

DAFTAR PUSTAKA

1. López-González E, Vitales-Noyola M, González-Amaro AM, et al. Aerobic and Anaerobic Microorganisms and Antibiotic Sensitivity of Odontogenic Maxillofacial Infections. *Odontology* 2019; 107: 409–417.
2. Böttger S, Zechel-Gran S, Schmermund D, et al. Microbiome of odontogenic abscesses. *Microorganisms* 2021; 9: 1307.
3. Fragiskos FD. *Oral surgery*. Springer Science & Business Media, 2007.
4. Ortiz R, Espinoza V. Research Reports in Oral and Maxillofacial Surgery Odontogenic Infection . Review of the Pathogenesis , Diagnosis , Complications and Treatment. *Res Reports Oral Maxillofac Surg*. Epub ahead of print 2021. DOI: 10.23937/2643-3907/1710055.
5. Taub D, Yampolsky A, Diecidue R, et al. Controversies in the Management of Oral and Maxillofacial Infections. *Oral Maxillofac Surg Clin North Am* 2017; 29: 465–473.
6. McDonald C, Henedige A, Henry A, et al. Management of cervicofacial infections: a survey of current practice in maxillofacial units in the UK. *Br J Oral Maxillofac Surg* 2017; 55: 940–945.
7. Heim N, Wiedemeyer V, Reich RH, et al. The role of C-reactive protein and white blood cell count in the prediction of length of stay in hospital and severity of odontogenic abscess. *J Cranio-Maxillofacial Surg* 2018; 46: 2220–2226.
8. Clarridge III JE, Attorri S, Musher DM, et al. Streptococcus intermedius, Streptococcus constellatus, and Streptococcus anginosus (“Streptococcus milleri group”) are of different clinical importance and are not equally associated with abscess. *Clin Infect Dis* 2001; 32: 1511–1515.
9. Sakai T, Sano A, Azuma Y, et al. Streptococcus anginosus group infection as a predictor for the progression of descending necrotizing mediastinitis. *Ann Palliat Med* 2021; 10: 4008–4016.
10. Al Majid F, Aldrees A, Barry M, et al. Streptococcus anginosus group infections: Management and outcome at a tertiary care hospital. *J Infect*

Public Health 2020; 13: 1749–1754.

11. Morii K, Fujiwara S, Nakamura S, et al. Streptococcus anginosus group-associated pyogenic liver abscess. *Intern Med* 2018; 57: 2271–2272.
12. McCormick AP, Abubaker AO, Laskin DM, et al. Reducing the burden of dental patients on the busy hospital emergency department. *J Oral Maxillofac Surg* 2013; 71: 475–478.
13. B HS, H HS. Prevalence of Odontogenic Deep Head and Neck Spaces Infection and its Correlation with Length of Hospital Stay. *Dent J* 2012; 13: 29–35.
14. Oktavianto IZ, Nadya C, Irsal I. Prevalensi Kasus Infeksi Odontogenik di Rsud Abdoel Wahab Sjahranie Samarinda Tahun 2020. 2022; 2: 86–98.
15. Ahmadi H, Ebrahimi A, Ahmadi F. Antibiotic Therapy in Dentistry. *Int J Dent*; 2021. Epub ahead of print 2021. DOI: 10.1155/2021/6667624.
16. Shah A, Ramola V, Nautiyal V. Aerobic microbiology and culture sensitivity of head and neck space infection of odontogenic origin. *Natl J Maxillofac Surg* 2016; 7: 56.
17. Bhagania M, Youseff W, Mehra P, et al. Treatment of odontogenic infections: An analysis of two antibiotic regimens. *J Oral Biol Craniofacial Res* 2018; 8: 78–81.
18. Kuriyama T, Absi EG, Williams DW, et al. An outcome audit of the treatment of acute dentoalveolar infection: impact of penicillin resistance. *Br Dent J* 2005; 198: 759–763.
19. Toppo S, Chanda H, Tajrin A. Abses spasium temporal akibat infeksi odontogenik. *J Persat Dr Gigi Indones Makasar* 2014; 3: 1–10.
20. Bridgeman A, Wiesenfeld D, Hellyar A, et al. Major maxillofacial infections. An evaluation of 107 cases. *Aust Dent J* 1995; 40: 281–288.
21. Balaji S, Balaji PP. *Textbook of Oral and Maxillofacial Surgery*. 3rd ed. Missouri: Elsevier, 2009.
22. R. Hupp J, Ellis E, Tucker MR. *Contemporary Oral and Maksilofacial Surgery*. Missouri: Elsevier, 2014.
23. Siqueira JF, Rocas IN. Microbiology and treatment of acute apical abscesses.

