CONCLUSION
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In the present study of 60 patients of infective peritonitis admitted in Maharani Laxmi Bai Medical College Hospital, Jhansi from July, 1987 to August, 1988, the following conclusions were drawn—

1. Incidence of infective peritonitis was high in young adults. Maximum number of cases of infective peritonitis was found in the age groups 21-30 and 31-40, the percentage being 26.7 and 33.3 respectively.

2. Males were found more commonly affected than females. The percentages were 66.7 and 33.3 respectively. Here again, maximum incidence was found in the age groups 21-30 and 31-40.

3. Amongst the causes of infective peritonitis, enteric perforation (60%) and duodenal perforation (15%) were most common.

4. Post operative temperature range was much less in the study group (treated with lavage) as compared to control group. 48% of patients in the study group had normal temperature, whereas this percentage was only 12.5 in the control group.

5. Recovery of post operative intestinal peristalsis was much faster in the study group. In majority of the patients (56%) in the study group bowel sounds were heard by the third day, whilst in the control group (50%) of patients regained bowel functions by the 5th day.
6. Morbidity was less in the study group. The incidence of partial wound dehiscence and complete wound dehiscence was 10% and zero percent respectively in the study group and 13.3% and 10% respectively in the control group. Fecal fistula and residual abscess were found in 10% and 6.6% of cases in the study group, while in the control group these two complications were found in 33.3% and 10% of cases respectively.

7. The number of complications was much less in the study group as compared to the control group.

8. Peritoneal lavage managed to reduce mortality by more than half. In the study group mortality was 16.6% whilst in the control group it was 46.6%.

9. Peritoneal lavage was seen to be more effective in cases with gross intra-peritoneal contamination. In patients in whom definitive treatment could be started only after 24 hours (due to the patients coming late for hospitalisation) of onset of illness the mortality in the study group was 16.6% in the control group, the mortality was as high as 52%.

10. No significant difference was noted in the mortality in patients with lesser degrees of peritoneal contamination. In those patients who were admitted within 24 hours of onset of illness the mortality was 16.6% and 20% respectively in the study and control group.
11. The mortality rate did not vary significantly with the use of different antibiotic combinations. In the C.Penicillin - Metronidazole group, 3 patients out of 15 (10%) died while 2 patients out of 15 (6-6%) died in the Strepto-penicillin metronidazole group.

12. The morbidity in terms of hospital stay of the patients was less in the study group. Majority of the patients (68%) in the study group, were discharged within 14 days of their hospitalization. In the control group 75% of patients were discharged after 14 days.

13. Continuous peritoneal antibiotic lavage did not produce any systemic complications like ever hydration or toxicity due to the various antibiotics used.