ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 01 | January - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

RETROSPECTIVE STUDY OF PERFORATED PEPTIC ULCER AT JLNMCH BHAGALPUR

General Surgery

Dr. Ashok Rai Associate professor , Department of surgery , JLNMCH Bhagalpur.

Dr. Kumar Nishant* Post Graduate surgery student , JLNMCH Bhagalpur. *Corresponding Author

ABSTRACT

This is a retrospective study of patients who were diagnosed and managed for peptic ulcer perforation at JLN Medical College and Hospital, Bhagalpur, Bihar, India from March 2019 – February 2020 .We have collected a data of 73 patients who were operated using standard proforma and the outcomes are studied.

In our study out of 73 patients 53 patients in the age group 35-50 years were mostly affected with a percentage of 72.6 % , majority being the male.

KEYWORDS

INTRODUCTION :-

Peptic ulcer disease is very common in Bihar , probably due to spicy food habits. The disease is managed medically by physician but its complication (perforation) requires surgical intervention . Mikulicz sutured a perforated gastric ulcer for the first time in 1880.The incidence complications of peptic ulcer has decreased significantly by the advent of PPI , still it remains substantial health problem. The aim of this retrospective study is to evaluate the Patients in this institute from March 2019 – February 2020.

METHODS

The details of patients who were operated for perforated peptic ulcer was obtained from medical record department and operation theater records. Case history and detailed clinical examination of patients was studied. The routine blood investigations were done along with an X ray abdomen erect . USG was also done, but it was not a mandatory practice. The correct diagnosis was made after proper history taking, clinical examination and radiological intervention. X-ray abdomen in erect posture showing free gas under the Right dome of diaphragm clinched the diagnosis, but it was not found in all patients.

After admission in surgical emergency all patients were advised NPO , Ryles tube aspiration , IV fluids , Broad section antibiotic (3rd gen cephalosporin & metronidazole) and PPI. After adequate resuscitation, laparotomy under general anaesthesia was performed through midline abdominal incision. Perforation was identified.

Closure of perforation was done by modified graham's patch repair after proper peritoneal toileting. In most of the cases two ADK drains were put, one sub hepatic and other in pelvis.

RESULTS

Age distribution -

In our study Out of the total 73 patients 53 were from the age group of 36 – 60 years , 11 from 51-65 age group , 8 from 20-35 age group and only 1 was found from more than 65 group.

This is shown in Table 1 & Chart 1.

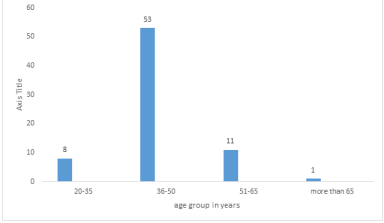

Chart 1

Table 1

Age in years	No. of patients	Percentage
20-35	8	11
36-60	53	72.6
51-65	11	15
More than 65	1	1.36

Gender Variation

Out of total 73 patients 63 were male and only 10 were female.

This is shown in chart 2 & table 2.

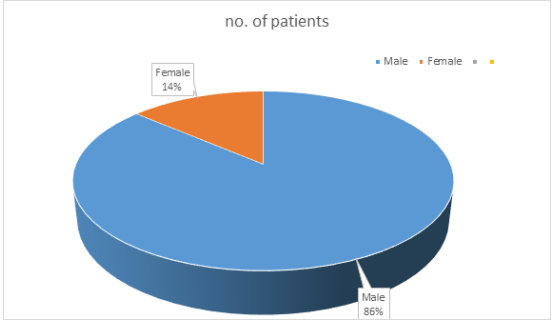

Chart 2

Table 2

Gender	No. of patients	Percentage
Male	63	86.3
Female	10	13.6%

DISCUSSION

WE took a data of 73 patients over a span of one year . most of patients were from rural areas where ill literacy is still prevalent and proper medical facility is lacking In our study PPU was more found in middle age group, from 35-50 years age with male preponderance. Male predominance may be due to use of alcohol and smoking. Most of the patients presented late for treatment. This may be attributed to lack of awareness of the disease, patients take some medication for pain locally at home and continues to eat. They only reach to our centers when the pain becomes unbearable.

CONCLUSION

Perforated peptic ulcer is a surgical emergency which needs to be operated as early as possible to avoid complications , morbidity & mortality.It most commonly effects middle age men .Simple closure with omental path gives good result. Patient should be prescribed treatment for Helicobacter pylori and PPI.

Patient should avoid the indiscriminate use of NSAID which may cause perforation .

Patients should be counselled to avoid the risk factors of perforation mentioned above.

Funding: No funding sources

Conflict of interest: None declared

REFERENCES

1). Retrospective study of perforated peptic ulcer: a surgical emergency P. N. Mathur*, J. L. Kumawat, C. P. Joshi, Suman Parihar
2). Crisp E. Cases of perforation of the stomach.Lancet. 1843;1:639.
3). Jennings D. Perforated peptic ulcer. Lancet. 1940;1:444.

4). DeBekay, M.: Acute perforated gastroduodenal ulceration. Surgery 8: 852, 1940.
5). Svanes C, Lie RT, Kvåle G, Svanes K, Soreide O. Incidence of perforated ulcer in western Norway 1935-1990: cohort or period dependent time trends? Am J Epidemiol. 1995;141:836.
6). Mikulicz J. Ueber Laparotomie bei Magen und Darmperforation. Samml Klin Vort Leipzig. 1885;262:2307.
7). Rauws EAJ, Tytgat GNJ. Cure of duodenal ulcer associated with eradication of Helicobacter pylori. Lancet. 1990;335:1233.
8). Elnagib E, Mcquaid E, Ahmed ME. Perforated peptic ulcer in Khartoum. Khartoum Med J. 2008;1(2):62-4.
9). Makela JT, Kivineum H, Ohtonen P, Latinen S. Factors that predveb morbidity and mortility in patients with perforated peptic Ulcer. Eur J Surg. 2002;168:446-51.