Age characteristics in buli tumor patients at the General Hospital For The Jayapura Regional period 2017-2022

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Abstract
Purpose: Buli-buli tumors, also known as vesica urinaria (bladder) tumorstumors, are the second malignancy after prostate . Bladder tumors affect twice as many men as women. The most common symptoms of bladder tumors include painless hematuria and associated urinary tract infections (frequency, urgency, dysuria). Based on data from the Global Cancer Incidence, Mortality, and Prevalence (GLOBOCAN), there were 573,000 cases of bladder tumor or cancer in 2020, which accounted for 3% of all new tumor cases in the world.
Research methodology: This study uses a descriptive method by taking secondary data from Jayapura Hospital, which aims to obtain the characteristics of Buli Tumors in at Jayapura Hospital for patients with buli tumors the period 2017-2022.
Results: The results showed that there were 61 incidents of buli tumors in patients with buli tumors. it can be concluded as follows: Buli tumor patients patient based on age found the highest age group is at the age of >50 years as many as 30 patients with a percentage of 49.2%, followed by the age age group group 41-50 years as many as 24 patients with a percentage of total of 39.3% and consecutively the third highest to the lowest includes the 31-40 a 5 patients with a percentage of 8.2%, the age group 20-30 a total of a total of 1 with a with a percentage of percentage of 1.6% and the age group <20 years 1 patient 1.6%.
Keywords: *Buli-buli tumor*
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1. Introduction

Buli-buli tumors, also known as vesica urinaria (bladder) tumorstumors, are the second malignancy after prostate . Bladder tumors affect twice as many men as women. The most common symptoms of bladder tumors include painless hematuria and associated urinary tract infections (frequency, urgency, dysuria). Bladder tumors are often classified by stage (Mansi, et, al. 2021).

Based on data from Global Cancer Incidence Mortality, and Prevalence ,(GLOBOCAN), there were 573,000 cases of malignant tumors or bladder cancer in 2020, which accounted for 3% of all new cancer cases in the world. The risk of developing bladder cancer is about 1 in 28 people for men, and 1 in 91 people for women. Bladder cancer is the second most common malignancy in the urogenital system after cancerprostate. It was recorded in Indonesia that there were 7,828 new cases in 2020, with a death rate of 3,885.

In this buli tumor study, researchers wanted to know the characteristics of tumors at Jayapura Regional Hospital buli age in buli tumor patients more often affecting adults over 55 years of age. Occupations with a high risk of exposure to carcinogenic chemicals, such as rubber, textile, and dye

factory workers, have a higher risk of developing buli tumors, as well as tribal origin, and the main complaints of coming to the hospital such as hematuria (blood in the urine), frequent urination, pain when urinating, pain in the lower back and after diagnosis, type of histopathology and surgical treatment based on such as Hendri et al. (2023).

Therefore, this study was conducted with the aim of providing preliminary data on the characteristics of bullous tumor patients, especially in Papua, at Jayapura Regional Hospital. It is known that the incidence and prevalence of bullous tumor patients in Indonesia is increasing, but there is no data on the characteristics of bullous tumor patients, especially in Papua, at Jayapura Regional Hospital.

From the above background, the purpose of this study was to determine the characteristics of buli tumor patients based on age at Jayapura Hospital.

2. Literature Review

Buli-buli tumors are tumors that can be papillary, non invasive tumors (insitur), nodular (infiltrative) or a mixture of papillary and infiltrative forms. Buli tumors or also called vesica urinaria (bladder) tumors are the second malignancy after prostate carcinoma. This tumor is twice as common in men as in women (Satya, 2019).

(Anatomy of the Bladder) The bladder is an organ that resembles a 'sac' in the pelvis that stores urine produced by the kidneys. Urine is drained into the bladder located in the pelvic area through tubes known as ureters. The bladder is divided into several layers, namely:

a. Epithelium, the transitional part of the epithelium from which cancer cells come.
b. Lamina propria, the layer that lies beneath the epithelium.
c. The detrusor muscle, a thick, deep layer of muscle, consists of layers of thick, smooth muscle that form the muscular wall of the bladder. d. Soft perivesical tissue, the outermost layer consisting of fat, tissue, and blood vessels. The buli-buli itself consists of 3 layers of detrusor muscles that are woven together. On the inside is the longitudinal muscle, in the middle the circular muscle, and the outermost the longitudinal muscle.

The mucosa of the buli-buli consists of the same transitional cells as the mucosa of the renal pelvis, ureter and posterior urethra. At the base of the buli-buli the two ureteral estuaries and the meatus uretra internum form a triangle called the trigonum buli-buli.
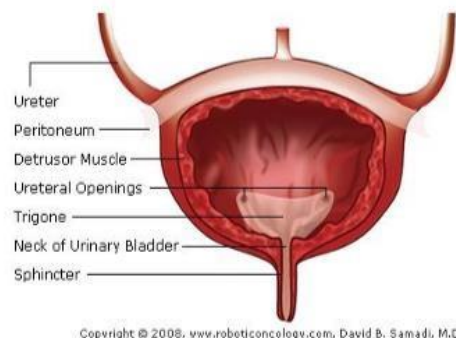

Figure .1 Anatomy of the Buli
Source: Chronic Kidney Desease Stage V with urinary tract
infection (UTI) and Buli Tumor, 2019

Anatomically, the buli-buli consists of 3 surfaces, namely the superior surface bordering the peritoneal , the two cavityinferiolateral surfaces, and the posterior surface. superior surface The is the locus minoris (weakest area of the)wall of the buli-buli. The). In bulb functions to collect urine from the ureters and then expel it through the urethra in the mechanism of micturition (urinationcollecting urine, the buli-buli has a maximum capacity, which for adults is approximately 300-450 ml. When empty, the bulb is located behind the pubic and symphysis when full it is above the symphysis so that

it can be palpated and percussed. A fully filled bulb provides stimulation to the afferent nerves and causes activation of the micturition center of in the spinal cord the S2-4 . sacral segmentThis will cause contraction of the detrusor , muscleopening of the bulbous neck, and relaxation of the urethral sphincter resulting in micturition.

