

ABSTRAK

Latar belakang : Abses submandibula adalah salah satu abses leher dalam yang sering ditemukan. Diabetes melitus (DM) merupakan salah satu faktor predisposisi dan dapat memperberat infeksi pada abses submandibula. Penatalaksanaan abses submandibula pada penderita DM meliputi evakuasi pus, pemberian antibiotik yang adekuat dan pengontrolan kadar glukosa darah baik dengan diet maupun obat-obatan.

Metode : penelitian ini menggunakan metode studi kasus.

Hasil : pengkajian terhadap Ny.M terhadap diagnosa Nyeri akut (post op) dimana pasien tampak mengeluh nyeri dibagian post op insis drainase abses submandibula dengan pengkajian nyeri : P (paliative): saat menelan, Q (Quality): ditusuk-tusuk, R (Region) : Submandibula, S (Scale) : skala 8, T(Time): Hilang timbul, Pasien tampak meringis memegang leher , terlihat pucat dan gelisah. Diagnosa Ketidak stabilan kadar glukosa dalam darah pasien tampak mengeluh lelah/lesu, kadar glukosa dalam darah/urin tinggi, mulut kering, GDS : 273. Resiko Infeksi b.d efek prosedur invasif dimana pasien Terdapat luka post op insisi drainase abses submandibula.

Kesimpulan /rekomendasi : Abses submandibula, etiologi, manifestasi klinis, patofisiologi, komplikasi, pemeriksaan penunjang, penatalaksanaan, pengkajian, diagnosa, intervensi, Implementasi. Evaluasi.

Kata Kunci : Abses Submandibula, Diabetes Melitus, Insisi Drainase

ABSTRACT

Background : Submandibular abscess is one of the most common deep neck abscesses. Diabetes mellitus (DM) is a predisposing factor and can exacerbate infection in submandibular abscesses. Management of submandibular abscess in DM patients includes evacuation of pus, giving adequate antibiotics and controlling blood glucose levels both with diet and drugs.

Methods: this study uses a case study method.

Results: assessment of Mrs. M on the diagnosis of acute pain (post op) where the patient appeared to complain of pain in the post op incision submandibular abscess drainage with pain assessment: P (palliative): when swallowing, Q (Quality): pricked, R (Region): Submandible, S (Scale): scale 8, T(Time): intermittent, The patient looks grimacing holding his neck, looks pale and restless. Diagnosis Unstable blood glucose levels, the patient appears to complain of fatigue/lethargy, high blood/urine glucose levels, dry mouth, GDS: 273. Risk for infection b.d the effects of invasive procedures where the patient has a post op incision wound for submandular abscess drainage.

Conclusions/recommendations: Submandibular abscess, etiology, clinical manifestations, pathophysiology, complications, investigations, management, assessment, diagnosis, intervention, implementation. Evaluation.

Keywords: Submandibular Abscess, Diabetes Mellitus, Drainage Incision