

Diffuse peritonitis

Diffuse peritonitis is a severe inflammatory involvement of the peritoneum . Peritonitis can be caused by microbes (microbial inflammation) or chemical substances (aseptic inflammation) – blood , bile , urine , pancreatic juice . Microbial inflammations are most often caused by intestinal microflora – E.coli , aerobic and anaerobic streptococci , Bacteroides , Clostridium Welchii. Rarer causative agents are staphylococci (rather secondary), pneumococcus , gonococcus .

Routes of spread of peritonitis

1. **in a direct way - during perforation, through an open wound, during surgery;**
2. **per continuitatem - passage through the intestinal wall, without perforation;**
3. **hematologically - the rarest way, in general infectious diseases (pneumonia , flu , tonsillitis , ...), more likely in children.**

The most common cause of peritonitis is perforation of the GIT in a certain part of it: the stomach in ulcer disease , the appendix in inflammation or the colon in diverticulitis . Peritonitis can also be a complication of other diseases, namely Crohn's disease or ulcerative colitis .

Acute diffuse peritonitis

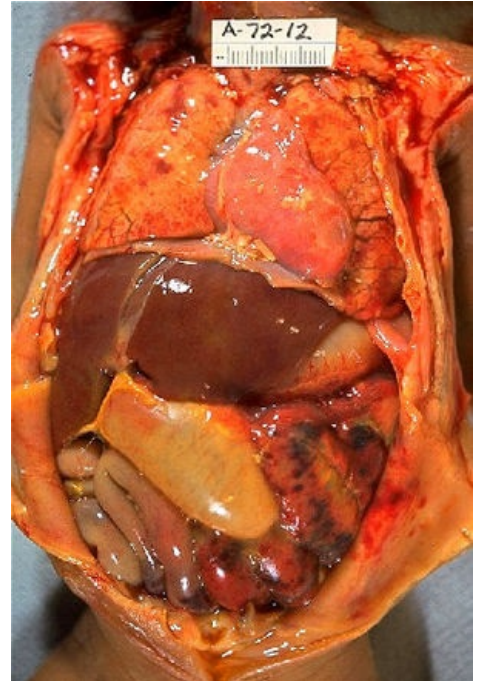
- It is mostly caused by perforation of the organs of the abdominal cavity;
- the lower the segment perforates, the worse the prognosis;
- the seriousness of the situation determines the resorption of bacterial toxins from a huge area and their effect on other organs;
- mortality is 5-10%;
- the severity of the disease is determined by the amount and virulence of microbes, the condition of the patient at the time of onset, the type of organ that perforated, the timeliness of treatment;
- the peak development of symptoms is on the 3rd day after perforation, if untreated, death occurs within a week with symptoms of cardiorespiratory insufficiency due to bacterial toxemia and sepsis

Clinical picture

- In **perforating inflammation** - sudden onset;
- in non- **perforating ones** – gradual, the condition is constantly worsening;
- pain – throughout the abdominal cavity, permanent and gradually worsening, vomiting is regularly present (at first reflex, later from GIT paralysis);
- gas stop, belching;
- the patient takes a relief position lying down with bent limbs, there is a strikingly pale, painful facial expression;
- he has cold sweat on his forehead, dry tongue , rapid pulse , temperature at first normal, then rising, rapid breathing , shallow;
- local finding on the abdomen:
 - respiratory movements are not visible, *défense* ;
 - *Blumberg* – even moving the hand away after pushing causes pain;
 - *Rovsing* – pain at the site of inflammation appears even after pressing on a place where the inflammation has not yet spread;
 - *Plenies* – pain easily elicited by tapping the abdomen ;
- listening - gradual disappearance of bowel sounds (paresis of loops);
- per rectum – soreness or arching of Douglas;
- a septic shock state gradually develops , pulse rises, pressure falls ;
- fortunately, we rarely see the advanced stage today - facies Hippocratica - sunken eyes , pointed nose , sunken cheeks, sticky sweat.

Therapy

- The most important step is surgical removal of the cause, removal of infectious effusion and prevention of subsequent complications by perfect toileting of the abdominal cavity;
- lavage is a problematic issue - there is a risk of introducing infection into places where it was not before;
- it is advisable to introduce a short-term drain - for repeated ATB application ;
 - drainage of effusion is often not effective due to clogging by fibrin plaques in the vicinity;



Neonatal necrotizing enterocolitis (autopsy findings): intestinal necrosis and hemorrhage, perforation as a cause of peritonitis.

- it is good to introduce a nasogastric tube to drain the stomach contents (there is paresis);
- parenteral nutrition with modification of the internal environment , use of ATB, sometimes transfusions , oxygen , corticoids are necessary ;
- it is advisable to prevent thromboembolic diseases .

Complication

- Bordering with the formation of tubers;
- phlebothromboses with septic emboli and spreading to the surroundings;
- sepsis , shock .

Links

related articles

- Subdiaphragmatic tubers
- Ulcer disease of the stomach and duodenum
- Acute appendicitis
- Peritonitis
- Paralytic ileus

References

- ZEMAN, Miroslav, et al. *Special surgery*. 2nd edition. Prague: Galén, 2006. 575 pp. ISBN 80-7262-260-9 .

Kategorie:Chirurgie