

DAFTAR PUSTAKA

- Abbas, S., Khan, H.A., Rehman, W., Shah, M.M., Mustafa, M. & Abbas, M. (2024). *Cardiovascular Effects of Splenomegaly and Splenectomy in Beta-Thalassemia Major*. *Cureus*, 16(11), e74186. doi: 10.7759/cureus.74186.
- Akiki, N., Hodroj, M.H., Bou-Fakhredin, R., Matli, K. & Taher, A.T. (2023). *Cardiovascular Complications in β -Thalassemia: Getting to the Heart of It*. *Thalassemia Reports*, 13(1), 38–50. <https://doi.org/10.3390/thalassrep13010005>
- Ali, S. et al. (2021). *Current status of beta-thalassemia and its treatment strategies*. *Molecular Genetics & Genomic Medicine*, 9(12), e1788. doi: 10.1002/mgg3.1788.
- Chapchap. (2023). Extramedullary haematopoiesis in patients with thalassemia: a cross-sectional description of its prevalence, clinical features and survival. *Hematol Transfus Cell Ther*. 2024 Nov;46 Suppl 5(Suppl 5):S143-S151. doi: 10.1016/j.htct.2023.07.005. Epub 2023 Aug 26. PMID: 37690980; PMCID: PMC11670632.
- Colah, R., Gorakshakar, A. & Nadkarni, A. (2010). *Global burden, distribution and prevention of β -thalassemias and hemoglobin E disorders*. *Expert Review of Hematology*, 3(1), 103–117. <https://doi.org/10.1586/ehm.09.74>
- Coates et al. 2016. Management of iron overload in hemoglobinopathies: what is the appropriate target iron level?. *Ann. N.Y. Acad. Sci.* 1368 (2016) 95–106. doi: 10.1111/nyas.13060
- Damayanti, E.L. & Gayatri, P. (2024). *Cholelithiasis diagnosis and management in thalassemia*. *Archives of Pediatric Gastroenterology, Hepatology and Nutrition*, 3(2), 15–25.
- Dandy, et al. (2010). *Hubungan kekerapan transfusi darah dengan kejadian kolelitiasis dan biliary sludge pada pasien talasemia mayor anak*. *Sari Pediatri*, 12(4), 217–221.
- Daud. (2001). *The Hemoglobin O mutation in Indonesia: distribution and phenotypic expression*. *Journal of Human Genetics*, 46, 499–505.
- Fragkou, N., Vlachaki, E., Goulis, I. & Sinakos, E. (2024). *Liver disease in patients with transfusion-dependent β -thalassemia: The emerging role of metabolism dysfunction-associated steatotic liver disease*. *World Journal of Hepatology*, 16(5), 671–677. doi: 10.4254/wjh.v16.i5.671.
- Higgs, D. (2013). *The molecular basis of α -thalassemia*. *Cold Spring Harbor Perspectives in Medicine*, 3(1), a011718. doi: 10.1101/cshperspect.a011718.
- Lim, A.K.P. & Rosselli, M. (eds.) (2024). *Liver Ultrasound: From Basics to*

Advanced Applications. 1st ed. Chichester, UK: John Wiley & Sons Ltd. doi: 10.1002/9781119612650.

Lotfi, M., Keramati, P., Assdsangabi, R., Nabavizadeh, S.A. & Karimi, M. (2009). *Ultrasonographic assessment of the prevalence of cholelithiasis and biliary sludge in beta-thalassemia patients in Iran*. *Medical Science Monitor*, 15(8), CR398–402. PMID: 19644415.

Lucius, C. et al. (2025). *Ultrasound of the Gallbladder—An Update on Measurements, Reference Values, Variants and Frequent Pathologies: A Scoping Review*. *Life*, 15, 941. <https://doi.org/10.3390/life15060941>

Marco, D. et al. (2020). *Paediatric liver ultrasound: a pictorial essay*. *Journal of Ultrasound*, 23(1), 87–103. doi: 10.1007/s40477-018-0352-z

Mussalam, K. et al. (2023). *Epidemiology of clinically significant forms of alpha- and beta-thalassemia: A global map of evidence and gaps*. *American Journal of Hematology*, 98(9), 1436–1451. doi: 10.1002/ajh.27006.

Mussalam, K, et al. (2025). TIF Guidelines for the Management of Transfusion-Dependent β -Thalassemia. *HemaSphere*. <https://doi.org/10.1002/hem3.70095>

Musallam, K.M. et al. (2011). *Elevated liver iron concentration is a marker of increased morbidity in patients with β -thalassemia intermedia*. *Haematologica*, 96(11), 1605–1612. doi: 10.3324/haematol.2011.047852.

Nadirah, R., Kasri, Y. & Selekede, S. et al. (2022). *Thalassemia β Major with Extrahepatic Cholestasis and Cholelithiasis in a Girl 11 Years 9 Months*. *Gorontalo Journal and Science Community*, 6(1).

Nasreen. (2016). *Ultrasound imaging of gallbladder variants*. *Journal of the Anatomical Society of India*, 65(2), 118–122. <https://doi.org/10.1016/j.jasi.2017.01.011>

Paloma. (2023). *Thalassemia: A Literature Review*. *BIOCITY Journal of Pharmacy Bioscience and Clinical Community*, 1(2), 89–100.

Portincasa et al., 2017. Bile Acid Physiology. Bile Acid Physiology. *Annals of hepatology*, 2017; 16 (Suppl. 1): s4-s14

Praramdana, et al. (2023). *Sebuah Tinjauan Pustaka: Penatalaksanaan Beta Thalassemia*. *Jurnal Medika Utama*, 4(2).

Razieh, B. et al. (2021). *Investigation of Pancreatic Sonography Findings in Patients with Beta-Thalassemia Major*. *Journal of Diagnostic Medical Sonography*, 37(3), 269–274.

