



## **The Incidence and Short-term Outcome of Perforated Peptic Ulcers**

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### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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**Conference Abstract**

### **ABSTRACT**

**Objective:** To determine the incidence of non-traumatic perforated gastro-duodenal ulcers in the surgical population at GPHC.

To identify/ discuss mortality associated with perforated hollow viscus at GPHC and its related outcomes.

**Study Design and Methods:** This study involves a retrospective analysis of all inpatients in the female and male adult surgical wards at GPHC. All charts coded for 'acute abdomen', 'perforated hollow viscus' and pneumoperitoneum were collected from 2016 to 2018 Data from this selective population were collected using the data collection tool. All data was coded for and entered into spreadsheet of which double data entry was done. Data was then analyzed using SPS.

**Results:** Initially a total of 109 charts were collected but was reduced to sample size of 31 patients after review of charts. Majority of patients were males with an average age of presentation of 45.8years. Although many comorbidities are associated with perforations only 1 patient in this study had chronic hypertension. Time of presentation from onset of symptoms greatly influences the outcomes for affected patients. However, 80% of patients presented after 24 hrs, none in a state of shock and no early mortality was found. Smoking affects the mucosal barrier of stomach and increases risk of peptic ulcer disease. In this study 67.7% of patients admitted to being frequent marijuana smokers and 74.2% cigarette smokers and although a small population size, a high association between smoking and resultant disease was shown with a P value of 0.0028. Graham's patch was done by residents on all patients with an average operative time of 68.4 minutes. Intraoperatively the most common site of perforation was the antrum (60%) compared to the duodenum (6.7%), pylorus (6%) and body of stomach (3.3%). Post- op there was a 40% morbidity rate.

**Conclusions:** Primary repair is a safe surgical approach with a low mortality.

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## **COMPETING INTERESTS**

Authors have declared that no competing interests exist.

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