



NON TRAUMATIC ABDOMINAL EMERGENCIES -A CASE SERIES

General Surgery

**Dr.V.Vishnupriya\*** Post Graduate, Department Of General Surgery ,sree Balaji Medical College And Hospital  
 .\*Corresponding Author

**Dr.C.Srinivasan** Professor, Department Of General Surgery ,sree Balaji Medical College And Hospital .

KEYWORDS

INTRODUCTION

Abdominal pain is one of the most common reasons for visit to the emergency department . Although for the majority of patients, symptoms are benign and self-limited, a subset develops acute abdomen as a result of serious intra abdominal pathology necessitating emergency intervention.The most difficult challenge is making a timely diagnosis so that treatment can be initiated and morbidity preserved. Common causes of acute abdominal pain include acute appendicitis, acute cholecystitis, acute bowel obstruction, urinary colic, perforated peptic ulcer, acute pancreatitis, acute diverticulitis, and nonspecific, nonsurgical abdominal pain.A thorough, history and physical examination are essential for developing the differential diagnosis for patients presenting with an acute abdomen. The aim of the study is to determine the various causes of non-traumatic acute abdominal emergencies, their incidence, management and mortality in both sexes and all age groups >12 years age.

METHODS AND MATERIALS

This study material consists of 365 cases of Acute abdomen admitted in surgical units in our Department of Surgery, Sree Balaji Medical College and hospital during the period from October 2018 to October 2019.

All these cases of pain abdomen admitted in surgical ward were carefully and thoroughly examined to arrive at a clinical diagnosis. A preformed proforma was carefully filled up giving particulars. Importance to the duration of illness and general and special investigation wherever possible.The following procedure were adopted according to the conditions of the patient ie. conservative management and emergency surgeries.Based on clinical diagnosis, Investigation patients opted for emergency surgery.In selected cases, pre operative, peroperative and post operative clinical and operative photographs were taken. All the patient were followed up in the immediate post operative period and in the subsequent period for 3 months till the end of study.The study included 365 patient with abdominal emergency and treated in all the surgical units in Sree Balaji Medical College and hospital. Radiological Investigations include plain radiographs and USG of abdomen when necessary.In this study, the Non-traumatic abdominal surgical emergency counts to 365 cases.

1. Acute Appendicitis- 130 Cases
2. Perforation peritonitis- 94 Cases
3. Intestinal Obstruction- 112 Cases
4. Acute cholecystitis - 12 cases
5. Liver Abscess - 17 cases

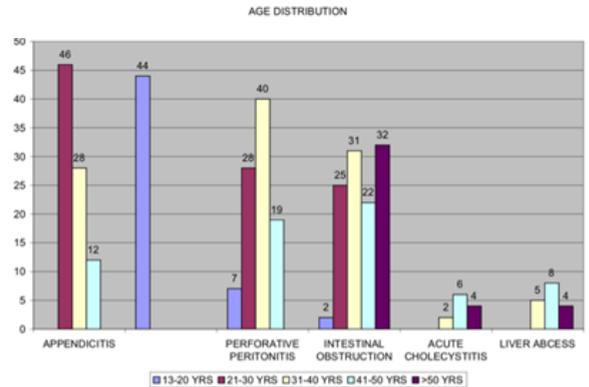
DISCUSSION

ABDOMINAL SURGICAL EMERGENCIES SEX INCIDENCE

S.No.	Types of Cases	Total cases	No.of Male	Female
1.	Acute Appendicitis	130	91	39
2.	Perforative peritonitis	94	81	13
3.	Intestinal Obstruction	112	76	36
4.	Cholecystitis	12	4	8
5.	Liver abscess	17	14	3

Types of Cases	M: F
Acute Appendicitis	2.3 : 1
Perforative peritonitis	6.2 : 1
Intestinal Obstruction	2.1 : 1
Cholecystitis	3 : 1
Liver abscess	4.6 : 1

