

ABSTRAK

Latar Belakang : Penyakit Hirschsprung (HSCR) dicirikan dengan dengan bagian distal usus tanpa sel ganglion. Metode operatif sebagai manajemen definitif HSCR bertujuan untuk membuat anastomosis antara bagian usus berganglion dengan anus untuk mengembalikan fungsi normal usus. Parameter pertumbuhan sebagai luaran manajemen operatif dapat menjadi tanda kondisi patologis dan pertimbangan perlunya evaluasi dan manajemen pada anak.

Tujuan : Mengetahui luaran pertumbuhan pada pasien HSCR pasca-Soave dan pasien HSCR pasca-TEPT dan mengetahui perbedaan luaran pertumbuhan antara pasien HSCR pasca-Soave dan TEPT di RSUP Dr. Sardjito Yogyakarta.

Metode : Penelitian ini dilakukan dengan menggunakan rancangan potong lintang. Subjek penelitian yang memenuhi kriteria seleksi adalah pasien HSCR yang menjalani operasi Soave (n=17) dan TEPT (n=33). Data status gizi didapatkan dengan menghitung WAZ dan parameter pertumbuhan dilihat dari status gizi pasien praoperasi dan pascaoperasi. Data dianalisis dengan menggunakan uji statistik *Wilcoxon* dan *Mann-Whitney*.

Hasil : Tidak ada perbedaan signifikan status gizi praoperasi dan pascaoperasi Soave ($Z=-1,298$; $p=0,194$), tidak ada perbedaan signifikan status gizi praoperasi dan pascaoperasi TEPT ($Z=-0,677$; $p=0,499$), dan tidak ada perbedaan signifikan antara perkembangan status gizi pasca-Soave dan TEPT ($Z=-1,018$; $p=0,309$).

Kesimpulan : Tidak ada perbedaan signifikan status gizi praoperasi dan pascaoperasi Soave maupun TEPT. Tidak ada perbedaan signifikan antara perkembangan status gizi pasca-Soave dan TEPT.

Kata kunci: Penyakit Hirschsprung (HSCR), Soave, *transanal endorectal pull-through* (TEPT), pertumbuhan

ABSTRACT

Background : Hirschsprung disease's (HSCR) is characterized by absence of ganglionic cells of the distal intestine. Surgery as a mode of definitive treatment for HSCR has a goal to make an anastomosis between ganglionic segment and aganglionic segment to return the normal function of intestine. Growth as a parameter of surgery outcome can be used as a sign of pathological condition and to consider the need for evaluation and management in children.

Objective : To know the growth outcome and the difference between pre-surgery and post-surgery growth of HSCR patients using Soave and TEPT methods and to know the difference between growth outcome post-Soave and TEPT.

Method : This study used cross sectional method with HSCR patients who had undergone Soave (n=17) and TEPT (n=33) surgery in RSUP Dr. Sardjito Yogyakarta. Growth was determined by pre-surgery and post-surgery nutritional status which was obtained from WAZ score. Data was analysed using Wilcoxon and Mann-Whitney test.

Results : There is no significant difference between pre-surgery and post-surgery growth in Soave ($Z=-1,298$; $p=0,194$), no significant difference between pre-surgery and post-surgery growth in TEPT ($Z=-0,677$; $p=0,499$), and no significant difference between post-surgery growth in Soave and TEPT ($Z=-1,018$, $p=0,309$).

Conclusion : There is no significant difference between pre-surgery and post-surgery growth in Soave, there is no significant difference between pre-surgery and post-surgery growth in TEPT, and there is no significant difference between post-surgery growth in Soave and TEPT.

Keywords: Hirschsprung's disease (HSCR), Soave, transanal endorectal pull-through (TEPT), growth