- Clin Microbiol Rev* 2013; 26: 255–273.
24. Bertossi D, Barone A, Iurlaro A, et al. Odontogenic orofacial infections. *J Craniofac Surg* 2017; 28: 197–202.
 25. Heim N, Warwas FB, Wiedemeyer V, et al. The role of immediate versus secondary removal of the odontogenic focus in treatment of deep head and neck space infections. A retrospective analysis of 248 patients. *Clin Oral Investig* 2019; 23: 2921–2927.
 26. Liu C, Zhou W, Feng X. Dental caries status of students from migrant primary schools in Shanghai Pudong New Area. *BMC Oral Health* 2016; 16: 1–8.
 27. Newman MG, Takei HH. *Newman and Carranza's Clinical Periodontology and Implantology*. 4th ed. Elsevier, 2019.
 28. Wahjono H. Peran Mikrobiologi Klinik Pada Penanganan Penyakit Infeksi. *Badan Penerbit Univ Diponegoro Semarang* 2007; 24.
 29. Bahl R, Sandhu S, Singh K, et al. Odontogenic infections: Microbiology and management. *Contemp Clin Dent* 2014; 5: 307–311.
 30. Hidayati PI. Diktat Mikrobiologi Dasar. *Univ Kanjuruhan Malang* 2016; 115.
 31. Yuwono. *Mikrobiologi Kedokteran*. Surabaya, 2012.
 32. Mohanna MT. Morphology and Classification of Bacteria. *Museum* 2016; 111: 225–238.
 33. Albert, D., Block, A.M., Bruce, B.B., Haines, D.E., McCloskey LJ, Mitchell RN. *Dorland's Illustrated Medical Dictionary*. 2012.
 34. Taslim E, Maskoen TT. The Most Bacterial Patterns as Agent Cause Infection in Intensive Care Unit at some Hospital in Indonesia. *J Anesth Crit Care* 2016; 34: 56–62.
 35. Meganada H, Sukini, Yodong. Mikrobiologi keperawatan gigi. 2017; 99–117.
 36. Nekoofar MH, Namazikhah MS, Sheykhrezae MS, et al. pH of pus collected from periapical abscesses. *Int Endod J* 2009; 42: 534–538.
 37. Brenner DJ, Staley JT, Krieg NR. *Bergey's Manual® of Systematic Bacteriology*. *Bergey's Manual® Syst Bacteriol*. Epub ahead of print 2005. DOI: 10.1007/0-387-28021-9.
 38. Lowy F, The I. *Bacterial and Viral Classification, Structure and Function*.

- Infect Prev Control* 2008; 13–26.
39. Brook I. Aerobic and anaerobic microbiology of suppurative sialadenitis. *J Med Microbiol* 2002; 51: 526–529.
 40. Sharma PK, McCarty PL. Isolation and characterization of a facultatively aerobic bacterium that reductively dehalogenates tetrachloroethene to cis-1,2-dichloroethene. *Appl Environ Microbiol* 1996; 62: 761–765.
 41. Brook I. Enhancement of growth of aerobic and facultative bacteria in mixed infections with *Bacteroides* species. *Infect Immun* 1985; 50: 929–931.
 42. Ross RA, Onderdonk AB. Production of toxic shock syndrome toxin 1 by *Staphylococcus aureus* requires both oxygen and carbon dioxide. *Infect Immun* 2000; 68: 5205–5209.
 43. Yarwood JM, Schlievert PM. Oxygen and carbon dioxide regulation of toxic shock syndrome toxin 1 production by *Staphylococcus aureus* MN8. *J Clin Microbiol* 2000; 38: 1797–1803.
 44. Masalha M, Borovok I, Schreiber R, et al. Analysis of Transcription of the *Staphylococcus aureus* Aerobic Class Ib and Anaerobic Class III Ribonucleotide Reductase Genes in Response to Oxygen. 2001; 183: 7260–7272.
 45. Pottinger P, Reller L, Ryan K. *Pathogenic Bacteria*. 6th ed. New York: McGraw Hill Companies, 2014.
 46. Utami ER. Antibiotika, Resistensi, Dan Rasionalitas Terapi. *el-Hayah* 2012; 1: 191–198.
 47. Gunawan G. *Farmakologi dan Terapan*. Jakarta: Departemen farmakologi dan Terapeutik Fakultas Kedokteran Universitas Indonesia, 2011.
 48. MacDougall G&. *Antibiotics Simplified*. 4th ed. Jones & Barlett Learning, 2017.
 49. Kemenkes. *Pedoman Pelayanan Kefarmasian Untuk Teraoi Antibiotik*. Jakarta, 2011.
 50. Bork JT, Leekha S, Heil EL, et al. Rapid testing using the Verigene Gram-negative blood culture nucleic acid test in combination with antimicrobial stewardship intervention against Gram-negative bacteremia. *Antimicrob*

