

ASUHAN GIZI TERSTANDAR PADA PASIEN LIMFOMA NON HODGKIN B CELL TYPE HIGH GRADE STAGE 2B (REGIO MULTIPLE INTRA-CRANIAL), MILD FORAMINAL STENOSIS BILATERAL C5-6 ET CAUSA HERNIATED NUCLEUS PULPOSUS, POST CRANIOTOMY EKSISI BIOPSI DI RUANG ANGGREK 5, RSUD Dr. SOETOMO, SURABAYA

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ABSTRAK

Latar Belakang: Kanker merupakan penyebab utama kematian di dunia dengan angka kejadian dan mortalitas tinggi. Salah satu jenis kanker dengan tingkat keganasan tinggi adalah Limfoma Non-Hodgkin. LNH tipe B-cell *high grade* dengan keterlibatan intrakranial berdampak berat karena memengaruhi fungsi neurologis dan memperburuk prognosis. Kondisi ini sering disertai penurunan kesadaran, dan anoreksia yang berkontribusi terhadap malnutrisi. Pendekatan Nutrition Care Process (NCP) terbukti memperbaiki status gizi dan kualitas hidup pasien kanker. Namun, komorbiditas seperti Herniated Nucleus Pulposus (HNP) memperburuk kondisi klinis, sehingga diperlukan intervensi gizi terstruktur.

Tujuan: Mengetahui proses asuhan gizi terstandar pada Pasien Limfoma Non Hodgkin B Cell Type High Grade Stage 2B (Regio Multiple Intra-Cranial), Mild Foraminal Stenosis Bilateral C5-C6 et causa HNP, Post Craniotomy Eksisi Biopsi di Ruang Anggrek 5, RSUD Dr. Soetomo, Surabaya

Metode: Penelitian ini menggunakan rancangan kualitatif deskriptif berbentuk studi kasus dengan data primer dan sekunder yang disajikan dalam narasi dan tabel.

Hasil: Skrining gizi menunjukkan status gizi buruk berdasarkan SGA dan %LLA sebesar 71%. Data biokimia memperlihatkan inflamasi kronis, hipoalbuminemia, anemia penyakit kronis, dan dugaan sarkopenia. Secara klinis, pasien mengalami gangguan neurologis berat akibat metastasis intrakranial dengan imobilitas total. Intervensi berupa enteral kombinasi hospital made dan komersial melalui NGT 6×200 ml serta edukasi gizi keluarga. Selama tiga hari monitoring belum terjadi perubahan status gizi, dan kondisi klinis menurun.

Kesimpulan: Penerapan asuhan gizi terstandar pada pasien LNH dapat membantu menjaga kestabilan status gizi meskipun kondisi klinis menurun akibat progresivitas penyakit. Intervensi gizi enteral dan edukasi keluarga menjadi bagian penting.

Kata Kunci: Limfoma Non Hodgkin, Asuhan Gizi, Enteral *Feeding*

NUTRITIONAL CARE FOR PATIENTS WITH LYMPHOMA NON HODGKIN B CELL TYPE HIGH GRADE STAGE 2B (REGIO MULTIPLE INTRA-CRANIAL), MILD FORAMINAL STENOSIS BILATERAL C5-C6 ET CAUSA HERNIATED NUCLEUS PULPOSUS, POST CRANIOTOMY EXCISION BIOPSY IN ANGGREK 5, RSUD Dr. SOETOMO, SURABAYA

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ABSTRACT

Background: *Cancer is one of the leading causes of death globally, with high incidence and mortality rates. Among its aggressive types, Non-Hodgkin Lymphoma (NHL), particularly the B-cell high-grade subtype with intracranial involvement, poses a severe clinical challenge due to neurological impairment and poor prognosis. Patients often present with decreased consciousness, dysphagia, and anorexia, which contribute significantly to malnutrition. The Nutrition Care Process (NCP) has proven effective in improving nutritional status and quality of life among cancer patients. However, comorbidities such as Herniated Nucleus Pulposus (HNP) can exacerbate the clinical deterioration, emphasizing the importance of structured nutritional management.*

Objective: *To describe the nutrition care for patients with Lymphoma Non Hodgkin B Cell Type High Grade Stage 2B (Regio Multiple Intra-Cranial), Mild Foraminal Stenosis Bilateral C5–C6 due to HNP, Post-Craniotomy Excision Biopsy in Anggrek 5, RSUD Dr. Soetomo, Surabaya.*

Method: *This study employed a descriptive qualitative design in the form of a case study, using both primary and secondary data presented in narrative and tabular formats.*

Results: *nutritional screening showed severe malnutrition (SGA and MUAC 71%). Biochemical assessment indicated chronic inflammation, hypoalbuminemia, and anemia of chronic disease, suggesting possible sarcopenia. Clinically, the patient exhibited profound neurological deficits and total immobility. Nutritional intervention included a combination of hospital-made and commercial enteral feeding via nasogastric tube (6×200 mL) alongside family nutrition education. After three days, the patient's nutritional status remained unchanged, and clinical deterioration persisted.*

Conclusion: *The implementation of standardized nutrition care in patients with intracranial NHL helps maintain nutritional stability despite disease progression. Enteral nutrition support and family education play essential roles in sustaining metabolic support*

Keywords: *Non Hodgkin Lymphoma, Nutrition Care Process, Enteral Feeding*