

CURRENT SPECTRUM OF GENERALISED PERITONITIS

Shahjehan Afridi, Syed Sultan and Rashid Ahmad

SUMMARY:

One hundred twenty-one consecutive cases of Generalised peritonitis under two General Surgical Units were studied retrospectively.

The aetiology and outcome were documented to know the spectrum and compared with other reported series.

The most common cause was typhoid perforations of which there were thirty-five cases. The second common cause was perforated Appendicitis of which there were twenty eight cases. The third largest group of peritonitis was due to Gangrene of Gut of which there were 18 cases. The 4th most common cause was duodenal ulcer perforation of which there were sixteen cases. The miscellaneous group consisted of twenty-four cases. Over-all mortality was 18%. It is notable that only two deaths occurred in patient with peritonitis associated with Appendicitis. There were 73 male and 48 female patients. The death ratio male to female was 2:1 (14 males and 7 female).

PATIENTS AND METHODS:

The record was reviewed of 121 consecutive patients with generalised peritonitis treated on the two Surgical Units of the District Headquarter Hospital Abbottabad since 1983. A diagnosis of generalised peritonitis was made if free purulent fluid or gastrointestinal content were found in the peritoneal cavity at operation. Two cases of peritonitis due to pancreatitis were diagnosed operatively and both died. All patients were treated with Broad spectrum antibiotics. The most usual combination being a Genticyn and Lincomycin and in case of Typhoid perforation Chloromycetinc was used. Peritoneal cavity was washed with normal saline usually.^{3,6,8}

RESULT:

The cause of peritonitis in this series arc detailed in table one:

Table – 1: Aetiology of generalised peritonitis in this series with mortality

	No. of Cases	Mortality
Typhoid Perforations	35	6
Appendicitis	28	2
Gangrenous bowel	18	5
Duodenal Ulcer	16	3

From Ayub Medical College, Abbottabad.

SHAHJEHAN AFRIDI, MBBS, DMRD, Head of Radiology Department

SYED SULTAN, MBBS, FRCS, Professor, Department of Surgery.

RASHID AHMAD, MBBS, FRCS, Associate Professor, Department of Surgery.

Traumatic perforation of small bowel	6	
T.B. Peritonitis	4	
Primary Peritonitis	3	
Ruptured Liver abscess	2	
Ruptured U. Bladder	1	
Gangrenous/perforated gall bladder	3	2
Blunt Traumatic Laceration of liver (Biliary Peritonitis)	1	
Perforated gastric carcinoma	1	
Acute Pancreatitis	2	2
Postoperative peritonitis	1	1
Total =	121	21

The commonest cause was Typhoid perforation of which there were thirty-five cases. Twenty-eight cases were due to Appendicitis perforation and eighteen cases were due to Gangrene of small bowel (Endotoxic peritonitis)². The sixteen cases were due to duodenal ulcer perforation and were all male and 3 patients died in this group. The overall mortality was 18%. There were 73 males and 48 females. The male and female death ratio was 2: 1.

Table -2:

		Mortality
Oldest patient was	80 year old	
Youngest was	4 months old	
Male	73 cases	14
Female	48 cases	7
Overall Mortality	18%	
Average age of those that lived	41	
Average age of those that died	61	

DISCUSSION:

This study shows the aetiological spectrum of Generalised peritonitis occurring in the D.H.Q. Hospital Abbottabad in the year 1983-84. Typhoid fever was the commonest cause occurring in thirty-five cases with a mortality of 6 cases. The second commonest cause was Appendicitis occurring in 28 cases and only two patients died in this group. The third commonest cause was Gangrene of Gut. (Endotoxic Peritonitis) with a mortality of 5 cases.² The 4th commonest cause was duodenal ulcer perforation.⁷

All perforation occurred in male. There were three deaths. There was one gastric perforation and was due to Cancer of stomach. There were three cases of primary peritonitis all in young girls under ten years of age as Vaginal secretion is alkaline in this age.⁴ All survived. All these patients presented within 12 hours to eight days from the time of onset of their disease.

Khana and Misra (1984) from Varanasi in India studied 204 consecutive cases of gastrointestinal perforation and found that over half (108) cases were due to Typhoid. They also had perforations due to duodenal ulcer (58) Appendicitis (9), Amoebiasis (8), Tuberculosis (4). These figures show the importance of infection and infestation in the Third World.¹ At the other end of the spectrum Neonatal (1967) studied 430 patients admitted to Houston and Harris County Hospital in Texas who had gastrointestinal perforation. They found 210 to be due to penetrating trauma, 92 due to perforated appendicitis and 68 due to peptic ulcer. This shows the importance of Trauma in that part of U.S.A.¹

It is also interesting to note that perforation appendicitis is much more common than perforated peptic ulcer in Texas.¹

Stewart (1980) collected 105 cases of generalised peritonitis from the Royal infirmary Edinburgh and had 31 cases of perforated peptic ulcer and 9 cases of appendicitis in this series.^{1,7*} Dawson collected 65 consecutive cases of diffuse peritonitis entering King's College hospital 1953-58. Dawson found peptic ulcer to be the commonest cause of peritonitis occurring in 45% of his cases.^{1,2} Bohnen et al (1983) collected data from 176 cases of peritonitis in Montreal from 1978-80. The overall mortality was 38% but 34% of his cases of peritonitis occurred in post-operative patients and in this group he found a mortality of 60%.¹ Stephen and Roe Wenthal (1978) reported 68 patients from Sydney in 1970-75 who had generalised peritonitis, of these almost half died.^{1,2}

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