

## ABSTRAK

**Latar Belakang:** Preeklamsia masih menjadi penyebab utama morbiditas dan mortalitas ibu dan bayi di Indonesia. Pada preeklamsia terjadi disfungsi endotel dan menyebabkan kelainan hemogram. Penelitian ini bertujuan untuk mengetahui perbedaan pola hemogram pada preeklamsia tipe dini dan tipe lambat. **Metode:** Penelitian ini menggunakan metode analitik observasional dengan rancangan *cross sectional*. Jumlah sampel sebanyak 112 pasien preeklamsia (56 tipe dini dan 56 tipe lambat) dengan teknik *purposive sampling*. Variabel bebas adalah preeklamsia tipe dini dan tipe lambat sedangkan variabel terikat adalah kadar hemogram (jumlah eritrosit, kadar hemoglobin, konsentrasi hematokrit, nilai MCV, nilai MCH, nilai MCHC, nilai RDW, jumlah trombosit, nilai MPV, jumlah leukosit, persentase neutrofil, persentase limfosit, persentase monosit, persentase eosinofil, persentase basofil). Instrumen yang digunakan adalah data rekam medis. Analisis data menggunakan uji *Independent t-test* jika berdistribusi normal dan *Mann-whitney test* jika berdistribusi tidak normal. **Hasil:** Hasil uji statistik menunjukkan adanya perbedaan bermakna pada nilai MCH, nilai MCHC dan nilai MPV pada preeklamsia tipe dini dan tipe lambat (berturut-turut rerata nilai MCH  $27,47 \pm 2,86$  pg dan  $26,32 \pm 2,78$  pg  $\mu\text{m}^3$  ( $p=0,034$  ;  $p<0,05$ ), nilai MCHC  $33,08 \pm 1,87$  gr/dL dan  $32,21 \pm 1,75$  gr/dL  $\mu\text{m}^3$  ( $p=0,013$  ;  $p<0,05$ ), nilai MPV  $9,35 \pm 1,31$   $\mu\text{m}^3$  dan  $9,61 \pm 7,89$   $\mu\text{m}^3$  ( $p=0,017$  ;  $p<0,05$ )). **Kesimpulan:** Penelitian ini menunjukkan pada preeklamsia terjadi kelainan hemogram yang terlihat dari adanya perbedaan pola hemogram antara preeklamsia tipe dini dan tipe lambat pada nilai MCH, nilai MCHC dan nilai MPV.

**Kata kunci:** *preeklamsia, tipe dini, tipe lambat, hemogram*

**ABSTRACT**

**Background:** Preeclampsia is still the main cause of maternal and fetal morbidity and mortality in Indonesia. Endothelial dysfunction occurs in preeclampsia and causes hemogram abnormalities. This study aimed to determine the differences of hemogram patterns in early-and late-onset of preeclampsia. **Methods:** This study used an observational analytic method with a cross-sectional design. Samples consisted of 112 preeclampsia patients (56 early-onset and 56 late-onset) with a purposive sampling technique. The independent variables were early-onset preeclampsia (EOPE) and late-onset preeclampsia (LOPE). Furthermore, the dependent variable was the hemogram level (erythrocytes count, hemoglobin level, hematocrit concentration, MCV value, MCH value, MCHC value, RDW value, platelet count, MPV value, leukocytes count, neutrophils percentage, lymphocytes percentage, monocyte percentage, eosinophil percentage, basophil percentage). The instrument used was medical record data. Data analysis used Independent T-test if it was normally distributed and Mann-Whitney test if it was not normally distributed. **Results:** The results showed a significant difference in MCH value, MCHC value and MPV value between EOPE and LOPE (respectively, the average of MCH values were  $27,47 \pm 2,86$  pg and  $26,32 \pm 2,78$  pg  $\mu m^3$  ( $p=0,034$  ;  $p<0,05$ ), MCHC values were  $33,08 \pm 1,87$  gr/dL and  $32,21 \pm 1,75$  gr/dL  $\mu m^3$  ( $p=0,013$  ;  $p<0,05$ ), MPV values were  $9,35 \pm 1,31$   $\mu m^3$  and  $9,61 \pm 7,89$   $\mu m^3$  ( $p=0,017$  ;  $p<0,05$ ). **Conclusions:** This study shows that in preeclampsia occurs hemogram abnormalities. Notably, it can be seen from the difference of hemogram patterns between EOPE and LOPE on MCH value, MCHC value and MPV value.

**Keywords:** preeclampsia, early-onset, late-onset, hemogram