CONCLUSION
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1. Commonest age of perforation of duodenal ulcer in Bundelkhand region was between 25-50 years.

2. Male : Female ratio was 15:1.

3. Almost 90% of cases were smokers. All female patients in our study were non smokers.

4. Family history could not be elicited in any of the patient.

5. Only 3.44% cases gave history of stress and anxiety.

6. History of drug intake was present in only about 10% cases.

7. Pre-existing diseases were present in 33 cases out of 145.
   - 4.82% had respiratory problems like ARI, COPD and pleural effusion.
   - 4.82% were hypertensive
   - 22.7% had acute renal insufficiency
   - 0.68% had diabetes mellitus.

8. Commonest symptoms of presentation were pain in abdomen, absolute constipation and abdominal distention.

9. Most common signs were abdominal distension, board like rigidity and tenderness.

10. Most significant sign of duodenal perforation was masking of liver dullness present in 87.58% cases.
11. Gas under diaphragm in plain X-ray abdomen AP view erect posture was very significant finding of perforation (91.72%).

12. Most common post operative complications were wound sepsis (26.20%) and fever (14.72%).

13. The average hospital stay was between 1-2 weeks.

14. Mortality was 20%, most of the patient who expired preoperatively had one or more risk factor.

15. Systemic post operative complication occurred in only those patient who were extremely ill in the preoperative period.

16. Graham's repair was commonest procedure done (in 87.36% cases).