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( SUBODH KUMAR GUPTA )
INTRODUCTION
INTRODUCTION

It is frequently said, and with some truth, that you cannot begin to investigate something until you can measure it. Thus there is no doubt, that the clinical study of sepsis has greatly improved after on the introduction of various methods to grade its severity.

Abdominal sepsis is a daunting challenge requiring deft management because of a very high morbidity and mortality. To overcome this problem early prognostic evaluation of abdominal sepsis is desirable to select high-risk patients for aggressive therapeutic approach and to provide objective classification of the severity of disease.

Peritonitis is a disease which still causes much suffering and death despite the advances of medical science and good number of new antibiotics. So for the purpose of proper resource allocation and to predict the outcome certain systems and scales have been used consisting of clinical and biochemical variables.

Most of these indices and scales were developed in advanced countries but their efficacy is yet to be tested in our setup in developing countries.
The severity of intra-abdominal infection and poor prognosis led to the development of a variety of therapies, like radical debridement, lavage system and open management. The indication for more aggressive procedures should probably be limited to severe form of peritonitis, but still there is no universally accepted objective method of categorizing the degree of sepsis in such patients.

In this study, we have concentrated on various scoring systems (Mannheim Index, and Severity of Sepsis (SS)), which can prognostically stratify these acutely ill patients of peritonitis by helping in their management and predicting the mortality to a certain extent.

Hence there is need to study the factors effecting the outcome of patients suffering from peritonitis because of any cause.

The present study deals with "The Mannheim peritonitis index" and "Severity of Sepsis" other grading systems score in the evaluation of peritoneal sepsis.

Presently, our setup is not so well equipped that we can adopt Mannheim peritonitis index and Severity of Sepsis score in toto, routinely instead we lay more stress on the cause of peritonitis and other associated diseases
in predicting the morbidity and mortality of Intra-Abdominal Sepsis patients.

The scoring index can be used to utilize optimally the available hospital resources and compare the efficacy of intensive care in different hospitals or over a specific period in the same centre.