Original Research Paper

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General Surgery

PERFORATION PERITONITIS, PRESENTATION, AND OUTCOME – OUR EXPERIENCE IN KING GEORGE HOSPITAL, VISAKHAPATNAM.

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ABSTRACT

OBJECTIVE: Perforation peritonitis is one of the most common surgical emergency encountered. This study aims to know the spectrum of perforation peritonitis and outcome of the patient presenting with perforation peritonitis according to the time of presentation.

METHODS: It is a descriptive, retro-prosspective study of 40 cases of perforation peritonitis seen during one year (June 2018- June 2019)

RESULTS: Most of the patients in this study were in the age group of 50-60 years (52.5%). There were 27 males (67.5%) as compared to 13 females(32.5%). The most common site of perforation is duodenal perforation (70%) followed by gastric perforation (15%), appendicular perforation (10%), ileal perforation (5%). The Mortality rate was 7.5% and significantly high in patients coming to the hospital after 48 hours and the elderly.

CONCLUSION: Duodenal perforation constitutes more than half of the cases of perforation peritonitis. Perforations are more common in males; high rates of mortality are observed in patients presenting late to the hospital.

KEYWORDS :

INTRODUCTION

Gastrointestinal perforations are the most common cause for peroration peritonitis. Majority of patients present to the emergency with complaints of diffuse pain abdomen, abdominal distension, vomitings, fever, constipation. In terminal stage patients may have oliguria, septicemia, shock, Hippocratic facies. Gastrointestinal perforations have multiple etiologies, and are one of the most common emergencies encountered.

Most common age of presentation is between 50-60 years.

When chronic duodenal ulcer perforates it leads to chemical peritonitis. Bacteria from the gastro-intestinal tract escape in to the peritoneal cavity leading to diffuse bacterial peritonitis. Occasionally patients present with sealed of perforation, rigidity is confined to the epigastrium and right hypochondrium. Proton pump inhibitors and anti-helicobacter pylori regime reduced the incidence of peptic ulcer leading to perforation. Perforation may be precipitated by steroids, alcohol, analgesics(NSAIDS).

MATERIALS AND METHODS:

This study was done in Department of General Surgery of king george hospital, visakhapatnam. Patients presenting with perforation are of low socioeconomic status. Most of them were abusing the analgesics with their empty stomach. Out of 40 cases 24 patients had history of using NSAIDS within 15 days of perforation for any reason.

Here we do descriptive epidemiological, prospective study of 40 patients of perforation peritonitis who were admitted in the department of surgery, king george hospital visakhapatnam over a period of 1 year (June 2018- June 2019). All patients of perforation peritonitis were operated and medical reports of the patients were completed, all patients were interviewed by the study investigator and operative data was taken from patients record [1].

INCLUSION CRITERIA:

all the patients who presented with features of peritonitis are included in the study.

EXCLUSION CRITERIA:

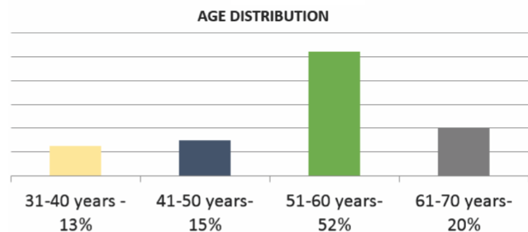
patients not willing to give consent.

Information was documented under the following headings:

(a) Demographical data (age, gender).
(b) clinical presentation (pain abdomen, abdominal distension, vomitings, fever, cold peripheries, decreased urine output, constipation, dyspnoea, duration of symptoms.
(c) Clinical examination findings (Pulse rate, BP, Temperature, Respiratory rate, pedal oedema, systemic examination of respiratory system, cardiovascular system, central nervous system and abdominal examination to see for tenderness, localized guarding, rigidity).
(d) Investigations- renal function tests, complete blood picture, serum electrolytes, ECG, chest and erect abdomen x-ray.
(e) Type of surgical intervention.
(f) Post-operative complications.

RESULTS AND DISCUSSION:

The mean age of presentation was 52.65 Years.The maximum number of patients presenting with perforation were in the age group of 51-60 years (21 patients, 52.5%) , followed by the age group of 60-70 years (8 patients,20%).



24 patients out of 40 (60%) have a history of NSAID usage for a prolonged period for generalised body pains. 35% of patients had a history of chronic peptic ulcer disease.Male outnumbered female. There are 27males and as compared to 13 females (11%) M: F ratio was 2.1:1 .

Most of patients are of low socio-economic class (70%). From 40 patients , 16 patients had presented within 24 hours of onset of symptoms and the 60% patients had presented after 24 hours of onset of symptoms.

SITES OF PERFORATION:

Duodenal perforation (70%) was the commonest, which was followed by gastric(15%), appendicular (10%), and ileal (5%).

CHIEF COMPLAINTS

Pain was the most common complain present in all patients, followed by abdominal distension (74%), vomiting (64%), fever is present only in 23%, while constipation was present in one fourth of perforations.

COMPLICATIONS:

Out of 40 patients, 3 (7.5%) died in the post-operative period. All the patients had presented late, after the 48 hours of the onset of symptoms with shock.

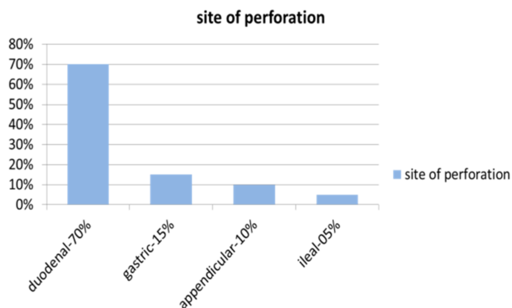
Apart from 5 patients who have died out of 40 patients, 6 patients had reported post-operative complications.Complications were more in patients who had gastric perforations. Fever was present in 4 (66.6%)

patients in gastric perforation and 2 (33.3%) patients, in the patients with duodenal perforation. Wound infection was observed 75% in gastric perforation and 25% in peptic perforation.

Burst abdomen and leak were observe d in one patient each.

DISCUSSION

This study was intended to find out the outcome of patients with different type of perforations and outcome based on duration of symptoms. In this study we found that among the patients presenting in the king george hospital with gastrointestinal perforation peritonitis, majority were males in the age group of 51-60 years.Majority of the patients presented late, usually afte r 24 hours of on se t of s ymptoms, to the hospital.



The most common site of perforation was duodenal (70%) [1-3], followed by gastric 15%. Other sites i.e. appendix, are less common sites of perforation. The results of our study are comparable with other published series in terms of demography [1,2,4]. Pain is the most common feature and is present in almost all the patients [5].In the present study all the patients had pain abdomen, followed by abdominal distension (74%) and vomitings (64%). Constipation (25%) was present in 1/4th of all patients.

Similar observations were made by Ghooi and Panjwanial [5] and Desa et al. [6] in their studies.Most of the patients (60%) presented late, usually after 24 hours of onset of symptoms, to the hospital.

In this study the wound infection (10%) is second commonest complication after fever (15%). Complications usually occur in gastric perforation rather than duodenal and also in patients presenting to the hospital after 48 hours.

CONCLUSION

We had the study of 40 cases of perforation peritonitis in king George hospital Viskhapatnam. Most of the patients are from the villages around Visakhapatnam, who had a history of analgesic abuse in the past for generalised body pains or low back ache.

Mortality rate is high in patients with gastric perforation.

Post operative recovery is poor in patients presenting 48 hours after the onset of symptoms.

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