Agents Chemother 2015; 59: 1588–1595.

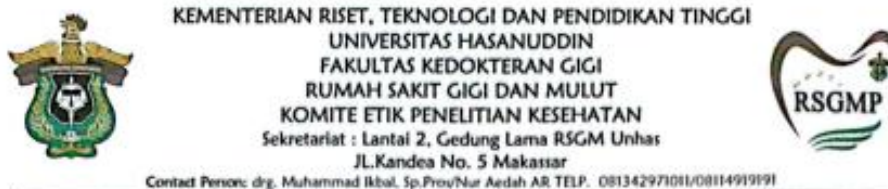
51. Narendrakumar L, Chakraborty M, Kumari S, et al. β -Lactam potentiators to re-sensitize resistant pathogens: Discovery, development, clinical use and the way forward. *Front Microbiol* 2023; 13: 1092556.
52. Trung NT, Hien TTT, Huyen TTT, et al. Simple multiplex PCR assays to detect common pathogens and associated genes encoding for acquired extended spectrum betalactamases (ESBL) or carbapenemases from surgical site specimens in Vietnam. *Ann Clin Microbiol Antimicrob* 2015; 14: 1–7.
53. Swandy GC. Profil infeksi odontogenik berdasarkan usia, jenis kelamin, dan elemen gigi penyebab pasien RSUPN dr. Cipto Mangunkusumo (periode 1 Januari 2015-31 Desember 2015)= Profile of odontogenic infections based on age gender and primary site of odontogenic infec.
54. Blankson PK, Parkins G, Boamah MO, et al. Severe odontogenic infections: A 5-year review of a major referral hospital in Ghana. *Pan Afr Med J* 2019; 32: 1–8.
55. Pérez A, Santamaria EK, Operario D, et al. *National Nursing*, <https://ejournal.poltektegal.ac.id/index.php/siklus/article/view/298><http://repositorio.unan.edu.ni/2986/1/5624.pdf><http://dx.doi.org/10.1016/j.jana.2015.10.005><http://www.biomedcentral.com/1471-2458/12/58><http://ovidsp.ovid.com/ovidweb.cgi?T=JS&P> (2017).
56. Keswani ES, Venkateshwar G. Odontogenic Maxillofacial Space Infections: A 5-Year Retrospective Review in Navi Mumbai. *J Maxillofac Oral Surg* 2019; 18: 345–353.
57. Adnan K, Farrukh U, Sarwar H, et al. Effect of PRF on extraction socket healing. *Int J Health Sci (Qassim)* 2023; 7: 974–989.
58. Rasteniene R, Simenaite G, Zaleckas L, et al. Non-odontogenic maxillofacial infections – a 17-years retrospective cohort study. *Oral Maxillofac Surg*. Epub ahead of print 2023. DOI: 10.1007/s10006-023-01162-6.
59. Zatadin ZM, Eltadeza R, Primayanti YQ, et al. Gambaran Klinis, Penegakan Diagnosis dan Tatalaksana Abses Leher dalam di RSUD Karanganyar

