ABSTRACT
NSAIDs are responsible for most of the perforated peptic ulcers. Patients with perforated peptic ulcer have a hospital mortality risk of 10% to 20%. It is a significant problem for India, so this study was done to determine the magnitude and management of mortality risk. A study of 132 cases of perforated peptic ulcer admitted in government general hospital, Kurnool, Andhra Pradesh, India from August 2017 to July 2019 was carried out. Alcohol (38.6%), smoking and NSAIDs are important etiologic factors for peptic ulcer. The mortality in perforated peptic ulceration is 33.3%. Risk of mortality was associated with shock at presentation and time delay in presentation. A perforated peptic ulcer is a surgical emergency. It is a life-threatening condition which requires early diagnosis and immediate surgery — delayed management results in mortality. Most require surgery with omental pedicle patch. Mortality is high with a time delay to the presentation, medical comorbidities, shock at the time presentation and old age (>60 yrs).

Keywords: Peptic ulcer, perforation, mortality.
potent anti-inflammatory drugs (steroids) and posterior perforations into retroperitoneum and lesser sac.

The erect x-ray abdomen shows pneumoperitoneum in 80% of cases. If free air is not present, CT abdomen is very sensitive for demonstrating perforation. USG abdomen reveals echogenic free fluid, turbid and on aspiration bile stained indicates peptic ulcer perforation. All patients should have serum amylase performed, as distinguishing between peptic ulcer, perforation and pancreatitis can be difficult.

Figure 1, Pneumoperitoneum

Figure 2, Gastric perforation

Critically ill patients who are unfit for surgery were resuscitated and treated conservatively with intravenous fluids, nasogastric suction and antibiotics. After the recovery of patients, the water-soluble gastrogafin contrast study done to confirm that the ulcer sealed and no extravasation of contrast into the peritoneal cavity. In one case, a simple test is done with oral intake of methylene blue in 200ml water, and no leakage observed in ADK drains.

The stable cases were taken for surgery; it is essential to perform an adequate four-quadrant biopsy of ulcers that are not excised. A perforated gastric ulcer carries higher overall mortality that ranges from 10% to 40% and increases significantly with age (>65 years).

Sewing the ulcer closed before placing the omental pedicle over the perforation is discouraged because it reduces the surface contact of the omentum with the duodenal mucosa. The sutures are tied over this omental pedicle to secure this in place, the omentum plugs the hole and is closely applied to the serosa, ensuring watertight closure. These sutures should not be tied too tightly, to avoid strangulation of the omental patch. In large duodenal perforation cases, a jejunal serosal patch was kept. For large gastric perforation partial gastrectomy with gastrojejunostomy done.

Following the closure of the ulcer, thorough irrigation of the peritoneal cavity should be done with warm saline irrigation. Drains are not needed, and their use is discouraged because it tends to create a negative suction vacuum that can interfere with the repair. We prefer to keep bilateral 32FG ADK drains. It is important that the stomach is kept empty postoperatively by nasogastric suction, and that gastric antisecretory agents are commenced to promote healing in the residual ulcer. We observed mortality in a case, postoperatively, oral intake of a large quantity of water against medical advice. We prefer to use H.pylori kits for 14days and PPIs for 12weeks. After 12 weeks, the patient followed with upper GI endoscopy.

CONCLUSION

A perforated peptic ulcer is a surgical emergency. It is a life-threatening condition which requires early diagnosis and immediate surgery. Delayed management results in mortality. Most require surgery with omental pedicle patch. Mortality is high with a time delay to the presentation, medical comorbidities, shock at the time presentation and old age (>60yrs).

REFERENCES