Romadhon, P.Z. et al. (2022). *Markers of Renal Complications in Beta Thalassemia Patients with Iron Overload Receiving Chelation Agent Therapy: A Systematic Review*. *Journal of Blood Medicine*, 13, 725–738.

<https://doi.org/10.2147/JBM.S387416>

Rustam, F., Ashraf, I. & Jabbar, S. et al. (2022). *Prediction of β -Thalassemia carriers using complete blood count features*. *Scientific Reports*, 12, 19999. <https://doi.org/10.1038/s41598-022-22011-8>

Sadiq, I.Z. et al. (2024). *Thalassemia: Pathophysiology, Diagnosis, and Advances in Treatment*. *Thalassemia Reports*, 14(4), 81–102. <https://doi.org/10.3390/thalassrep14040010>

Shahramian, I. et al. (2018). *Cholelithiasis in Thalassemia Major Patients: A Report from the South-East of Iran*. *International Journal of Hematology-Oncology and Stem Cell Research*, 12(2), 117–122.

Singhal, A. & Goyal, H. (2020). *Thyroid dysfunction in beta-thalassemia major patients*. *Thyroid Research and Practice*, 17(2), 70–75. doi: 10.4103/trp.trp_4_20.

Taher, A.T. & Saliba, A.N. (2017). *Iron overload in thalassemia: different organs at different rates*. *Hematology American Society of Hematology Education Program*, 2017(1), 265–271. doi: 10.1182/asheducation-2017.1.265.

Vichinsky, E.P. (2013). *Clinical manifestations of α -thalassemia*. *Cold Spring Harbor Perspectives in Medicine*, 3(5), a011742. doi: 10.1101/cshperspect.a011742.

Vincenzo, et al. (2017). *Bone disease in β thalassemia patients: past, present and future perspectives*. *Metabolism* (2017), doi: 10.1016/j.metabol.2017.09.012

Wahidiyat, P.A. et al. (2022). *Thalassemia in Indonesia*. *Hemoglobin*, 46(1), 39–44. <https://doi.org/10.1080/03630269.2021.2023565>

Yutarti, C. & Susilowati, I. (2023). *Correlation Between Serum Level of Ferritin and Liver Function Test in Thalassemia Major*. *Jurnal Kesehatan*, 14(1), 42–48. <http://dx.doi.org/10.26630/jk.v14i1.3360>

Lampiran 1. Etik Penelitian



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
KOMITE ETIK PENELITIAN UNIVERSITAS HASANUDDIN
RSPTN UNIVERSITAS HASANUDDIN
RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
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JL. PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.
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REKOMENDASI PERSETUJUAN ETIK

Nomor : 345/UN4.6.4.5.31/ PP36/ 2026

Tanggal: 9 Maret 2026

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH26020307	No Sponsor	
Peneliti Utama	dr. Humairah	Sponsor	
Judul Peneliti	HUBUNGAN LAMA TRANSFUSI DAN INTERVAL TRANSFUSI TERHADAP KADAR FERRITIN SERUM SERTA KOMPLIKASI HEPATOBILIER PADA PASIEN THALASEMIA & DENGAN TRANSFUSI RUTIN BERDASARKAN PEMERIKSAAN ULTRASONOGRAFI		
No Versi Protokol	1	Tanggal Versi	23 Februari 2026
No Versi PSP		Tanggal Versi	
Tempat Penelitian	RSUP Wahidin Sudirohusodo Makassar		
Jenis Review	☐ Exempted ☒ Expedited ☐ Fullboard Tanggal	Masa Berlaku 9 Maret 2026 sampai 9 Maret 2027	Frekuensi review lanjutan
Ketua KEP Universitas Hasanuddin	Prof. dr. Muh Nasrum Massi, PhD, SpMK, Subsp. Bakt(K)	Tanda tangan	
Sekretaris KEP Universitas Hasanuddin	dr. Firdaus Hamid, PhD, SpMK(K)	Tanda tangan	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- 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 prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan

CURRICULUM VITAE

A. Data Pribadi

Nama : dr. Humairah
Agama : Islam
Tempat/ Tgl Lahir : Kertak Hanyar, 21 Agustus 1990
Alamat : Komp. BTP Blok L No. 73 Makassar
Nama Ayah : H. Suriadi
Nama Ibu : Hj. Hilaliah

B. Riwayat Pendidikan

SD (1995 - 2001) : SDN Kuripan 1 Banjarmasin
SMP (2001 - 2004) : SLPT Negeri 7 Banjarmasin
SMA (2004- 2007) : SLTA Negeri 7 Banjarmasin
Perguruan Tinggi (2007 - 2012) : S1 Pendidikan Dokter Umum,
Fakultas Kedokteran Universitas Lambung Mangkurat Banjarmasin
Profesi Dokter (2012-2014) : Profesi Dokter, Fakultas Kedokteran
Universitas Lambung Mangkurat Banjarmasin
PPDS (Januari 2023) : Departemen Radiologi Fakultas
Kedokteran Universitas Hasanuddin Periode Januari 2023

C. Riwayat Pekerjaan

1. Dokter Internsip RS H Moh Ansari Saleh Banjarmasin tahun 2014 – 2015
2. Dokter Internsip Puskesmas Cempaka tahun 2015Dokter Umum RSKIA Annisa Banjarmasin 2015-2019
3. Dokter Umum RS Ulin Banjarmasin 2016- sekarang

D. Makalah pada Seminar/ konferens Ilmiah Nasional/ Internasional :

“Giant Adenomatoid Odontogenic Tumor fo Maxilla: Radiographic and pathologic finding”, dibawakan pada Poster Presentation Malaysian Congress of Radiology di Kuala Lumpur tahun 2024