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RESEARCH ARTICLE

JOURNEY THROUGH UNUSUAL PRESENTATION OF ACUTE ABDOMEN IN A RURAL SETUP

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Abstract

Acute abdomen poses a diagnostic and therapeutic challenge in clinical practice, demanding rapid assessment and intervention due to its potential life threatening nature . This introduction serves as a gateway to understanding the complexities and urgency surrounding patients presenting with acute abdomen . The etiology of acute abdomen spans a spectrum of surgical as well as medical causes , further contributing to its diagnostic complexity. Here we present a novel case of acute abdomen with duodenal transaction , gall bladder perforation and emphysematous pyelonephritis.

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Introduction:-

Acute abdomen poses a diagnostic and therapeutic challenge in clinical practice, demanding rapid assessment and intervention due to its potential life threatening nature . This introduction serves as a gateway to understanding the complexities and urgency surrounding patients presenting with acute abdomen . The etiology of acute abdomen spans a spectrum of surgical as well as medical causes , further contributing to its diagnostic complexity.

Here we present a novel case of acute abdomen with duodenal transaction , gall bladder perforation and emphysematous pyelonephritis.

Case Report:

A 60 year old male presented to Pravara institute of medical sciences Emergency Department with chief complaints of pain in abdomen associated with fever, nausea since 5 days with subsequent worsening and generalisation of pain .patient underwent left percutaneous nephrostomy in outside hospital. On admission patient was haemodynamically unstable. On per abdomen examination patient had diffuse tenderness , board like rigidity present , bowel sounds absent . Chest X-ray(pa) shows free air under diaphragm on right side s/o ? Hollow viscus perforation ?gall bladder perforation . Resuscitation started immediately . Patient underwent emergency exploratory laparotomy with primary duodeno-duodenostomy with sub total cholecystectomy with feeding jejunostomy . In view of high output bile leak, CECT abdomen pelvis and MRCP was done which was s/o duodenum duodenostomy leak with intact CBD and ampulla. On POD10 patient was taken for definitive procedure proximal duodenal stump closure with ROUX EN Y distal duodeno-jejunostomy(end to side), posterior gastro jejunostomy and brauns jejuno - jejunostomy . As patient was better clinically and symptomatically , discharged on pod 20 .

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Discussion:-

Duodenal transection with gall bladder perforation is very rare and emergent surgical condition . The retroperitoneal location of duodenum and its proximity to important abdominal organs , its marginal blood supply , biliary and pancreatic secretion drainage and diagnostic delay cause therapeutic difficulties.

In our case although the CT scan could not be performed as in haemodynamically unstable condition , chest X- ray ,ultrasound findings combined with clinical findings increased our suspicion on acute abdomen and need for exploratory laparotomy . Early intervention in duodenal injury have improved outcome and if it is more than 24 hours the mortality increased from 11 to 40 %. In cases of purulent peritonitis performing the definitive surgical procedure is a contraindication and only damage controlled surgery should be performed. In the badly scarred and contracted duodenum the matter of both secure closure and adequate channel for gastric emptying must be considered .

Conclusions:-

In conclusion, Duodenal transection and gall bladder perforation is a rare and emergent medical condition early diagnosis, exploratory laparotomy with damage control surgery and an emergent cholecystectomy can considerably reduce morbidity and mortality, as in our case . The operating surgeon responsible for the care of the individual case is free to select a form of therapy that varies from the standard protocol if he/she considers such a selection to be in the best interest of patient .Delays in treating this life-threatening condition should be avoided, given the potential for severe consequences.

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