A Study on Etiology and Management of Peritonitis.

Dr. N. Ravinder[1], Dr. Krishnaiah[2]
[1]Professor of Surgery, Icare Institute of medical sciences Haldia, West Bengal.
[2]Professor of Surgery, Bhaskar medical college, Andhra Pradesh.

Received: June 2015
Accepted: August 2015

ABSTRACT

Background: Intraabdominal infection can be caused by various sources, primary perforation or spontaneous bacterial peritonitis ascites with cirrhosis of liver. Peritonitis can be primary, secondary, tertiary or in patients with continuous dialysis, The major symptoms include pain abdomen, distention of abdomen, Fever, diarrhoea & vomitings, In Ascites with cirrhosis there may be altered mental status. Even today peritonitis is one of the surgical emergencies with high mortality. Delay is diagnosis may results in septic shock. Aim of the Study: To study the Ethology and incidence, diagnosis and management of peritonitis. **Methods:** We have conducted this study in 100 peritonitis patients. **Results:** In 2 years study ie, from March 2012 to Feb 2014 we have diagnosed 50 peritonitis cases in emergency department. After complete evaluation, surgery was performed for all the cases 22 patients were expired during different post-operative periods. **Conclusion:** Acute abdomen with peritonitis is surgical emergency with high mortality even today, The mortality is very high in suburban and rural areas, So rural health centre's should have trained basic doctors and diagnostic facilities and patients should be referred to nearby higher medical centre without delay in transport, So that we can minimize the mortality and morbidity because of peritonitis.

Keywords: Distention of Abdomen, peritonitis, mortality, infections.

INTRODUCTION

Peritonitis is one of the major surgical emergencies with high mortality and morbidity. Peritonitis can be divided into primary, secondary or tertiary or in patients with continuous dialysis. Intra-abdominal infections may be caused by large no. of entities inflammation of peritoneum may be the result of contaminations of peritoneal cavity.[1] With microorganisms irritating chemicals. Infective peritonitis has been categorized as primary, secondary or tertiary.

In primary peritonitis infection is not related directly to other intra-abdominal abnormalities.[2] In secondary variety intra-abdominal perforated viscus like peptic ulcer or appendix may be present. The commonest organisms are Escherichia coli, Coagulase negative staphylococci and sometimes caused by multi drug resistance organisms like enterococci, entaro bacteria spp, and candida.[3]

In young girls and females pelvic infection via the fallopian tube is responsible for high proposition for "non-alimentary" infection eg: gonococcus and streptococcus but bacleriods is also found in the female genital tract.[4] Paths of bacterial invasion may be by 1) Direct infection 2) Local extension 3) Blood Stream.[5]

Name & Address of Corresponding Author
Dr. Krishnaiah Professor of Surgery,
Bhaskar medical college,
Andhra Pradesh.

Secondary peritonitis commonly seen in old age people usually more than 60 years of age most common symptoms are Acute pain abdomen, vomitings, Fever and distention is also seen and signs are local rise of temperature, guarding, tachycardia, feeble pulse.

MATERIALS AND METHODS

We have examined 200 patients 84 patients are above 60 years age(41%) 66 patients are between 50years and 40 years(33%) other are below 40 years males are 125, females are 75 in number 38 patients were expired in different post-operative days. The mortality is 19%.

RESULTS

Males are 125(62.5%), Females are 75(37.5%) Common age group is above 60years, 84 patients (41%) next common age group is between 40years and 50 years 66 patients (33%). 38 patients (19%) expired in different post-operative days.

Table 1: Sex Distribution.

Sex	No.	Percentage
Male	125	63.5%
Female	75	36.5%
Total	200	100%

DISCUSSION

In our study the majority of patients were above 60 years and Males were commonly effected, Above 60 years patients were 41% and Males were 63.5%,

These results were almost similar to study conducted by the Mc. Clean at el.[6,7]

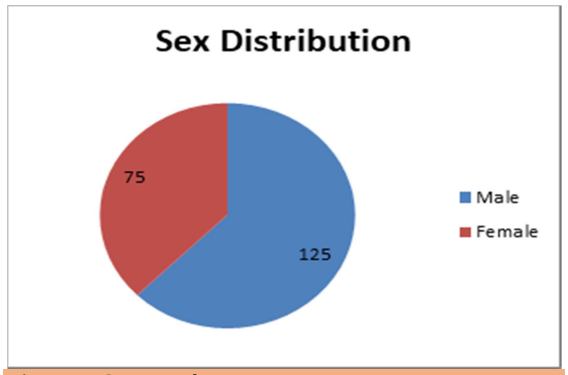


Figure 1: Sex Distribution

Table II: Age Distribution

Age	No	Percentage
>60Years	84	42%
50 – 60 Years	66	33%
<50 Years	50	25%
Total	200	100%