- (Laporan Kasus). Proceeding Book National Symposium and Workshop Continuing Medical Education XIV, 2021.
60. Abuse N. Are there gender differences in tobacco smoking.
 61. Ogura I, Minami Y, Sugawara Y, et al. Odontogenic infection pathway to the parapharyngeal space: CT imaging assessment. *J Maxillofac Oral Surg* 2022; 1–5.
 62. Esme M, Topeli A, Yavuz BB, et al. Infections in the Elderly Critically-Ill Patients. *Front Med* 2019; 6: 118.
 63. Moghimi M, Baart JA, Karagozoglu KH, et al. Spread of odontogenic infections: a retrospective analysis and review of the literature. *Quintessence Int (Berl)*; 44.
 64. Uittamo J, Löfgren M, Hirvikangas R, et al. Severe odontogenic infections: focus on more effective early treatment. *Br J Oral Maxillofac Surg* 2020; 58: 675–680.
 65. Poeschl PW, Spusta L, Russmueller G, et al. Antibiotic susceptibility and resistance of the odontogenic microbiological spectrum and its clinical impact on severe deep space head and neck infections. *Oral Surgery, Oral Med Oral Pathol Oral Radiol Endodontology* 2010; 110: 151–156.
 66. Pilarczyk-zurek M, Sitkiewicz I, Koziel J. The Clinical View on Streptococcus anginosus Group – Opportunistic Pathogens Coming Out of Hiding. 2022; 13: 1–11.
 67. Asam D, Spellerberg B. Molecular pathogenicity of S treptococcus anginosus. *Mol Oral Microbiol* 2014; 29: 145–155.
 68. Mochalov I, Kryvtsova M, Chobey A, et al. Identification of Pathogenic Microflora and Its Sensitivity to Antibiotics in Cases of the Odontogenic Purulent Periostitis and Abscesses in the Oral Cavity. *Prague Med Rep* 2023; 124: 16–32.
 69. Caruso SR, Yamaguchi E, Portnof JE. Update on Antimicrobial Therapy in Management of Acute Odontogenic Infection in Oral and Maxillofacial Surgery. *Oral Maxillofac Surg Clin* 2022; 34: 169–177.
 70. Galioto NJ, Moines D. Peritonsillar Abscess.

71. Furuholm J, Rautaportas N, Uittamo J, et al. Health status in patients hospitalised for severe odontogenic infections. *Acta Odontol Scand* 2021; 79: 436–442.
72. McKellop JA, Bou-Assaly W, Mukherji SK. Emergency head & neck imaging: infections and inflammatory processes. *Neuroimaging Clin* 2010; 20: 651–661.
73. Svensen G. Biofilms in endodontic infections. 2004; 27–36.
74. Kwon G-B, Kim C-H. Microbial isolates and antibiotic sensitivity in patients hospitalized with odontogenic infections at a tertiary center over 10 years. *Jkaoms* 2023; 49: 198–207.
75. Shalaan AH, Muhammed AJ, Mohammed RM, et al. The effects of cephalosporin antibiotics generations on samples taken from different cases (Oral cavity and surgical wounds). *Teikyo Med J*; 45.
76. Ramos JA, Salinas DF, Osorio J, et al. Antibiotic prophylaxis and its appropriate timing for urological surgical procedures in patients with asymptomatic bacteriuria: A systematic review. *Arab J Urol* 2016; 14: 234–239.
77. Bush K, Bradford PA. β -Lactams and β -Lactamase Inhibitors: An Overview.
78. Dahiya S, Malik R, Sharma P, et al. Current antibiotic use in the treatment of enteric fever in children. 2019; 263–269.
79. Kwak YG, Choi S, Kim T, et al. Clinical Guidelines for the Antibiotic Treatment for Community-Acquired Skin and Soft Tissue Infection. 2017; 49: 301–325.
80. Sebastian A, Antony PG, Jose M, et al. Institutional microbial analysis of odontogenic infections and their empirical antibiotic sensitivity. *J Oral Biol Craniofacial Res* 2019; 9: 133–138.
81. Myes DD, Shah T, Shah SA. Histopathological study of skin tumors: A 100 case study in a tertiary care hospital. *Int J Clin Diagnostic Pathol* 2022; 5: 39–42.

