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Outcome of surgeries for non-traumatic hollow viscous perforations

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Abstract

Patients with non-traumatic hollow viscous perforations present challenge to the surgeons and outcome depends upon location and surgeon skills. Ileal perforation is common surgical emergency in tropical countries due to high incidence of enteric fever and tuberculosis. Present study was to investigate the outcome of surgeries for non-traumatic hollow viscous perforations. This is a prospective observational study carried out in surgical wards in Mamata General Hospital over a period of 04 years. Evaluation of all the patients fulfilling the inclusion and exclusion criteria with respect to history, physical and investive findings, operative findings and postoperativecomplications in line with the predetermined objectives was done. Various treatment modalities available and their outcome were also evaluated. Benign causes of gastrointestinal perforation constituted majority

Biography

Prasan Kumar Hota joined Indian Army in 1982 after MBBS. During his military service, he did his MS (General Surgery). Since 2009 after retirement from Army as a Colonel, he has been working as Professor of Surgery. At present, he is working as Professor and Head of Department of Surgery in Mamata Medical College, KNR University of Health Sciences, India. He has published number of research papers in various national & international journals. He has delivered number of guest lectures in various conferences His key interests are in general and laparoscopic surgery, surgical infections, tropical surgery and hernia.

Publications

Svanes C, Soreide J, Skarstein A, Fevang BT, Bakke P, Vollset SE, et al. Smoking and ulcer perforation. Gut. 1997;41:177-80. Siu WT, Leong HT, Lau BKB. Laparoscopic repair for perforated duodenal ulcer: a randomized controlled trial. Ann Surg. 2002;235:313-9.

of non-traumatic gastrointestinal perforations (99%), whereas only 1% case was due to malignancy. Peptic ulcer perforation (54%) was the major cause of gastrointestinal perforation. Simple closure with omental patch was the operative procedure done for all these cases. Small intestinal perforation was found in 27% cases, which was managed by resection and end to end anastomosis. Appendicectomy was done for appendicular perforation (12%). Colonic perforation was seen in 7% cases, which were managed by resection anastomosis or Hartman's procedure depending on cases. Most common complication was SSI (34%). 03 cases (2.7%) found to have fungal peritonitis, Mortality was 5.4% and was due to sepsis and septic shock. Aggressive resuscitation and early meticulous surgery is required to decrease morbidity and mortality in hollow viscous perforation cases.



Dandapat MC, Mukherjee LM, Mishra SB. Gastro-intestinal perforations. Indian J Surg. 1991;53(5):189-93.

Jhobta RS, Attri AK, Kaushik R, Sharma R, Jhobta A. Spectrum of perforation peritonitis in India-review of 504 consecutive cases. World J Emerg Surg. 2006;1:26.

Rao KS, Waddi S. Study of 100 Cases of outcome of peritonitis patients due to intestinal perforation depending on various clinical and biochemical para meters. Age. 2016;20(30):10.

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