AGE INCIDENCE

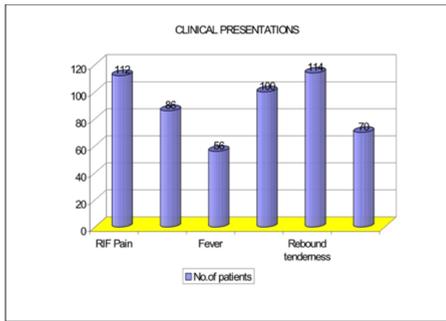


	13-20 YRS	21-30 YRS	31-40 YRS	41-50 YRS	>50 YRS
APPENDICITIS	44	46	28	12	
PERFORATIVE PERITONITIS	7	28	40	19	
INTESTINAL OBSTRUCTION	2	25	31	22	32
ACUTE CHOLECYSTITIS		2	6	4	
LIVER ABSCESS		5	8	4	

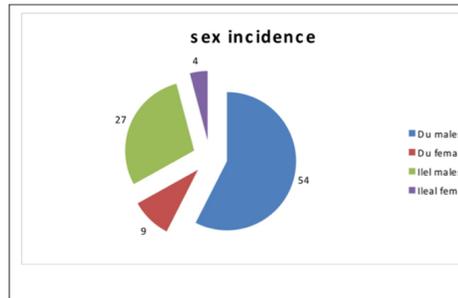
1.ACUTE APPENDICITIS



**ACUTE APPENDICITIS**



**PERFORATIVE PERITONITIS**

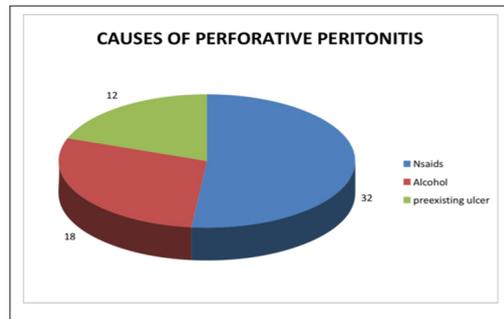
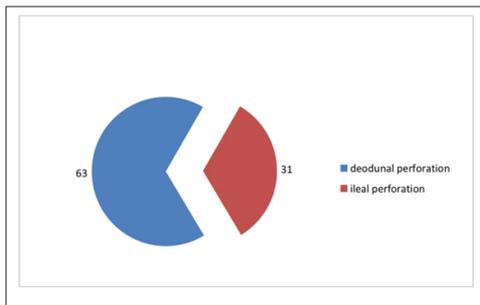


**2.PERFORATION PERITONITIS**

Clinical Presentations	No.of patients
RIF Pain	112
Vomiting	86
Fever	56
Gaurding	100
Rebound tenderness	114
Per rectal tenderness	70

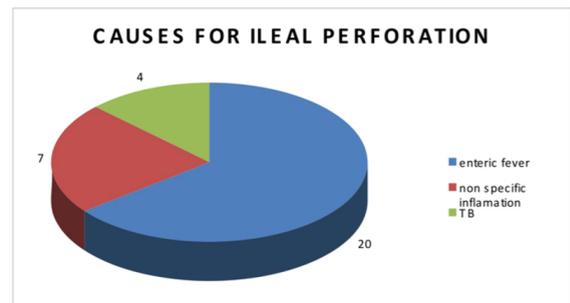
	MALES	FEMALES	RATIO
DU PERFORATION	54	9	6 : 1
ILEAL PERFORATION	27	4	6.9 : 1
Total	81	13	6.2 : 1