LAMPIRAN

Lampiran 1. Etik Penelitian



KEMENTERIAN RISET, TEKNOLOGI DAN PENDIDIKAN TINGGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN GIGI
RUMAH SAKIT GIGI DAN MULUT
KOMITE ETIK PENELITIAN KESEHATAN
Sekretariat : Lantai 2, Gedung Lama RSGM Unhas
Jl. Kande No. 5 Makassar
Contact Person: drg. Muhammad Iqbal, Sp.Prov/Nur Aedah AR TELP. 08134297101/08114919191

REKOMENDASI PERETUJUAN ETIK

Nomor: 0036/PL.09/KEPK FKG-RSGM UNHAS/2023

Tanggal: 16 Februari 2023

Dengan ini menyatakan bahwa protokol dan dokumen yang berhubungan dengan protokol berikut ini telah mendapatkan persetujuan etik:

No. Protokol	UH 17120775	No Protokol Sponsor	
Peneliti Utama	drg. Rona Liansari Samad	Sponsor	Pribadi
Judul Peneliti	Pola Pemetaan Kuman Pada Pasien Infeksi Odontogenik Regio Maksilofasial di Rumah sakit Pendidikan Utama dan Rumah sakit Jejaring Di Kota Makassar		
No. Versi Protokol	1	Tanggal Versi	06 Februari 2023
No. Versi Protokol		Tanggal Versi	
Tempat Penelitian	1. RSGMP UNHAS, 2. RSPTN UNHAS, 3. RS IBNU SINA		
Dokumen Lain			
Jenis Review	<input checked="" type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input type="checkbox"/> Fullboard	Masa Berlaku 16 Februari 2023-16 Februari 2024	Frekuensi Review Lanjutan
Ketua Komisi Etik Penelitian	Nama: Dr. drg. Marhamah, M.Kes	Tanda Tangan 	Tanggal
Sekretaris Komisi Etik Penelitian	Nama: drg. Muhammad Iqbal, Sp.Pros	Tanda Tangan 	Tanggal

Kewajiban peneliti utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum diimplementasikan
- Menyerahkan laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan lapor SUSAR dalam 72 jam setelah peneliti utama menerima laporan.
- Menyerahkan laporan kemajuan (*progress report*) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah.
- Menyerahkan laporan akhir setelah penelitian berakhir.
- Melaporkan penyimpangan dari protokol yang disetujui (*protocol deviation/violation*)
- Mematuhi semua aturan yang berlaku.

Lampiran 2. Surat Izin Penelitian



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN
FAKULTAS KEDOKTERAN GIGI

Jl. Perintis Kemerdekaan Km. 10, Makassar 90245
Telepon (0411) 586012, 584641 Faximile. (0411) 584641
Website : <http://dent.unhas.ac.id>, Email: fdhu@unhas.ac.id

No : 4145/UN4.13.1/TP.02.02/2022
Perihal : **Permohonan Rekomendasi Etik**

16 November 2022

Kepada Yth.
Direktur Rumah Sakit Gigi dan Mulut Pendidikan (RSGMP)
Universitas Hasanuddin
Makassar

Dengan hormat kami sampaikan bahwa mahasiswa PPDGS Bedah Mulut dan Maksilofasial Fakultas Kedokteran Gigi Universitas Hasanuddin di bawah ini:

Nama : **drg. Rona Liansari Samad / J045191004**
Judul Penelitian : "Pola Pemetaan Kuman pada Pasien Infeksi Odontogenik Regio Maksilofasial di Rumah Sakit Pendidikan Utama dan Rumah Sakit Jejaring di Kota Makassar".

bermaksud melakukan penelitian di RSGMP Unhas, RSPTN Unhas dan RS Ibnu Sina pada bulan Desember 2021 – Desember 2022.

Untuk maksud tersebut di atas, mohon kiranya yang bersangkutan dapat diberikan surat rekomendasi Etik dalam rangka pelaksanaan penelitiannya.

Demikian permohonan kami atas perhatian dan kerjasamanya diucapkan terima kasih.

a.n. Dekan,
Wakil Dekan Bidang Akademik dan Kemahasiswaan,


Irfan Sugianto, drg., M.Med.Ed., Ph.D.
NIP 198102152008011009

Tembusan Yth:
1. Dekan FKG Unhas;
2. Kepala Bagian Tata Usaha FKG Unhas.



