

ABSTRACT

AIM & OBJECTIVES:

- To study the commonest etiological factors for small bowel obstruction in patients presenting to general surgery department in PSG Hospitals.
- To evaluate the validity of a scoring system for the line of management – surgical or conservative?

METHODOLOGY

In this study, 50 radiologically proven cases of small bowel obstruction were taken. The history was recorded by the principal investigator and the mode of presentation, duration and progression was recorded. Any history of previous surgeries was also taken into account. The age of presentation, complete blood picture and Ryle's tube output of these patients were recorded based on the case sheet of the patient.

RESULTS:

- Total of 50 cases were included in this study.
- They were all radiologically proven cases of small bowel obstruction.
- All the patients case records were analysed for the age of presentation, ryles tube output and complete blood picture.
- Patients with adhesive SBO, a prognostic scale to predict the need for surgery was validated.

CONCLUSION

Acute intestinal obstruction is one of the most common cause for surgical admissions worldwide. The etiology varies; however, adhesions¹ appear to be the most common cause in india and in the western world as well as parts of asia and middle east. In our study, adhesions appeared to be the most important cause followed by tuberculosis abdomen and ileal perforation. The fact that intestinal tuberculosis has a major share of the cases can be attributed to the high prevalence of tuberculosis in the Indian population. The gender discrepancy can be attributed to the fact that most obstructed hernias are more common in males and women in rural india are mostly housewives which limit their exposure to tubercle bacilli in contrast to the males. Also, volvulus and malignancies of GIT are more in males as compared to females.