

Commentary



Reasons for the resumption of a peritonitis for the resuscitation of surgical emergencies

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The resumption of peritonitis is a serious complication of abdominal and pelvic surgery. It's a medical-surgical emergency whose prognosis depends on the speed and quality of care, the underlying terrain and etiology.

We conducted a descriptive analytic retrospective study over a period of 5 years (January 2011 to December 2015) 60 cases of peritonitis hospitalized in resuscitation P33. The age of our patients Middle was 44.36 years with a sex ratio of 1,5(36H/24F). The most frequent risk factors were: factors relating to the ground, and factors related to the initial peritonitis. Clinical signs were dominated by fever (75%), abdominal pain (52%). The period of the average recovery was 8.2 days. The decision of the surgical revision was based on a body of clinical, biological and radiological. 40 patients in our series, 67% of cases were taken on clinical and biological criteria while 15 patients 25% were taken on radiological criteria. In 8% of the remaining cases, the potential severity of the clinical and biological state in association with an inconclusive ultrasound, led to reoperation.

The therapeutic treatment was based on a perioperative resuscitation, treatment of organ failure, empirical antibiotic therapy and by midline laparotomy surgery. Bacteriological samples performed intraoperatively allowed to have the following bacteriological profile: predominance of BGN (79%) dominated by *E. coli* (28%) followed by *Klebsiella pneumoniae* (21%), *Acinetobacter* and *Enterococcus baumanii* (12%). The multimicrobien character was found in 55%. The *E. coli*-*Klebsiella pneumoniae* association was the most frequent (37%).

The anastomotic dehiscence was the direct cause of the most common surgical revision found intraoperative (62%). The average hospital stay was 8 days. The mortality rate was 61%. The main prognostic factors in our study emerged in the univariat analysis were:

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kidney failure, the number of organ failure, a TP <50% the needs of ventilation and the use of catecholamine's.

Mortality is variable depending on the studies, between 25 and 60%. The diagnosis often difficult. Only effective and early therapeutic management reduces mortality remains high in recent years despite the various advances in the field of surgery and reanimation.

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Conflicts of interest

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