan OAT, sehingga prevalensi 0,10%. Rata-rata usia pasien $37,06 \pm 18,26$ tahun, dengan rentang 3-62 tahun. Usia dewasa (19-44 tahun) memiliki jumlah kasus paling tinggi (56,25%). Perbandingan antara jenis kelamin laki-laki dan perempuan adalah 1,667:1. Kombinasi yang paling sering menyebabkan ACDR adalah kombinasi OAT kategori 1 (HRZE) pada 13 (81,25%) subjek. 9 subjek (56,25%) mengalami erupsi makulopapular, 4 subjek (25%) mengalami DRESS, dan 3 subjek (18,75%) mengalami SJS. Hanya 4 pasien yang terdiagnosis penyebab OAT dengan pasti, dimana masing-masing pirazinamid dan rifampisin menyebabkan 3 kejadian ACDR pada subjek. 4 subjek (25%) memiliki komorbiditas HIV, menjadikan HIV sebagai komorbiditas paling sering. 9 subjek (56,25%) mengganti OAT yang diterima setelah mengalami ACDR, dan seluruh pasien sembuh dari ACDR.

Kesimpulan: Kombinasi OAT kategori 1 menjadi agen kausatif tersering pada pasien ACDR akibat OAT. Dari penelitian ini, tidak terdapat perbedaan luaran antara pasien yang menggunakan kembali kombinasi OAT penyebab dengan pasien yang mengganti kombinasi OAT.

Kata Kunci: *Adverse cutaneous drug reaction*, ACDR, erupsi makulopapular, ACDR, DRESS, SJS/TEN, obat anti tuberkulosis, kombinasi OAT, faktor resiko, luaran.

ABSTRACT

Background: Adverse cutaneous drug reaction (ACDR) is an adverse drug reaction with skin manifestation. ACDR has wide variations, many of which can not be predicted, ranging from severe to mild ones. Anti-tuberculosis drugs are one of many drugs likely to cause ACDR. With the high usage of the drugs in Indonesia, ACDR caused by anti-tuberculosis drugs can cause problems in clinical settings. Descriptive or epidemiological study on ACDR caused by anti-tuberculosis drugs has not been done in Yogyakarta.

Aims: Describe the prevalence and the anti-tuberculosis drugs combinations which caused maculopapular rash, DRESS, AGEP, and SJS.TEN type of ACDR.

Subject and Methods: This study is a retrospective-descriptive observational study. Data is collected from medical records of ACDR patients with maculopapular rash, DRESS, AGEP, and SJS/TEN type caused by anti-tuberculosis drugs in Department of Dermatology and Venerology in a central teaching hospital in Yogyakarta over 3 years period (2015-2017).

Result: From a total of 15,711 patients in the Department of Dermatology and Venerology, 16 patients are eligible as the study subjects, with the prevalence of 0,10%. The mean age of the subjects is $37,06 \pm 18,26$ years old, ranging from 3-62 years old. Most of the subjects (56,25%) are adults (19-44 years old). The male to female ratio is 1,667:1. Anti-tuberculosis drugs combination causing ACDR is HRZE in 13 subjects. 9 subjects (56,25%) had maculopapular rash, 4 subject (25%) had DRESS, and 3 subjects (18,75%) had SJS. The offending drug is only specified on 4 patients, in which rifampicin and pyrazinamide causing 3 ACDR each. 4 subject (25%) has HIV infection as comorbidity, making it the most common comorbidity amongst the subjects. 9 subjects (56,25%) change their anti-tuberculosis drugs combination after having the reaction, and all subjects' outcomes are healed.

Conclusion: The HRZE anti-tuberculosis combinations is the most common causative agent in ACDR patients caused by anti-tuberculosis drugs. From this study, there is no difference between patients continuing their therapy with the same anti-tuberculosis combinations and those who do not.

Keywords: Adverse cutaneous drug reaction, ACDR, maculopapular rash, DRESS, AGEP, SJS/TEN, anti-tuberculosis drugs, anti-tuberculosis drugs combinations, risk factor, outcome.