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RESEARCH ARTICLE

CASE REPORT OF PERFORATION PERITONITIS.

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Abstract

Perforation peritonitis in India has a different spectrum as compared to the western countries and requires urgent surgery. Here, we presented a case of perforation peritonitis of 58 years old female. The patient suffered from severe abdominal pain, mild distention with generalized guarding and marked rebound tenderness around the umbilical region. She was diagnosed as perforated peritonitis. The patient underwent Exploratory Laprotomy with modified Graham's procedure and initiated early ambulation post-operatively. She stayed in the hospital for 7 days, during which the patient's health improved and feels comfortable.

Case Report: Mrs. Neelavathy, housewife, 58 years old got admitted in female surgical ward on 21.01.2019 with a complaint of severe abdominal pain, vomiting and abdominal distension for the past 6 days. On admission she was conscious and oriented. On examination she was afebrile, pulse- 88 beats/min, blood pressure 120/78 mm of Hg and respiratory rate of 20/min. Abdominal examination findings revealed severe abdominal pain, mild distention with generalized guarding and marked rebound tenderness around the umbilical region. There were no palpable masses and bowel sounds were absent. No family history of communicable disease, hypertension and DM. Basic investigations include random blood sugar- 180mg/dl, Sr. urea- 40 mg/dl, Creatinine- 1.8 mg/dl, sodium- 136 mg/dl, potassium- 4.0 mg/dl, chloride 101mg/dl, Hb 10 mg, PT- 16.8 seconds, INR- 1.381, CBC, sr. electrolyte and grouping were done. Ultrasound abdomen suggested free fluid in the abdominal cavity. On the basis of history collection, physical examination, she was diagnosed as Perforated Peritonitis. The patient was kept nil per oral, IVF started initiated and on 22.01.2019 underwent for Exploratory Laprotomy under general Anaesthesia and initiated early ambulation post-operatively. She was on Inj. Cefataxime 500 mg IV q6h, Inj. Octotide 50 mcg s/c OD, Inj. Emeset 8mg bd.

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Introduction:-

The membranous lining of the abdominal cavity and organs is called as peritoneum. The term "peritonitis" means abdominal membrane and "itis" means inflammation. Peritonitis is defined as Infection, or inflammation of the peritoneal cavity. Perforated peritonitis is defined as Perforation of a diseased abdominal viscus.

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Causes

1. Infection-Perforation of part of the gastrointestinal tract , pancreatitis, pelvic inflammatory disease, stomach ulcer, cirrhosis, or a ruptured appendix.
2. Non-infection-Leakage of body fluids into the peritoneum, such as blood ,gastric juice , bile , urine , pancreatic juice etc,

Risk Factors

1. Previous history of peritonitis
2. History of alcoholism
3. Liver disease
4. Fluid accumulation in the abdomen
5. Weakened immune system
6. Pelvic inflammatory disease

Signs & Symptoms

1. Severe abdominal pain
2. Abdominal tenderness
3. Ascities
4. Fever, or weight loss
5. Loss of appetite
6. Nausea & vomiting
7. Absence of bowel sounds
8. Shallow breath
9. Constipation
10. Limited urine production
11. Inability to pass gas or feces

Diagnosis

1. History collection
2. Physical examination –assess for tenderness, Ascities, bowel sounds & signs of dehydration.
3. Blood Test
4. USG abdomen
5. CT Scan
6. Chest X-rays

Management

Treatment often includes Antibiotics to control the infection, Intravenous Fluids to restore hydration, pain medication, and surgery to remove the source of infection.

Complications:

1. Paralytic ileus
2. Septic shock
3. Intraperitoneal adhesions.
4. ARDS

Discussion:-

Peritonitis is defined as an inflammation of the serosal membrane of the abdominal cavity. Perforated peritonitis is defined as introduction of an infection into the sterile peritoneal cavity through organ perforation due to Peptic ulcer perforation, perforating appendicitis, Typhoid, and tubercular perforations. It is most common in 4th and 5th decade of life because majority of cases attend late in hospital after taking counter medication.

We report a case of Mrs. Neelavathy , perforated peritonitis , shows typical signs and symptoms of sharp pain , guarding and marked rebound tenderness around the umbilical region and conformed by using clinical examination, USG abdomen. On 22.01.2019 she underwent exploratory laprotomy with modified grahams procedure. She was kept nil per oral and on IV therapy with Dextrose normal saline and NS post-operatively. Post anaesthesia recovery was assessed by Aldret score, gained 9/10. Vitals showed pulse- 80 beats/min, blood pressure 130/80 mm of Hg

and respiratory rate of 22/min and temperature- 37 ° F. Abdominal binder was applied and initiated early ambulation for few feet post- operatively. Ambulation stimulates circulation ,prevent blood clot and improves blood flow which aids in faster wound healing and reduces pain. The body systems are slowed down after surgery , so through early ambulation which improves blood flow , reduces pain and speed up wound healing thereby reduces length of hospital stay. Ambulation promotes blood flow and oxygen throughout the body. After early ambulation the patient feels comfortable and discharged from the hospital on 9 th post operative day.

Conculsion:-

Peritonitis is an emergency life-threatening health condition , requires immediate surgery. Generalized peritonitis could result from gastrointestinal perforation . Successful outcome depends on early diagnosis, prompt treatment and postoperative care. Early surgical intervention with broad spectrum antibiotics , correction of electrolyte imbalances and initiation of early ambulation is imperative for good outcomes , faster recovery and reduced length of hospital stay which minimizing morbidity and mortality.

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