

ABSTRACT

“A STUDY ON OUTCOME IN THE MANAGEMENT OF INTRA-ABDOMINAL SEPSIS AT A TERTIARY CARE HOSPITAL”

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AIM AND OBJECTIVE

- To study the various causes of intraabdominal sepsis and analyse the factors influencing the course of sepsis like age, comorbid conditions and time of diagnosis to intervention.
- To analyse the various surgical and radiological interventions done to eliminate the source of sepsis and the outcome in management based on complications and duration of hospital stay / death.

MATERIALS AND METHODS

- Patients admitted with intra-abdominal sepsis in Kilpauk Medical College and Hospital, Chennai during the period of January 2018 to September 2018 were enrolled in the study.
- Cases suspected of intra abdominal sepsis based on presenting complaints and clinical features are subjected to series of investigations.
- Appropriate medical, surgical / radiological intervention is done to eliminate the source of sepsis.

RESULTS

- In this study males (69 %) outnumbered females (31)
- 30% of the patients fall under the category of 46-55 years
- Diabetes mellitus is the most common comorbidity (10%) with a mortality rate of 9.09 %
- Age wise mortality is high in the category of 36 – 45 years (23%)
- The most common cause of intraabdominal sepsis is appendicular perforation followed by duodenal and gastric perforation
- Most cases needed surgical intervention (97 %), only 3% underwent radiological intervention
- Intensive supportive care management needed in 14 % of cases
- The most common surgery done for source control is primary closure or resection anastomosis for hollow viscus perforation
- Resurgery is done in 11 % of cases. The common procedures done are re-resection and anastomosis, reinforcement of anastomosis and ileostomy . Mortality in resurgery accounts for 18.18 %
- Duration of hospital stay varies from 2-27 days with a mean period of 10 days
- The most common complication is wound infection leading to wound dehiscence(15%) followed by respiratory complications (6%) which lead to increased mortality

CONCLUSION

The overall outcome in the management of intraabdominal sepsis, at our tertiary care hospital has a good recovery of 84 % with a mortality of 11 %

KEY WORDS

Intra-abdominal sepsis; surgical intervention; good recovery ; mortality