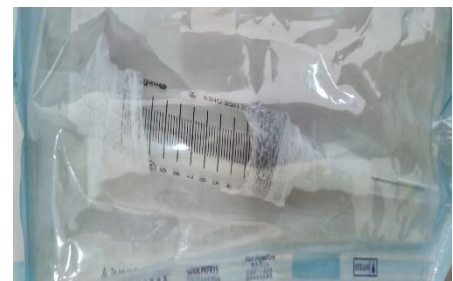
Lampiran 3. Dokumentasi Pengambilan Sampel Pus

Pasien diberikan desinfeksi pada daerah operasi atau daerah abses , kemudian diaplikasikan spot 5 cc ke daerah yang paling fluktuatif, lalu dilakukan aspirasi pus.




Hasil sampel pus (kiri) dan sampel pus (kanan) yang sudah di tertutup rapat dan

siap dibawa ke laboratorium mikrobiologi



Lampiran 4. *Inform Consent*



KEMENTERIAN RISET, TEKNOLOGI & PENDIDIKAN TINGGI
UNIVERSITAS HASANUDDIN
RUMAH SAKIT GIGI DAN MULUT
 Jl. Kandeo No. 5, Makassar 90156
 Tlp : 0411-3616336 / 3622523, Fax : 0411-3635302, Careline: 0811-4429191
 Laman: <http://rsgm.unhas.ac.id/>; Email: care.rsgm@unhas.ac.id

PERSETUJUAN TINDAKAN KEDOKTERAN MR.13/RJP/PAPI/2018

PEMBERIAN INFORMASI			
Dokter Pelaksana Tindakan			
Nama Pemberi Informasi			
Nama Penerima Informasi / Pemberi Persetujuan *			
	JENIS INFORMASI	ISI INFORMASI	BERI TANDA (√)
1	Diagnosis (WD & DD)		
2	Dasar Diagnosis		
3	Tindakan Kedokteran	Pre : During : Post :	
4	Indikasi Tindakan	Pre : During : Post :	
5	Tata Cara		
6	Tujuan		
7	Risiko		
8	Komplikasi		
9	Prognosis		
10	Alternatif & Risiko		
11	Hal lain yang akan dilakukan untuk menyelamatkan pasien seperti: transfusi dan perluasan tindakan		
	Lain-lain		
Dengan ini menyatakan bahwa saya telah menerangkan hal-hal di atas secara benar dan jelas dan memberikan kesempatan untuk bertanya dan / atau berdiskusi			TTD Pemberi informasi (_____)
Dengan ini menyatakan bahwa saya telah menerima informasi dari dokter sebagaimana di atas kemudian saya beri tanda tangan di kolom kanannya, dan telah memahaminya			TTD Penerima informasi (_____)
* Bila pasien tidak kompeten maka yang menandatangani form ini adalah orang tua, suami/istri, keluarga terdekat atau wali pasien, sehat, usia lebih 18+ atau sudah menikah (sesuai kebijakan RS)			
PERSETUJUAN TINDAKAN KEDOKTERAN			
Yang bertanda tangan di bawah ini, saya, nama _____, Tgl/Bln/Thn Lahir _____			
Jenis Kelamin : Laki-laki/Perempuan*, alamat _____			
Dengan ini menyatakan SETUJU untuk dilakukannya tindakan _____ terhadap saya/ _____, saya * Bernama _____			
Tgl/Bln/Thn Lahir _____, Jenis Kelamin : Laki-laki/Perempuan*, RM _____			
Saya memahami perlunya dan manfaat tindakan tersebut sebagaimana telah dijelaskan seperti di atas kepada saya, termasuk risiko dan komplikasi yang mungkin timbul. Saya juga menyadari bahwa dokter melakukan suatu upaya dan oleh karena ilmu kedokteran bukanlah ilmu pasti, maka keberhasilan tindakan kedokteran bukanlah keniscayaan, melainkan sangat bergantung kepada izin Tuhan Yang Maha Esa			
Yang menyatakan* Pasien / Keluarga	Dokter	Makassar, Jam _____ Saksi I	Saksi II
(_____)	(_____)	(_____)	(_____)