

ABSTRAK

Pendahuluan. *Stroke* karena perdarahan intraserebral (PIS) merupakan penyebab morbiditas dan mortalitas yang tertinggi dibandingkan penyebab *stroke* lainnya. Prediksi prognosis sangat penting dalam membantu pengambilan keputusan terapi. Penelitian bertujuan untuk menilai hubungan antara skor ICH-GS dan luaran yang dinilai dengan mRS.

Metode. Penelitian ini adalah studi observasional kohort prospektif pada pasien *stroke* PIS yang dioperasi di bagian Bedah Saraf Rumah Sakit dr. Hasan Sadikin Bandung. Pasien yang diinklusi adalah pasien berusia 18 tahun atau lebih yang dilakukan CT-Scan kepala non kontras dan bersedia mengikuti kegiatan penelitian. Pasien dengan perdarahan subaraknoid, *tumor apoplexy*, kelainan koagulopati, dan PIS karena trauma dieksklusi dari penelitian.

Hasil. Total 34 subjek diinklusi ke dalam penelitian dimana 49,0% berjenis kelamin laki-laki. Hipertensi merupakan komorbiditas pada 84,3% subjek. Rerata usia subjek penelitian adalah $57,10 \pm 13,18$ tahun. Nilai median (IQR) GCS adalah 11 (9 – 13). Perdarahan supratentorial dialami oleh 88,2% subjek dengan rerata volume $52,93 \pm 13,32$. Perdarahan infratentorial didiagnosis pada 11,8% subjek dengan rerata volume $18,67 \pm 7,47$. Ekstravasasi intraventrikel dialami oleh 47,1% subjek. Nilai median (IQR) skor ICH-GS adalah 9 (7 – 10). Angka mortalitas saat perawatan di rumah sakit adalah 17,6%. Sistem skoring ICH-GS memiliki hubungan yang signifikan dengan luaran subjek. AUC pada saat keluar dari rumah sakit, *follow-up* 3 bulan, dan *follow-up* 6 bulan adalah 0,806, 0,760, dan 0,770, secara berurutan.

Kesimpulan. Pengukuran ICH-GS pada saat masuk rumah sakit berhubungan dengan luaran subjek. Semakin tinggi ICH-GS, semakin tinggi risiko luaran yang buruk.

Kata Kunci: *Stroke*, perdarahan intraserebral, *Intracerebral Hemorrhagic-Grading Scale*, *modified Rankin Scale*

ABSTRACT

Introduction. Stroke due to intracerebral hemorrhage causes the highest mortalitas and morbidity rates compared to other causes of stroke. Prognosis prediction is important in therapeutic decision making. This study aims to analyze the relationship between ICH-GS scoring system and outcome measured by mRS.

Methods. This is an observational cohort prospective study in stroke ICH patients operated in Neurosurgery department Hasan Sadikin hospital Bandung. Patients included in this study were patients aged 18-year-old or more, performed head CT-Scan non contrast, and willing to adhere to all study activities. Patients with subarachnoid bleeding, tumor apoplexy, coagulopathy diseases, and ICH due to trauma were excluded.

Result. Total of 34 subjects were included in this research where 49.0% were male. Hypertension were found to be comorbidity in 84.3% subjects. Mean age was $57,10 \pm 13,18$ -year-old. Median (range) GCS was 11 (9 – 13). Supratentorial bleeding was detected in 88.2% subjects with mean volume $52,93 \pm 13,32$. Infratentorial bleeding was diagnosed in 11.8% with mean volume $18,67 \pm 7,47$. Intraventricle extravasation was experienced by 47.1% subjects. Median (range) ICH-GS was 9 (7 – 10). Mortality rates during hospitalization was 17.6%. ICH-GS was significantly related to outcome. AUC on discharge, 3-months follow-up, and 6-months follow-up were 0.806, 0.760, and 0.770, respectively.

Conclusion. ICH-GS on admission was related to outcome. The higher ICH-GS, the higher risk of poor outcome.

Keywords: Stroke, intracerebral hemorrhage, Intracerebral Hemorrhagic-Grading Scale, modified Rankin Scale