

ABSTRAK

UJI DIAGNOSTIK *PEDIATRIC APPENDICITIS SCORE* UNTUK DIAGNOSIS APENDISITIS AKUT PADA ANAK

Kiki Qurniawan¹, Jon Efendi¹, Hardisman²

Latar belakang dan tujuan: Apendisitis akut adalah akut abdomen paling banyak dan paling sering jadi indikasi bedah abdomen emergensi anak, sementara untuk diagnosis masih sulit. Kesalahan diagnosis meningkatkan *negative appendectomy* dan keterlambatan diagnosis meningkatkan morbiditas dan mortalitas. Sistem skor klinis aman, murah, efisien dan potensial memperbaiki *outcome* pasien, skor klinis apendisitis khusus anak dikenal *Pediatric Appendicitis Score* (PAS).

Akurasi PAS penelitian Samuel, Sensitivitas 100%, Spesifisitas 92%, Nilai Duga positif 96%, Nilai Duga negatif 99%, dan beberapa penelitian berikutnya memberi hasil berbeda. Insidensi apendisitis anak masih tinggi, di Amerika Serikat lebih 70.000 anak di diagnosis apendisitis, 1 dari 1000 anak pertahun, data rekam medik RSUP DR. M. Djamil Desember 2014- Desember 2015 didapatkan anak usia 4 tahun sampai 15 tahun dilakukan apendektomi 53 kasus. PAS berperan menegakkan diagnosis, sehingga perlu dilakukan validasi.

Metode: Penelitian ini merupakan Uji Diagnostik untuk mengetahui akurasi PAS untuk diagnosis apendisitis akut anak, sampel adalah pasien anak usia 4-15 tahun dengan nyeri abdomen akut (< 3 hari) dilakukan penilain PAS, Apendektomi pada nilai 6 dan dilakukan pemeriksaan Patologi Anatomi sebagai *Gold standard*.

Hasil: Dari 20 sampel, PAS Nilai 6, Sensitivitas 100%, Spesifisitas 20%, Nilai Duga Positif 78,9%, Nilai Duga Negatif 100%, *negative appendectomy rate* 21%

Kesimpulan: *Pediatric appendicitis Score* Valid dan Akurat dalam menegakkan Diagnosis apendisitis akut anak dan dapat jadi dasar pembedahan

Kata kunci: apendisitis akut, Uji Diagnostik, *Pediatric Appendicitis Score*, Gold Standard

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ABSTRACT

DIAGNOSTIC TEST OF PEDIATRIC APPENDICITIS SCORE FOR DIAGNOSIS ACUTE APPENDICITIS IN CHILDREN

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Background and aims: Acute appendicitis is the most common acute abdomen and the most frequent indication of emergency abdominal surgery in childhood, while the diagnosis is remain difficult. Misdiagnosis increase *negative appendicectomy* and delayed diagnosis increase morbidity and mortality. The clinical scoring system is safe, inexpensive, time-efficient, and potentially improve patient outcomes, clinical scores appendicitis specifically in childhood known as Pediatric Appendicitis Score (PAS).

The accuracy of PAS research by Samuel, sensitivity 100%, specificity 92%, positive predictive value 96%, negative predictive value 99%, and several subsequent studies show different results. The incidence of appendicitis in children is still high, in the United States over 70,000 children diagnosed as appendicitis, one of 1,000 children annually, medical record data DR. M. Djamil Hospital December 2014 - December 2015 obtained 53 cases of appendectomy performed in the age of 4 years to 15 years. PAS role as instrumental to make diagnosis, so it needs to be validated.

Methods: This study is a diagnostic tests to determine the accuracy of PAS for the diagnosis of acute appendicitis in children, the sample is pediatric patients aged 4-15 years with acute abdominal pain (<3 days) evaluated for PAS assessment, appendectomy performed at a score of 6 and examined histopathologically as gold standard.

Results: Of the 20 samples, PAS Value = 6, sensitivity 100%, specificity 20%, positive predictive value 78.9%, negative predictive value 100%, negative appendicectomy rate 21%.

Conclusion: Pediatric appendicitis Score is valid and accurate in establishing the diagnosis of acute appendicitis in children and can be a clinical reason for surgery.

Keywords: *acute appendicitis, Diagnostic Test, Pediatric Appendicitis Score, Gold Standard*

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