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Case Report

A Rare Case of Gastric Perforation and Acute Appendicitis

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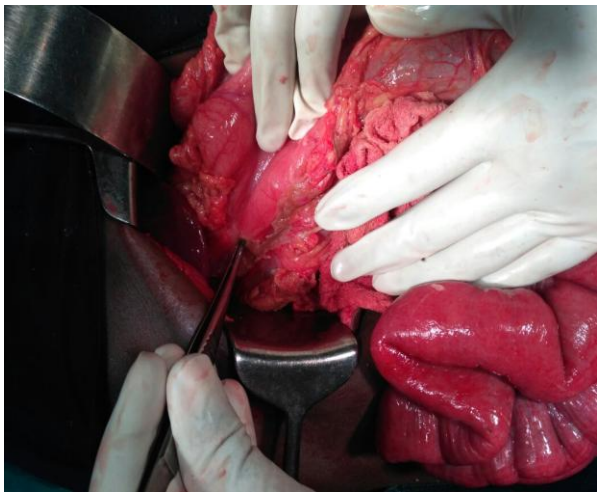
ABSTRACT
In this article we report a rare case of pre-pyloric peptic ulcer perforation and acute appendicitis. The patient underwent emergency laparotomy for hollow viscous perforation, intraoperatively we found pre-pyloric peptic ulcer perforation and inflamed, enlarged appendix .The relevant literature has been reviewed and management discussed in brief.
Keywords: *Acute appendicitis, Pre-pyloric peptic ulcer perforation.*

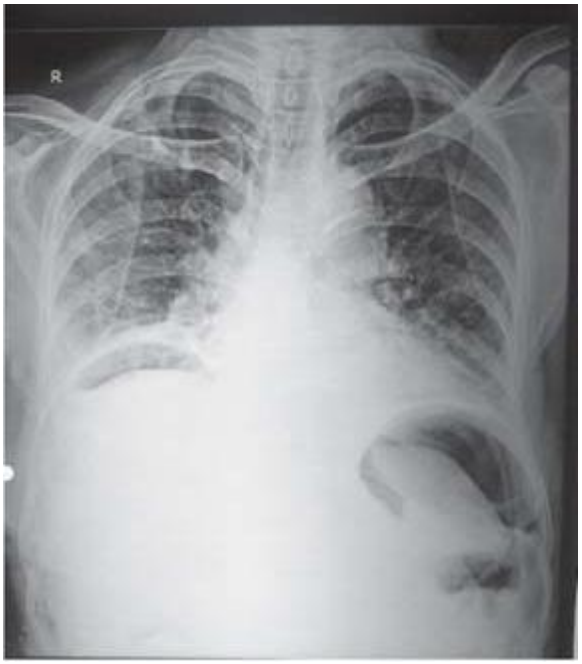
INTRODUCTION

Perforation peritonitis is a frequently encountered surgicalemergency in tropical countries like India, mostcommonly affecting young men in the prime of life.But association of peptic ulcer perforation and acute appendicitis in same case is rare. Here we report a rare case peptic ulcer perforation and acute appendicitis in same case.

CASE REPORT

The patient was 25 years young male came to the emergency with history of diffuse pain abdomen since 3 days and history of fever since 2 days , history of vomiting was also present. On past history patient used have recurrent pain abdomen in right lower quadrant of abdomen and he used take NSAIDS for pain relief without medical consultation. On per abdominal examination diffuse tenderness present in whole abdomen, guarding and rigidity also present. Erect abdomen X-ray was done showed free air under the diaphragm. So emergency laparotomy was done, intraoperatively there was 1lt. Of biliopurulent fluid noted and there was 0.5*0.5 cms perforation was detected in pre-pyloric region of stomach. while doing the thorough evaluation of remaining bowel inflamed dilated appendix with multiple pus flakes adhering the appendix was noted and appendicectomy done. Modified grahms patch closure was done for prepyolric perforation after thorough peritoneal lavage. Patient was fine postoperatively and discharged satisfactrally, and was doing well in follow up.





DISCUSSION

The peritoneum encases the largest cavity in the body, with a surface area of about 22000sq.cm in an adult, which is equivalent to that of the skin. Injury to such alarge, permeable surface area is comparable to that of 70to 100% skin burns and can lead to severe fluid losses with potentially fatal hemodynamic consequences[1,2]. Perforation peritonitis is a common surgical emergency.The relative incidence of various types of perforations isvariable[2]. The perforations of proximal gastroin-testinal tract were six times as common as perforations of distalgastrointestinal tract[1]. Peritonitis due to pepticulcer perforation is a surgical emergency with a high risk of mortality and morbidity. The incidence of perforatedulcer is steadily declining, though there are still incidents where it occurs[3].

In our case the patient probably had several episodes of recurrent appendicitis for which he was taking NSAIDS and developed peptic ulcer perforation .On review literature we couldn't find any such case and we managed the case successfully.

CONCLUSION

Finally, every surgeon should strictly follow one of thebasic principles of abdominal surgery and perform athorough examination of the peritoneal cavity in every case of diffuse peritonitis, even if the underlying pathology appears to be obvious. Surgical abdominal exploration is always indicated ingastroduodenal perforation.

In summary, emergencyphysicians and surgeons should maintain a high level of clinical suspicion of a second pathological lesion, though a rare possibility, could exist and couldpotentially be lethal.

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