

Laparoscopic Repair of Duodenal Perforation

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Perforated peptic ulcer famous fatalities





Napoleon



Rudolph Valentino



Appendicitis 28% Cholecystolithiasis 9.7% Occluded small intestine 4.1% Gynecologic disorders 4.0% Acute pancreatitis 2.9% Urologic diagnosis 2.9% 2.5% (5-10 pro year) Perforated peptic ulcer Other diagnosis 1.5% No diagnosis >40%

Perforated peptic ulcer Pathology

- Most often chronic ulcer
- □ 50%: sealed off
- □ Location: most often anterior juxtapyloric
- Mean diameter: 5mm
 (>1cm=giant ulcer: rare)
- 10%: perforated gastric ulcer)







juxta-pyloric ulcer: small, healthy border

> gastric ulcer at lesser curvature: large, fibrotic edematous border (ulcus callosum)



Perforated peptic ulcer perforated gastric carcinoma







Perforated peptic ulcer sealing off by segment IV





Perforated peptic ulcer sealing off by liver lobe





Perforated peptic ulcer fibrinous peritonitis+parahepatic collection





Perforated peptic ulcer ulcer visible after lifting left liver lobe





Perforated peptic ulcer Bacteriology

 <48h in 50%: sterile peritonitis; in other 50%: grampositive peritonitis
 >48h: infected peritonitis, most often grampositive initially, later gramnegative



Perforated peptic ulcer cause of death: peritonitis

Pre-antibiotics-mortality: 75%





Perforated peptic ulcer subphrenic abcess







Perforated peptic ulcer Boey prognostic parameters

Age
Duration of symptoms
Shock
ASA III-IV
Diameter of ulcer

ASA

- ASAI A normal healthy patient. (ASA = American Society of Anesthesiologists)
- □ ASA II A patient with mild systemic disease.
- □ ASA III A patient with severe systemic disease.
- ASA IV A patient with severe systemic disease that is a constant threat to life.
- ASA V A moribund patient who is not expected to survive without the operation.
- ASA VI A declared brain-dead patient whose organs are being removed for donor purposes.
- E Emergency operation of any variety (used to modify one of the above classifications, i.e., ASA III-E).

Perforated peptic ulcer Diagnosis





Endoscopy





Endoscopy is one of the important 2nd line investigation



World Laparoscopy Hospital

P



CT Scan





Perforated peptic ulcer





Perforated peptic ulcer Diagnosis

□ 1) X-thorax/abdomen in upright position
□ If negative:
□ 2) CT with oral contrast



Perforated peptic ulcer duration of postoperative pneumoperitoneum

□X: <6 days: 90% □CT: <6 days: 50%; <18 days: 100%



□ 1892 resection: Heusner
□ 1894 oversewe: Dean
□ 1937 omental patch: Graham
□ 1990 laparoscopy: Mouret

(1947 Taylor: conservative)



Perforated peptic ulcer Operative therapy (closure+lavage)

Only after resuscitation
Closure+lavage
Postoperative gastric aspiration
Acid suppression (PPI' s)
Antibiotics

Perforated peptic ulcer laparoscopic closure



World Lap





Perforated peptic ulcer laparoscopic closure





Perforated peptic ulcer

(stapler-fixation of omentum)





Perforated peptic ulcer rendez vous omental patch



""

Graham 1937: omental patch plication (without primary closure of ulcer)





Lam et al. Surg Endosc 2005; 19: 1627-30





Perforated peptic ulcer



 De clowntjes hebben ook verstand Van 't plakken van een binnenband.

Flat tire test





Perforated peptic ulcer operative therapy: abdominal complications

Re-leakage: 10%Intra-abdominal abscess: 3%



Perforated peptic ulcer operative therapy: results

Mortality: 0-8%
Morbidity: 13-23%
Parameters: ASA-, Boey scores
In general: results correlated with duration of symptoms, ulcer diameter, age



Perforated peptic ulcer Stamp method



Bertleff M et al. Surg Endosc 2006 in press

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Thanks



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