

INTISARI

Pendahuluan: Indonesia memiliki beban tuberkulosis yang tinggi disertai lingkungan yang mempermudah transmisi tuberkulosis, salah satunya dari dewasa ke anak. Konfirmasi bakteriologis tuberkulosis anak masih menjadi sebuah kesulitan karena kurangnya ketersediaan fasilitas diagnostik, kesulitan pengambilan sampel, dan *smear* mikroskop. Tabel skoring digunakan untuk membantu penegakan diagnosis, namun sensitifitas dan spesifisitasnya dalam mendiagnosis tuberkulosis rendah.

Tujuan: Penelitian ini dilakukan untuk melihat gambaran luaran terapi OAT pada pasien diagnostik skoring dan diagnostik klinis di RSUD Panembahan Senopati.

Metode: Penelitian ini menggunakan studi analitik observasional dengan desain *cross-sectional* retrospektif. Metode sampling yang digunakan adalah *consecutive sampling*. Data kemudian dianalisis menggunakan uji t independen dan uji *chi-square*.

Hasil: Tujuh puluh tiga data pasien tuberkulosis anak pada tahun 2014, 2015, dan 2016 dicatat pada bulan Februari 2017. Hasil analisis menunjukkan tidak terdapat perbedaan signifikan dari luaran terapi; rata-rata peningkatan berat badan 2.3 kg kelompok diagnostik klinis dan 2.234 kg pada kelompok diagnostik skoring ($p=0.986$) dan perbaikan pada seluruh gejala batuk, demam, pembesaran limfonodi, dan hasil rontgen toraks.

Kesimpulan: Tidak terdapat perbedaan bermakna luaran terapi OAT pada pasien diagnostik skoring dan diagnostik klinis. Terapi OAT dapat diberikan dengan mempertimbangkan gejala klinis dan domisili di daerah tinggi prevalensi tuberkulosis.

Kata kunci: tuberkulosis, pediatri, OAT, alat diagnostik, diagnosis klinis

ABSTRACT

Background: *Indonesia has high burden of tuberculosis and environment that promotes tuberculosis transmission, from adults to children. Bacteriological confirmation of pediatric tuberculosis remains difficult due to unavailability of diagnostic facilities, difficulties in obtaining samples, and poor performance in smear microscopy. Scoring table has been used to help with the diagnosis, yet it lacks sensitivity and spesificity.*

Purpose: *This study was done to view the output of anti-tuberculosis therapy done to patients with score ≥ 6 and patients with score less than 6 in Panembahan Senopati Hospital.*

Methods: *This study used analytic observtional approach with retrospective cross-sectional design. Sampling method used was consecutive sampling. Obtained data was analyzed using independent t test and chi-square.*

Results: *Seventy three data of tuberculosis patients in 2014, 2015, and 2016 were obtained in February 2017. The results from data analysis suggests that there are no significant difference between both groups' output; with mean weight increment 2.3kg in patients with score ≥ 6 and 2.234kg in patients with score less than 6 ($p=0.986$) and improvement of all clinical symptoms; cough, fever, lymph node enlargement and chest x-ray.*

Conclusion: *There are no significant differences of anti-tuberculosis output in both groups. Anti-tuberculosis therapy is allowed to be given considering clinical symptoms and areas with high prevalence of tuberculosis.*

Keywords: *tuberculosis, peditary, anti-tuberculosis treatment, diagnostic tool, clinical diagnosis*