Research Paper

Medical Science



Outcome And Management of Patients With Acute Abdomen Admitted in Surgical Ward

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BSTRACT

Acute abdomen is most common presentation in emergency and surgical OPD. It is very important to diagnose and to avoid unnecessary exploratory laparotomy. In this study over a period of one year 1150 patients were admitted with acute abdomen. Patient were managed conservatively as well as surgery done when required. Mortality rate was 9.56%. The most common cause of mortality was perforation peritonitis. 66.86% patients were male. Mortality rate was higher in male patients as compared to female patients.

KEYWORDS

Acute abdomen, outcome, management

INTRODUCTION:

Acute abdomen is commonest cause of emergency admission. Common disease entities presenting like acute abdomen include bowel perforation, intestinal obstruction, appendicitis, cholecystitis, pancreatitis intra-abdominal abscesses, uretic , renal colic etc. in all cases accurate diagnosis is important. The main aim is to identify patients who need surgical intervention ,in order to decrease morbidity and mortality.it also prevent unnecessary laparotomies.

The proportion of non trauma surgical emergencies is between 30 to 57%²⁻³ and this is higher than trauma patients who require surgery.

Material and method:

This study is done in Department of surgery and experimental surgery over a period of one year. Patient with sudden pain in abdomen were admitted from surgical OPD or from emergency ward.

1Inclusion criteria: 2 Acute abdomen in all patients Both male females Exclusion criteria: 1 Abdominal trauma 2Obstructed hernia

3Malignancy

After admission the patients were asked detailed clinical history, examination and investigations were done to make a diagnosis. Patients were either managed conservatively or laparotomy was done. The patients were discharged and followed up as OPD patients.

OBSERVATIONS:

Total 1150 patients were admitted with acute abdomen in one year. All these patients wereadmitted and treated. Some patients require conservative treatment and others were operated.

Table 1 (Age and Sex distribution) n=1150

Age group	male	percent- age	Fe- male	percent- age	Total	percent- age
<10 years	61	7.93%	27	7.08%	88	7.6%
11-30	294	38.23%	165	43.30%	459	39.91%
31-60	330	42.91%	160	41.99%	490	42.60%
60- 80	80	6.95%	26	6.82%	106	9.21%
>80	4	0.52%	3	0.78%	07	0.60%
total	769	66.86%	381	33.13%	1150	99.99

TABLE 2 (Aetiology of Acute abdomen cases) n=1150

S .N	Disease group	no	%
1.	Perforation peritonitis	310	26.19
2.	Intestinal obstruction	212	18.63
3.	Renal/ ureteric stone	155	9.23
4	colitis	105	8.35
5	APD	95	7.73
2. 3. 4 5 6	CHOLECYSTITIS	88	6.94
	Appendicitis	79	5.71
9	abscess	65	1.49
9	Appendicular lump	17	1.14
10	KOCH, S ABDOMEN	13	0.35
11	Pancreatitis	4	0.26
12	Twisted ovarian cyst	3	0.09
13	perisplenitis	1	0.09
14	Hematoma spleen	1	0.09
15	Renal cyst	1	0.09
16	hepatitis	1	0.09
	total	1150	100.0

Table 3 (Mortality rate in acute abdomen cases)

	Deaths due to acute abdomen	percentage
1150	110	9.56%

TABLE 4(Mortality in relation to etiology)

DISEASE GROUP	EXPIRED	PERCENTAGE
PERFORATION PERITONITIS	84	76.36%
INTESTINAL OBSTRUCTION	21	19.09%
ABSECESSES	02	1.81%
PANCREATITIS	02	1.81%
HEPATITIS	01	0.90%
TOTAL DEATHS	110	

Table 5(Mortality in relation to age) n=1150

S no	Age	Total no of patients	No of deaths	percentage
1	<10 years	88	05	0.43%
2	11-30	459	32	2.78%
3	31-60	490	55	4.78%
4	61-80	106	15	1.30%
5	>80	07	03	0.26%
Total		1150	110	9.56%

TABLE 6 (Mortality in relation to sex) n=1150

S no	Sex		No of deaths	percentage
1	Male	769	78	6.78%
2	Female	381	32	2.78%

	1150	110	9.56%

Discussion:

Acute abdomen is the most common cause of admission in emergency . It is most common non trauma cause .Acute abdomen continues to be one of the most challenging diagnostic dilemmas for both for surgeon and radiologist.

In our study shows perforation peritonitis to be the most frequent cause of acute abdomen(26.19%) cases followed by intestinal obstruction in 18.63% cases and urinary stones in 13.62% cases. Majority of patients were male and male(66.86%). There are different studies on acute abdomen cases and surgical emergencies outcome and management ** Maximum patients were of age between 11 to60 years. The patient were managed conservatively and when require underwent operative treatment. 81% patients had satisfactory outcome. Mortality in acute abdomen cases is 9.56%. Most common cause of mortality of acute abdomen is perforation peritonitis followed by intestinal obstruction. Mortality was more in males as compared to females.

Conclusion:

Acute abdomen is most common surgical emergency. A wrong diagnosis can lead to unnecessary laparotomies .So these patients should be managed carefully to decrease the morbidity and mortality.

References:

- Solagberu B.A., Duze A.T., Kuranga S.A., Adekanye A.O., Ofoegbu C.K., Odelowo E.O. Surgical emergencies in a Nigerian University Hospital. Niger. Postgrad. Med. J. 2003;10:140–143
- Mai-Phan T.A., Patel B., Walsh M., Abraham A.T., Kocher H.M. Emergency room surgical workload in an inner city UK teaching hospital. World J. Emerg. Surg. 2008;3:19
- Naaeder S.B., Archampong E.Q. Clinical spectrum of acute abdominal pain in Accra. Ghana. West Afr. J. Med. 1999:18:13–16.
- Aderounmu A.O., Adeoti M.L., Oguntola A.S., Oboro V.O., Fadiora S.O., Akanbi O.O., Bello T.O. Pattern and outcome of emergency surgery in a new Nigerian Teaching Hospital LAUTECH Osogbo experience. Niger. Postgrad. Med. J. 2006;13:172–175.
- Oguntola A.S., Agodinrin S.O., Adeleke B.A., Adeoti M.L., Olatoke A.S. Cancellation of elective surgical cases in a Teaching Hospital, South-Western Nigeria. Trop. J. Health Sci. 2008;16:39–43.
- Al Mulhim A.A. Emergency general surgical admissions. Prospective institutional experience in non-traumatic acute abdomen: implications for education, training and services. Saudi Med. J. 2006;27:1674–1679.
- McConkey S.J. Case series of acute abdominal surgery in rural Sierra Leone. World J. Sura. 2002;26:509–513.
- Chianakwana G.U., Ihegihu C.C., Okafor P.I., Anyanwu S.N., Mbonu O.O. Adult surgical emergencies in a developing country: the experience of Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria. World J. Surg. 2005;29:804–808.