

## **ABSTRACT**

### **A) NEED FOR THE STUDY**

Peritonitis remains one of most important infectious problems that a surgeon has to face. From the earliest of times, gastrointestinal perforations, either traumatic or non-traumatic was recognized as a universal fatal condition. In spite of the progress in antimicrobial agents and intensive care treatment, the mortality due to diffuse peritonitis still continues to be unacceptably high. The mortality in perforation peritonitis is reported to be sometimes as high as 29%.<sup>1</sup> Even among traumatic injuries, about one third of patients have abdominal injuries and they account for a large fraction of loss of life.<sup>2</sup> Also, unrecognized abdominal injury remains frequent cause of preventable death in trauma. The main stay of treatment in bowel perforation is surgery, aiming at safety to the patient, peritoneal lavage and closure of the perforation. Diagnostic delay exceeding eight hours before surgical repair is associated with increased morbidity and probably with mortality.

### **B) AIM AND OBJECTIVES:**

This study was initiated to study the pattern of gastrointestinal perforations at Government Royapettah Hospital. The primary objective of the study was to study the etiological factors behind gastro intestinal perforation among patients admitted at our institution, over a 6month

period. Secondary objective was to study the demographic profile of these patients and the factors influencing the outcome of these patients.

**C) METHODS:**

The study was designed as a descriptive study. The study setting being the Department of General Surgery, Government Royapettah Hospital, Chennai. The protocol was vetted by the Institutional Review Board and subsequently approved by the Ethics Committee of the institution.

**D) PERIOD OF STUDY : JANUARY 2017- JUNE 2017**

**E) TYPE OF STUDY:** Descriptive Cross Sectional Study.

**F) SAMPLE SIZE:** N-75

**G) SOURCE OF DATA:**

Patient Admitted for Evaluation of Acute Abdomen Under the department of general surgery, govt. Royapettah Hospital and diagnosed as Hollow viscus perforation by X-Ray /CT and by Clinically were included in Study.

**H) CONCLUSION**

Upper gastrointestinal tract perforations constitute the majority of cases in India. Late presentation to the hospital still remains an important

factor for increase in morbidity and mortality for patients of perforation peritonitis. We need to develop a system where health professionals at the peripheral centres are educated in this regard so as to make the patients reach the tertiary centre as early as possible to decrease morbidity and mortality due to such disease.

### **KEY WORDS**

Chest X-ray

X-ray abdomen erect

CT Scan

Omental Patch closure

Resection & Anastomosis