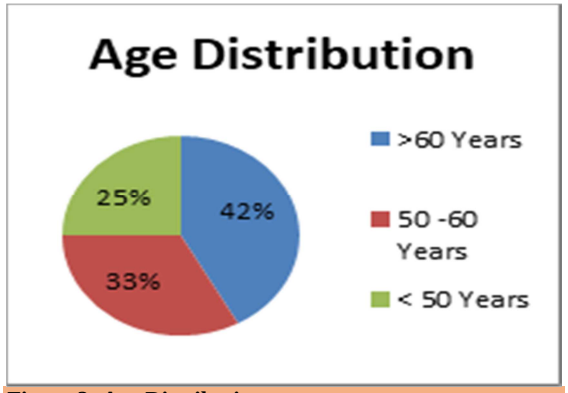


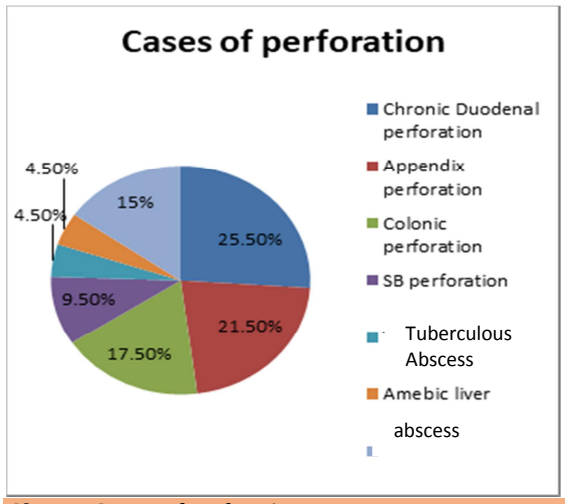
Figure 2: Age Distribution

Out of 200 patients 25 patients were having Diabaties mellitus (12.5%), 18 patients were having hypertension (9%), 6 patients were having coronary artery disease (3%), 2 patients were having chronic renal disease.

Cases of perforation were 1. Chronic Duodenal ulcer 55 patients (25.50%) perforation of appendix 43 in No. (21.5%), Colonic perforation 37(17.5%), Spontaneous bacterial peritonuts was 19 patients (9.5%) Amebic liver abbess 9(4.5%) others were because of malignancy, mesenteric Ischemia, small bowel perforation

Spontaneous bacterial peritonitis of ascetic fluid occurs in the absence of an apparent intraabdominal source of infection approximately 20 – 30% of cirrhotic patients with ascites developed SBP, The most common pathogens are E-colic and Klebsialla Pneumonia and streptococcus.[8]

Infection of ascites stimulates a dramatic increase in pro-inflammatory cytokines such as tumor necrosis factor – A TNC-A, inter- Liukin (IL) –I, II, interferon and soluble adhesions molecules in the serum an to a much greater extent in the peritoneal exudate.[9,10]



Chat II: Causes of perforation

Even in the presence of perforation, clinical symptoms and signs of peritonitis may be lacking owing to the separation of visceral and partial peritoneum by ascetic fluid.[11]

Peptic ulcer perforation was treated by simple suture and over sewing of ulcer. Appendicectomies were done for appendicular perforations. Colonic resection with reconstruction was done for colonic perforation.

38 patients died after surgery the reasons included are delay in the transportation of patients from rural areas and comorbid condition like diabetes, hypertension, CAB and Malignancies also.

CONCLUSION

Acute abdomen with peritonitis is very common emergency in surgery department. Early diagnosis early transportation and early surgical intervention can reduce morbidity and mortality.

REFERENCES

1. Shur TA Runyen BA spontaneous bacterial pericardium Dig. Dis 2005:23:39 with micro organisums.
2. Short Practice of surgery by Baily and love 27th Edi.
3. Nishidek, Ohinaga.K, Miyayawa.Y et al emergency abdominal surgery in patients aged 80 years sur to day 2000; 30:22:27.
4. Campball BS.Wilson SE, Intraabdominal infections, infectious diseases in the aging a clinical hand book.
5. Short Practice of surgery by Baily and love 27th Edi.
6. MC Cleen KJ. Shalan GJ Intraabdominal infections in rewiew clin infortdise. 1994; 19:100-16.
7. MC Cleen KJ. Shalan GJ Intraabdominal infections in rewiew clin infortdise. 1994; 19:100-16.
8. Current Medical diagnosis and treatment -2018 Edi.

9. Conn. Ho. Spontaneous and bacteremia in waenneis cirrhosis caused by enteric organism Ann. Internal. Md. 1964, 60:68.
10. Conn. Ho. Spontaneous and bacteremia in waenneis cirrhosis caused by enteric organism Ann. Internal. Md. 1964, 60:68.
11. Current Medical diagnosis and treatment -2017 Edi.

How to cite this article: Ravinder N, Krishnaiah. A Study on Ethology and Management of Peritonitis. Ann. Int. Med. Den. Res. 2015;1(3):363-365.

Source of Support: Nil, **Conflict of Interest:** None declared