



RESEARCH ARTICLE

CLINICAL FINDINGS AND OUTCOME OF ACUTE INTESTINAL OBSTRUCTION IN PMCH, PATNA

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PMCH, Patna

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ABSTRACT

Background: Acute intestinal obstruction is one of the most common surgical emergencies which involves partial or complete blockage of bowel. Aetiologies of small bowel obstruction are diverse & varies according to geographical areas-strangulated groin hernias are leading in developing countries while post-op adhesions in developed world. Tumors are the most common cause for large bowel obstruction.

Objectives: To study various aetiologies of small & large bowel obstruction and there outcomes in term of morbidity and mortality.

Methods: 50 cases of intestinal obstruction admitted to emergency surgical ward of PMCH, Patna were selected for study. The criteria for selection of cases were based on clinical history, physical findings radiological and hematological investigations. The study was divided into clinical study, Investigation treatment and follow-up after discharge of patients up to 3 months.

Results: The commonest cause of intestinal obstruction in the adults in this study was Adhesions and Bands (35%) followed by obstructed hernia (27%). Volvulus of sigmoid and caecum was 14.7% in this series. Overall mortality of this study was 14%.

Conclusion: Adhesions and bands (commonly post-op) are the most common cause to produce intestinal obstruction. Clinical, radiological and operative findings put together can diagnose the intestinal obstruction. Mortality is still significantly high in acute intestinal obstruction.

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INTRODUCTION

Acute intestinal obstructions are one of the most common surgical emergencies. It involves partial or complete blockage of bowel that induces mechanical impairment of the passage of contents through intestine. The etiologies of small intestine are diverse and varies according to geographical areas-Strangulated inguinal hernia are leading cause in developing countries while postoperative adhesions in developed world. Tumors are most common cause for large bowel obstruction. Most commonly mechanical obstructions are managed by surgical intervention, after effective gastrointestinal decompression, NPO, prophylactic or therapeutic antibiotics, and nutritional support. Surgical intervention associated with large number of complications like wound infections, intra-abdominal abscess, anastomotic leaks, reoperation and death etc.

Aims and Objectives

- To study the various mode of presentation, clinicals findings in patients of intestinal obstruction at PMCH, Patna.

- To study various etiologies of small & large bowel obstruction.
- To study the complications/outcomes of various operative and conservative procedures.
- To study the morbidity and mortality rates in acute intestinal obstruction in PMCH, Patna.

MATERIAL AND METHODS

The materials for the clinical study of acute intestinal obstruction were collected from patients admitted to emergency surgical ward of PMCH, Patna. 50 cases of intestinal obstructions have been studied. The criteria for selection of cases were based on clinical history, physical findings radiological and hematological investigations. The patients having major medical conditions like severe diabetes mellitus, ischemic heart diseases, chronic kidney diseases were excluded from this study. The study was divided into clinical study, Investigation treatment and follow-up after discharge of patients up to 3 months. The results were tabulated stressing on clinical findings, investigations, probable causative factors, operative findings and complications including morbidity and mortality.

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RESULTS

The study group consisted of 50 patients of acute intestinal obstructions in the age group 5y-80 years. The most common age group was 20-40 years (40%). The commonest cause of intestinal obstruction in the adults in this study was Adhesions and Bands (35%) followed by obstructed hernia (27%). Volvulus of sigmoid and caecum was 14.7% in this series. Malignancy of large bowel was seen in 5 cases. In our study incidence of ileocecal tuberculosis was 2% and that of intussusception was 4%. The clinical features of pain abdomen, vomiting, obstipation were the main symptoms in this study. Tenderness, guarding, rigidity, rebound tenderness of abdomen, increased bowel sound and shock are the cardinal signs of obstruction. All of the cases were managed either with simple resection and anastomosis or ileostomy/colostomy. Even after surgical management, patient died out of septicemia. Overall mortality of this study was 14%. The mortality in the postoperative period was mainly due to fecal peritonitis, bronchopneumonia and respiratory tract infection leading to septicemic shock and death. Morbidity was mainly due to complications like surgical site infections, UTI, anastomotic leakage, respiratory tract infections etc. 8 cases needed readmission for the closure of ileostomy/colostomy.

Conclusion

Acute intestinal obstruction remains an important surgical emergency in the surgical field. Success in the treatment of acute intestinal obstruction depends largely upon early diagnosis, skillful management and treating the pathological effects of the obstruction just as much as cause itself. Adhesions and bands (commonly post-op) are the most common cause to produce intestinal obstruction. Clinical, radiological and operative findings put together can diagnose the intestinal obstruction. Mortality is still significantly high in acute intestinal obstruction.

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