**PERFORATIVE PERITONITIS**

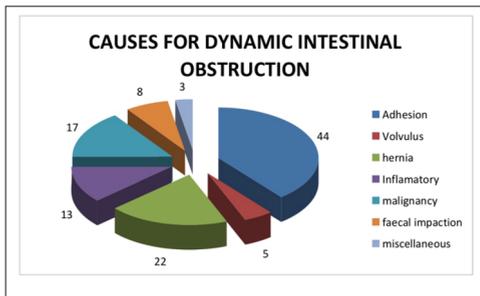


CAUSES	NO OF PT
DU PERFORATION	63
ILEAL PERFORATION	31

CAUSES	No. of patients
NSAIDS	32
ALCOHOL	18
PRE EXISTING ULCER	12



CAUSES	NO OF PATIENTS
ENTERIC FEVER	20
NONSPECIFIC INFLAMATION	7
TB	4



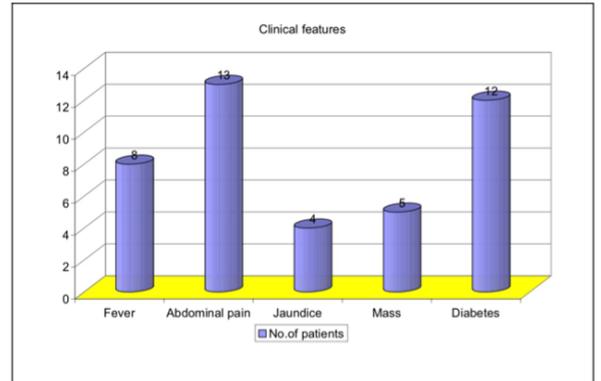
CAUSES	NO OF PATIENTS
ADHESION	44
VOLVULUS	5
HERNIA	22
PSEUDO OBSTRUCTION	13
MALIGNANCY	17
FECAL IMPACTION	8
SMA occlusion	3



**4.LIVER ABSCESS**

**LIVER ABSCESS :**

Clinical presentation	No.of patients
Fever	8
Abdominal pain	13
Jaundice	4
Mass	5
Diabetes	12



**Total cases -17 cases**

**Operated - 14 cases**

**Therapeutic aspirations- 3 cases**



**5.ACUTE CHOLECYSTITIS**

**Emergency cholecystectomy done in all 12 cases.**

**Post operative complication :**

**Wound infection – 2 cases**

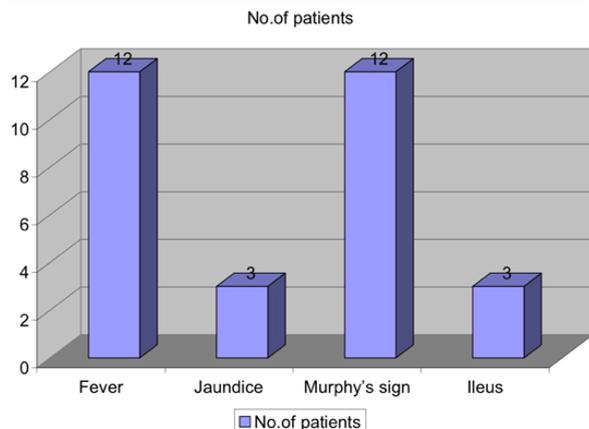
**Mortality : 1 case (Gangrenous gall bladder)**



**Acute cholecystitis :**

**Clinical Features**

Clinical presentation	No.of patients
Fever	12
Jaundice	3
Murphy's sign	12
Ileus	3



**CONCLUSION**

Judging from the results of this present study it comes to a firm conclusion that the

1. Acute abdominal emergency incidence is more common in males when compared to that of females.
2. Among the Duodenal perforation NSAIDs induced were more common.
3. Among the ileal perforation most common etiology found to be enteric fever. Prognosis is good if resection anastomosis done in larger perforation and in unhealthy bowel.
4. Incase of intestinal obstruction major cause were due to post operative adhesions.
5. Incase of liver abscess laparotomy and drainage in multiple and large abscess should be done for better results.
6. Early cholecystectomy is treatment of choice in patient with acute cholecystitis with acceptable risks.
7. In unequivocal clinical diagnosis in case of appendicitis should be subjected to USG abdomen reduces the rate of negative appendicectomy.

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