PERBANDINGAN FAKTOR RISIKO MORTALITAS RAWATAN PADA PASIEN SEPSIS KARENA PNEUMONIA KOMUNITAS DAN PNEUMONIA NOSOKOMIAL DI RS DR. M. DJAMIL PADANG

PAISHAL MIZAN

NBP : 2150302207

Pembimbing:

dr. Fadrian, SpPD-KPTI, FINASIM.

dr. Roza Kurniati, Sp.PD-KP, FINASIM

PROGRAM STUDI PENYAKIT DALAM PROGRAM SPESIALIS

DEPARTEMEN ILMU PENYAKIT DALAM

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ABSTRAK

PERBANDINGAN FAKTOR RISIKO MORTALITAS RAWATAN PADA PASIEN SEPSIS KARENA PNEUMONIA KOMUNITAS DAN PNEUMONIA NOSOKOMIAL DI RS DR. M. DJAMIL PADANG

Paishal Mizan, Fadrian*, Roza Kurniati**
*Divisi Penyakit Tropik dan Infeksi, **Divisi Pulmonologi dan Medik Kritis, Program Studi Penyakit Dalam Program Spesialis, Departemen Ilmu Penyakit Dalam Fakultas Kedokteran, Universitas Andalas/ RSUP Dr. M. Djamil Padang

Pendahuluan : Sepsis menyebabkan kematian global yang signifikan, dengan pneumonia sebagai sumber infeksi yang paling umum. Pneumonia komunitas dan pneumonia nosokomial memiliki karakteristik berbeda yang dapat memengaruhi faktor risiko mortalitas rawatan. Penelitian ini bertujuan untuk mengidentifikasi dan membandingkan faktor risiko mortalitas rawatan pada pasien sepsis karena pneumonia komunitas dan sepsis karena pneumonia nosokomial.

Metode : Penelitian ini merupakan penelitian observasional analitik dengan pendekatan potong lintang yang dilakukan di RS Dr. M. Djamil Padang, dari bulan Maret hingga Agustus 2025. Sebanyak 160 pasien sepsis karena pneumonia komunitas dan 160 pasien sepsis karena pneumonia nosokomial dan memenuhi kriteria inklusi dan ekslusi. Analisis statistik menggunakan SPSS 25.0.

Hasil : mortalitas rawatan pada pasien sepsis karena pneumonia komunitas sebanyak 71.25% dan sepsis karena pneumonia nosokomial sebanyak 62.5%. Faktor risiko mortalitas rawatan pada pasien sepsis karena pneumonia komunitas yaitu Laktat (OR 1.937; 95% CI 1.228-3.055; p=0.004), *neutrophil-lymphocyte ratio* (NLR) (OR 1.222; 95% CI 1.088-1.372; p=0.001), skor SOFA (OR 1.229; 95% CI 1.003-2.002; p=0.001), keganasan (OR 1.963; 95% CI 1.243-2.942; p=0.016), dan *Charlson Comorbidity Index* (CCI) (OR 1.252; 95% CI 1.009-1.938; p=0.013). Faktor risiko mortalitas rawatan pada pasien sepsis karena pneumonia nosokomial yaitu usia ≥60 tahun (OR 3.924; 95% CI 1.171-5.156; p=0.027), laktat (OR 1.963; 95% CI 1.144-3.369; p=0.014), kultur *multidrug-resistant organism* (MDRO) (OR 3.386; 95% CI 1.166-5.833; p=0.025), skor SOFA (OR 1.120; 95% CI 1.029-1.513; p=0.009), dan CCI (OR 1.377; 95% CI 1.061-1.788; p=0.016). jenis kelamin perempuan merupakan faktor protektif (OR 0.197; 95% CI 0.065-0.595; p=0.004).

Kesimpulan : Terdapat persamaan dan perbedaan faktor risiko mortalitas rawatan pada kedua kelompok. Laktat, skor SOFA dan CCI merupakan faktor risiko mortalitas pada kedua kelompok, sedangkan NLR dan keganasan hanya terdapat pada sepsis karena pneumonia komunitas dan usia ≥ 60 tahun, kultur MDRO dan jenis kelamin Perempuan hanya terdapat pada sepsis karena pneumonia nosokomial

Kata Kunci : sepsis, pneumonia komunitas, pneumonia nosokomial, faktor risiko mortalitas rawatan.

ABTRACT

COMPARISON OF IN-HOSPITAL MORTALITY RISK FACTORS IN SEPSIS PATIENTS DUE TO COMMUNITY-ACQUIRED PNEUMONIA AND HOSPITAL-ACQUIRED PNEUMONIA IN DR. M. DJAMIL CENTRAL GENERAL HOSPITAL, PADANG

Paishal Mizan, Fadrian*, Roza Kurniati**
*Division of Tropical and Infectious Diseases, **Division of Pulmonology and Critical Medicine, Department of Internal Medicine, Faculty of Medicine, Andalas University, Dr. M. Djamil Central General Hospital, Padang, Indonesia

Introduction : Sepsis is a significant cause of global mortality, with pneumonia being the most common source of infection. Community-acquired pneumonia (CAP) and hospital-acquired pneumonia (HAP) have different characteristics that may influence in-hospital mortality risk factors. This study aimed to identify and compare in-hospital mortality risk factors in sepsis patients with community-acquired pneumonia and hospital-acquired pneumonia.

Methods : A cross-sectional analytical observational study was conducted at Dr. M. Djamil Central General Hospital, Padang, from March to August 2025. A total of 160 patients sepsis due to CAP and 160 patients sepsis due to HAP were analysed who met the inclusion and exclusion criteria. Statistical analysis using SPSS 25.0.

Results : in-hospital mortality rates were 71.25% for Sepsis due to CAP and 62.5% for sepsis due to HAP. In sepsis due to CAP, in-hospital mortality risk factors included lactate (OR 1.937; 95% CI 1.228-3.055; p=0.004), neutrophil-lymphocyte ratio (NLR) (OR 1.222; 95% CI 1.088-1.372; p=0.001), SOFA score (OR 1.229; 95% CI 1.003-2.002; p=0.001), malignancy (OR 1.963; 95%CI 1.243-2.942; p=0.016), and Charlson Comorbidity Index (CCI) (OR 1.252; 95% CI 1.009-1.938; p=0.013). In sepsis due to HAP, risk factors included age ≥60 years (OR 3.924; 95% CI 1.171-5.156; p=0.027), lactate (OR 1.963; 95% CI 1.144-3.369; p=0.014), multidrug-resistant organism (MDRO) culture (OR 3.386; 95% CI 1.166-5.833; p=0.025), SOFA score (OR 1.120; 95% CI 1.029-1.513; p=0.009), and CCI (OR 1.377; 95% CI 1.061-1.788; p=0.016). Female gender was a protective factor (OR 0.197; 95% CI 0.065-0.595; p=0.004).

Conclusion : There are both similarities and differences in mortality risk factors between the two groups. Lactate, SOFA score, and CCI are risk factors in both groups, while NLR and malignancy are specific to sepsis due to CAP, and age >60 years, female gender and MDRO culture are specific to sepsis due to HAP.

Keywords : sepsis, community-acquired pneumonia, hospital-acquired pneumonia, in-hospital mortality risk factors.