Conclusion
CONCLUSIONS

1. Most common peptic perforation was duodenal perforation.

2. Commonest age of presentation of peptic perforation in Bundelkhand region was 30-60 years.

3. Most commonly men were affected with the ratio of 25:0.

4. Most of patients (76%) were from poor socioeconomic status.

5. Most of patients (64%) were chronic smoker.

6. Most of patients were non-alcoholic (80%).

7. Almost half of the patients were vegetarians.

8. Almost half the patients were hard worker and half were moderate worker.

9. Almost all the patients (92%) were poorly educated.

10. Almost all the patients (92%) were farmer by occupation.

11. Almost all the patients (88%) were normotensive.
12. All the patients were non-diabetic.

13. None of the patient was suffering from Ischimic heart disease.

14. Almost all the patients (96%) were non Tubercular.

15. Family history could not be elicited in any of patient.

16. No patient gave history of chronic NSAIDS use.

17. Gass under diaphragm was a significant finding in erect X-ray of abdomen in perforated peptic ulcer.

18. Almost all the patients (96%) were infected with H. pylori detected by Biopsy urease test.

19. It can be concluded that H. pylori may be the causative factor for perforation of peptic ulcer.

20. In all factors studied H. pylori was most closely associated factor with perforated peptic ulcer.

21. So eradication of H. pylori may reduce the reoccurrence of peptic perforation.