

PERBEDAAN INDEKS MASSA TUBUH PADA KARSINOMA TIROID TERDIFERENSIASI DAN PEMBESARAN TIROID JINAK

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INTISARI

Latar Belakang : Karsinoma papiler dan karsinoma folikuler adalah jenis karsinoma terdiferensiasi. Sel karsinoma ini mengekspresikan reseptor *Thyroid Stimulating Hormone* (TSH). TSH dapat bertindak sebagai faktor pertumbuhan karsinoma tiroid. Pada pasien dengan Indeks massa tubuh (IMT) overweight atau obesitas dapat terjadi peningkatan kadar TSH melalui mekanisme perangsangan leptin yang dilepaskan dari jaringan adipose yang berlebihan pada pasien dengan IMT tinggi.

Tujuan : Menentukan perbedaan antara indeks massa tubuh (IMT) pada karsinoma tiroid terdiferensiasi dan pembesaran tiroid jinak.

Metode : Penelitian *case control study* pada karsinoma tiroid terdiferensiasi dan pembesaran tiroid jinak di RSUP Dr. Sardjito Yogyakarta data penelitian dari rekam medis tahun 2014- 2018.

Hasil : Dari 46 subyek penelitian, semua sampel perempuan terdiagnosis karsinoma tiroid terdiferensiasi dan pembesaran tiroid jinak. Perbedaan nilai rerata IMT pada kelompok kasus $24,75 \pm 7,58$ dan kelompok kontrol $17,84 \pm 6,68$ ($p:0,002$). Pada analisis menggunakan chisquare didapatkan nilai $p:0,003$, Odds ratio(OR) $8,02 \pm 2,15$ -

29,93. Pada analisis multivariat uji regresi logistik, dengan variabel TSH dan IMT didapatkan nilai OR (Exp(B)) masing-masing adalah 6,57 dan 4,79.

Kesimpulan : Terdapat perbedaan yang bermakna nilai IMT antara karsinoma tiroid terdiferensiasi dan pembesaran tiroid jinak. Pasien pembesaran tiroid dengan nilai IMT tinggi memiliki risiko yang lebih besar mengalami kejadian karsinoma tiroid terdiferensiasi dibandingkan pasien dengan nilai IMT rendah.

Kata Kunci : karsinoma tiroid terdiferensiasi, pembesaran tiroid jinak, TSH, IMT

DIFFERENCES OF BODY MASS INDEX IN DIFFERENTIATED THYROID CARCINOMA AND BENIGN THYROID NODULE

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ABSTRACT

Background: Papillary carcinoma and follicular carcinoma are differentiated thyroid carcinomas. These carcinoma cells express the thyroid stimulating hormone (TSH) receptor. TSH can act as a growth factor for thyroid carcinoma. In patients with body mass index (BMI) overweight or obese, there can be an increase in TSH levels through the mechanism of stimulation of leptin released from excessive adipose tissue in patients with higher BMI.

Objective: To determine the difference between body mass index (BMI) in differentiated thyroid carcinoma and benign thyroid nodule.

Method: Case control study in differentiated thyroid carcinoma and benign thyroid nodule at Dr. Sardjito Hospital Yogyakarta. This study was conducted by examining the medical records of patient with thyroid carcinoma and benign thyroid nodule who had undergone thyroidectomy between 2014- 2018.

Result : It was showed that from the 46 study subjects, all female samples were diagnosed with differentiated thyroid carcinoma and benign thyroid nodule. The difference in BMI mean values in the case group was 24.75 ± 7.58 and the control

group was 17.84 ± 6.68 (p: 0.002). In the analysis using Chi-square obtained p: 0.003, Odds ratio (OR) 8.02 ± 2.15 -29.93. In a multivariate analysis of logistic regression tests, the TSH and BMI variables obtained OR (Exp (B)) values were 6.57 and 4.79, respectively.

Conclusion: There were significant differences in BMI values between differentiated thyroid carcinoma and benign thyroid nodule. Thyroid enlargement patients with higher BMI values have a greater risk of experiencing a differentiated thyroid carcinoma incidence compared to patients with lower BMI values.

Keywords: Differentiated thyroid carcinoma, benign thyroid nodule, TSH, BMI