

INTISARI

Tuberkulosis paru adalah penyakit infeksi kronis yang disebabkan oleh bakteri *Mycobacterium tuberculosis*. Tuberkulosis dapat menyebabkan reaksi leukemoid granulositik (Neutrofil/Eosinofil/Basofil), limfositik dan monositik dan peningkatan laju endap darah. Salah satu penanganan penyakit tuberkulosis dengan mengkonsumsi obat anti TB (OAT). Pengobatan tuberkulosis diberikan dalam 2 tahap, yaitu tahap intensif (2-3 bulan) dan tahap lanjutan (4-6 bulan). Penelitian ini bertujuan untuk mengetahui perbedaan laju endap darah dan differential counting penderita tuberkulosis paru sebelum dan sesudah pengobatan fase intensif.

Penyusunan skripsi ini disusun melalui penelitian di BBKPM Surakarta. Besarnya sampel adalah 20 sampel. Metode pemeriksaan LED menggunakan metode westergreen dan hitung jenis leukosit menggunakan metode impedansi elektrik dengan alat *hematology analyzer Ol-2100*. Data yang telah terkumpul kemudian diolah dan dimasukkan ke dalam tabel, kemudian dilakukan uji statistik

Berdasarkan hasil uji statistik paired T-test pemeriksaan laju endap darah, limfosit dan granulosit terhadap 20 sampel penderita tuberkulosis paru menunjukkan adanya perbedaan yang signifikan sedangkan mid tidak menunjukkan perbedaan yang signifikan antara sebelum dan sesudah pengobatan fase intensif.

Kata kunci: Tuberkulosis, Laju Endap Darah, Hitung Jenis Leukosit, Sebelum dan Sesudah Pengobatan fase intensif.

ABSTRACT

Pulmonary tuberculosis is a chronic infectious disease caused by the bacteria of *Mycobacterium tuberculosis*. Tuberculosis can caused granulositik, lymphocytic and monositik leukemoid reactions and blood deposition run faster. One way to handling the tuberculosis disease was consuming antituberculosis drugs. The tuberculosis treatment is given in two stages, namely the intensive stage (2-3 months) and advanced stage (4-6 months). This research aims to know the difference in the Erythrocyte Sedimentation Rate (ESR) and differential counting of pulmonary tuberculosis sufferers before and after intensive phase of treatment.

The thesis preparation was organized through research on the BBKPM of Surakarta. The sample size was 20 samples. Erythrocyte Sedimentation Rate (ESR) inspection method used the westergreen method and differential counting used electrical impedance method with hematology analyzer of OI-2100. Data that has been collected and then processed and inserted into the table, and then do data normality test with kolmonogorov-smimov test and distributed data test, if data was normally distributed done paired t-test.

Based on the statistical tests results of the Erythrocyte Sedimentation Rate (ESR) examination, lymphocyte and granulocyte to the 20 samples of pulmonary tuberculosis patients showed a significant difference while the mid was not shown the significant difference between the before and after an intensive phase of treatment.

Key words: Tuberculosis, *Mycobacteriuiin tuberculosis*, Erythrocyte Sedimentation Rate (ESR), differential counting, before and after treatment.