3. Research Methodology
This study using data issecondary in the form of medical records in regional hospitalJayapura City Data collection technique, which is done by taking secondary data in the form of medical record data in 2017-2022 to obtain a description of the characteristics of Buli Tumor patients at Jayapura Regional General Hospital. In this study, the data analysis used was univariate analysis used to explain or describe the number or value of patient characteristics with the technique of total sampling from medical records at Jayapura Regional General Hospital in 2017-2022 there were 61 patients with Buli Tumor.

3.1 Analysis Methods
using descriptive statistical analysis. Descriptive statistical analysis is statistics used to analyze data by describing or describing the data that has been collected as it is without intending to make conclusions that apply to the public or generalizations (Masturoh & Anggita, 2018).

4. Results and Discussions
Based on data taken with technique total sampling from medical records at Jayapura Regional General Hospital in 2017-2022 there were 61 patients with Buli Tumor. Data that can be obtained includes age. Based on age group, the distribution of buli tumor patients at Jayapura Regional General Hospital in 2017-2022 is as follows:

Tabel 1 Distribution of Buli Tumor Patients Based on Age

Age (Years)	Number of Patients	(%)
< 20 years	1	1,6 %
20-30 years	1	1,6 %
31-40 years	5	8,2 %
41-50 years	24	39,3 %
> 50 years	30	49,2 %
Total	61	100

Source: data processed 2024.

Based on the data above, it can be seen that the distribution of buli tumor patients based on the largest age is the age group> 50 years as many as 30 patients with a percentage of 49.2%, 2%, the followed by the age age group group 41-50 years as many as 24 patients with a successively percentage of total of 39.3% and the third highest to the lowest includes the 31 40 a 5 patients patient patient with a with a percentage of 8.age group 20-30 a total of of a total of 1 with a percentage percentage of 1.6% and the age group < 20 years 1 1.6%.

5. Conclusion
Based on research on the characteristics of Buli at Jayapura Hospital Tumor patients in 2017 2022 totaling 61 people, it can be concluded as follows: Buli tumor patients patient based on age found the most age groups are at the age of> 50 years as many as 30 patients with a percentage of 49.2%, followed by the age age group 41-50 years as many as 24 patients with a percentage of total of 39.3% and consecutively the third highest to the lowest include the group 31-40 a 5 patients with a

percentage of 8.2%, the age group 20-30 a total of of a total of 1 with a with a percentage percentage of 1.6% and the age group.

5.1 Suggestions

Conducting counseling to the community to increase knowledge about risk factors at the age of buli tumor patients patients and any data on buli tumor is expected from the Health Institution to recap all data on the characteristics of buli buli tumor tumor patients to make it easier to access for researchers who want to examine cases of and other disease characteristics.

References

Hendri, A. Z., Hamid, A. R. A. H., Hakim, L., Danarto, H. R., Warli, S. M., Sihombing, A. T., . . . Hudaya, S. (2023). *Panduan Penanganan Kanker Kandung Kemih Tipe Urothelial*. Retrieved from https://iaui.or.id/uploads/guidelines/Panduan_Penanganan_Kanker_Kandung_Kemih_Tipe_Urothelial.pdf

Masturoh, I., & Anggita, N. (2018). Metodologi penelitian kesehatan. *Jakarta: Pusat Pendidikan Sumber Daya Manusia Kesehatan, 307*.

Kurniati, S. (2019). Stock returns and financial performance as mediation variables in the influence of good corporate governance on corporate value. *Corporate Governance: The International Journal of Business in Society, 19*(6), 1289-1309. doi:https://doi.org/10.1108/CG-10-2018-0308

Liu, H., & Li, X. (2015). Government decentralisation and corporate fraud: Evidence from listed state-owned enterprises in China. *China Journal of Accounting Studies, 3*(4), 320-347. doi:https://doi.org/10.1080/21697213.2015.1100090

Maon, F., Lindgreen, A., & Swaen, V. (2010). Organizational stages and cultural phases: A critical review and a consolidative model of corporate social responsibility development. *International Journal of Management Reviews, 12*(1), 20-38. doi:https://doi.org/10.1111/j.1468-2370.2009.00278.x

Maqbool, S., & Zamir, N. (2021). Corporate social responsibility and institutional investors: the intervening effect of financial performance. *Journal of Economic and Administrative Sciences, 37*(2), 238-252. doi:https://doi.org/10.1108/JEAS-08-2019-0089

Marlina, C., & Akbar, G. G. (2023). ANALISIS KINERJA APBD PROVINSI DI INDONESIA: SEBUAH STUDI MENGENAI RASIO KEUANGAN, KORELASI METRIK DAN KLASTERISASI KINERJA. *Dinamika: Jurnal Ilmiah Ilmu Administrasi Negara, 10*(3), 615-636.