

NYERI DADA

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ABSTRAKS

Nyeri adalah sensasi tidak menyenangkan karena rangsangan sensorik kompleks. Nyeri bersifat subjektif, bervariasi antara individu dalam kualitas, intensitas, durasi, lokasi, dan frekuensi. Persepsi nyeri dipengaruhi oleh kultur, emosional, kognitif, status sosioekonomi, latar belakang keluarga, psikis, dan pengalaman sebelumnya. Nyeri merupakan mekanisme proteksi untuk meningkatkan kewaspadaan terhadap kerusakan jaringan dan merupakan keluhan umum seseorang datang mencari pertolongan medis.

Nyeri dada adalah sensasi tidak nyaman di dada atau diperkirakan berasal dari struktur di dada. Karakteristik dan tingkat keparahan nyeri dada tergantung etiologi penyakit. Diagnosis nyeri dada seringkali sulit karena presentasi palsu dan lokasi asal nyeri sulit dibedakan. Nyeri dada merupakan penyebab tersering orang berobat ke rumah sakit yaitu sejumlah 35%. Pasien datang ke instalasi gawat darurat (IGD) dengan keluhan nyeri dada dapat disebabkan oleh keadaan mengancam jiwa seperti sindrom koroner akut, diseksi aorta, emboli pulmonal, pneumotoraks, perikarditis dengan tamponade, dan ruptur esofagus. Angka kedatangan di IGD di Amerika karena nyeri dada kebanyakan merupakan penyakit kardiovaskular 54%, pulmonal 12%, muskuloskeletal 7%, dan gastrointestinal 3%.

Tatalaksana nyeri dada sesuai dengan penyakit yang mendasari. Pemberian analgetik secara umum dapat diberikan. Pendekatan multimodal mencakup pendekatan psikologis dan intervensi neuromodulator memberikan hasil lebih baik terutama pada nyeri yang refrakter terhadap pengobatan.

CHEST PAIN

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ABSTRACT

Pain is an unpleasant sensation due to complex sensory stimuli. Pain is a subjective experience that varies from person to person in its quality, intensity, duration, location, and frequency. Its perception is influenced by culture, emotional, cognitive, socioeconomic status, familial background, psychological factor, and previous experience. Pain is a protective mechanism to raise awareness of the tissue damage and a common reason for persons to seek medical attention.

Chest pain is characterized by an unpleasant sensation that is either localized to the thorax or believed to originate from structures located in the thorax. The characteristic and severity of chest pain depend on the etiology of the disease. Diagnosis of chest pain is often complicated by the vague presentations and indistinct localization of many of its causes. Chest pain is the most common site of pain that prompted people to seek medical attention (35%). Acute coronary syndrome, aortic dissection, pulmonary embolism, pneumothorax, pericarditis with tamponade, and esophageal rupture are potential causes of chest pain that make patients come to an emergency department. As in the United States, cardiovascular diseases have been the most common cause of the chest pain complaints in an emergency department (54%), followed by pulmonary causes (12%), musculoskeletal (7%), and gastrointestinal problems (3%).

Management of chest pain based on the etiology of the disease. Analgetic generally can be given. Multimodal approaches include pharmacological, psychological, and neuromodulatory interventions give better results especially for pain that refracted to the treatment.