CONCLUSION

121 patients admitted to M.L.B. Medical College, Hospital, Jhansi between January, 1995 to January, 1996 were considered in this present study. All these patients had peritonitis. The conclusions drawn in this study are as follow -

1. Although patients with peritoneal sepsis can be encountered at any age, but patients in 26-50 year age group have the maximum chance of suffering from peritoneal sepsis. The mean age for patients in this study was 35.6 years.

2. Total number of male patients with peritoneal sepsis in the present study were 77 (63.63%) as compared to 44 females (36.36%).

3. Small intestinal perforation leading to peritoneal sepsis was the most frequent cause of disease 57 (47.1%) followed by gastric and duodenal perforation 27 (22.30%). The peritoneal sepsis in the present study was most commonly due to peritonitis, subsequent to a perforation.

4. Traumatic perforation was amongst the most frequent (22.31%) cause of peritonitis followed by duodenal ulcer perforation (22.31%)
5. The maximum number of patients 76 (73.78%) stayed for 10-20 days followed by 16 (15.33%) who stayed for 21-30 days and only 11 (10.67%) patients who stayed for more than 31 days. This period of hospitalization is significantly related to the mean score of both the indices.

6. Mortality encountered in the present study was 14.87%, much lower than that reported by Delinger et al. All the patients who had expired had a mean MPI score of 32.16 (23-38) and mean 'SS' score of 25 (15-42), while the surviving group had a mean MPI score of 25.6 (13-43) and a mean 'SS' score was of 14.05 (3-39).

7. Staphylococcus aureus infection or wound dehiscence was the most frequent 12 (38.7%) disease related abdominal complication. These patients had a mean MPI score of 25 (14-38) and mean SS score of 16.5 (12-22). Seroma collection occurred in 8 (25.8%) patients, these had a mean MPI score of 24 (14-33) and mean SS score of 15.5 (13-18). 11 patients who had a mean MPI score of 32.1 (25-36) and mean SS score 21.4 (17-39) developed a major complication like faecal fistula and pelvic abscess (Table VII). This shows that morbidity
of the patients is significantly related to the score of the indices. Similar results were obtained by Surendra (1994) and Khanna (1995).

The present study shows that these indices are good for predicting the outcome of patients and so in deciding the management accordingly. Indices scores also tell us about, which patient's should be kept in ICU, so that they can be offered the best that the surgical team can provide. This, however, does not mean that we should neglect those patients who have a low score, because every postoperative patient has a risk of mortality.