

Surgical Treatment of Acute Abdomen in the Night Late Surgery

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Abstract

Tumors of the lacrimal gland are dominated by benign tumors, of which pleomorphic adenoma is the most frequent. We report the case of a patient admitted for exophthalmos with diplopia and decreased visual acuity, whose radiological exploration showed an encapsulated tumor of the right lacrimal gland. When a pleomorphic adenoma is suspected, cytopuncture and biopsy are contraindicated, given the risk of recurrence, and surgical excision without capsular invasion is ideal. If left untreated, in addition to the risk of eyeball compression, malignant transformation is possible.

Keywords: Pleomorphic adenoma; Exophthalmos; Orbitotomy

Introduction

The term acute abdomen includes various disease processes, the common factor of which is severe abdominal pain with associated nausea and vomiting and signs of peritoneum irritation and general impairment of the patient. There are many causes of acute abdomen, both surgical and non-surgical [1].

Not every pain in the abdomen represents an acute abdomen, it can be complete harmless, but it can be one of the early signs of a serious threat to the patient. Differential the diagnosis of abdominal pain, even today, remains a difficult task for every doctor in the emergency room outpatient clinic, as pain in the abdomen can be caused by various diseases of the abdominal organs cavity, and often the pain is the result of radiation from structures outside the abdominal cavity, its however, the etiology often remains unexplained despite extensive diagnostics. From the surgery point of view, the essence of the treatment in the emergency clinic is not the exact definition of the cause of the pain but the earliest possible recognition of patients with life-threatening conditions and quickly appropriate action in those requiring operative treatment [2].

At the Department of General and Abdominal Surgery of the General and Teaching Hospital Celje, acute problems are dealt with abdomen is understandably often encountered; with this contribution we want to show the results of our work in this area has been working in this field for the past 5 years.

Purpose

Emergency abdominal surgery has a high rate of postoperative complications and mortality. Purpose of our research is

an analysis of a series of emergency operative interventions in continuous health care (NZV) and their postoperative complications in the period 2019-2023 on Department of General and Abdominal Surgery of Hospital Celje.

Methods

We analyzed a period of five years (from 2019-2023). Emergency operations were performed during this period to 3208 patients, of which 887 were operated classically (laparotomy), and 1962 patients were operated laparoscopically, the rest are revisions and emergency extra-abdominal interventions cavities. Data were collected from medical records and departmental annual reports on the work done. We determined the types of urgent operative procedures and the number and types complications.

Result

There were 3.208 emergency operations in the night late surgery during the mentioned period. 1.962 (61%) of these were laparoscopic emergency operations and emergency laparotomies were 887 (27 %), a relatively large share of emergency procedures is also represented by hernioplasty of pinched hernias, of which there were 153 (5%), and the rest of the emergency procedures were mainly non-abdominal cavity procedures such as abscess incisions/evacuations, hemostasis of bleeding hemorrhoids, necroctomies, evacuation of abscesses, etc. The most common individual emergency procedures performed in our institution are appendectomies, cholecystectomies, operations due to ileus and hernioplasty of pinched hernias (**Figure 1, 2, 3**).



Figure 1: Volvulus (ileus).



Figure 2: Megacolon toxicum (ileus).



Figure 3: Carcinoma (ileus).

During the mentioned period, we did the following:

- 1.397 laparoscopic appendectomies and only 17 classical appendectomies. There were 75 postoperative complications, which represents 5,3 % of all interventions. The most common complications were inflammation of the operative wound, abscess formation, bleeding, 7 patients required reoperation, the rest were treated conservative or ultrasound-guided percutaneous drainage.

- 536 laparoscopic cholecystectomies and 25 classic cholecystectomies (of which 15 were conversions). The number of postoperative complications was 63, which represents 11,7 % of the total interventions. The most common complications were inflammation of the operative wound, formation abscess in the gallbladder, bleeding, 17 patients needed reopera-

tion, the rest were treated conservatively, and 4 patients were transferred to a tertiary institution for further treatment after injuries ductus choledochus. 7 patients died during hospitalization due to of postoperative complications.

- 321 classic operations with laparotomy due to ileus, the most common cause of ileus was adhesion ileus 127 (40 %), obstructive ileus 109 (34 %) and strangulation ileus 85 (26 %). The number of postoperative complications was 58, which represents 18 % of the total interventions. The most common complications were inflammation of the operative wound, bleeding, appearance of paralytic ileus, pneumonia, uroinfect. 19 patients required reoperation surgery; 15 patients died during hospitalization due to postoperative complications.

- 153 classical hernioplasty of entrapped hernias. Most often we treated entrapped inguinal hernias 95 (62 %), umbilical hernias 20 (13 %), ventral hernias 32 (21 %) and femoral hernias 5 (3 %). The number of postoperative complications was 14, which represents 9,1 % of all interventions. The most common complications were inflammation of the operative wound, bleeding, hematoma infection of the mesh, testicular ischemia, severe pain. 5 patients required reoperation; 3 patients died due to postoperative complications during hospitalization.

Conclusion

Emergency abdominal surgeries are performed in most Slovenian hospitals. In General and Teaching Hospital Celje we performed the largest number of emergency operations in the field of surgery for acute inflammation of the appendix, gallbladder and bile ducts, as well as in the area of obstructive ileus, both thin and thick intestines. The average percentage of postoperative complications after that forementioned emergency abdominal procedures operations were about 9 %, which is comparable to the data mentioned in the professional literature. The probability of post-operative complications increases especially with the patient's septic condition at the time of admission, his age and associated diseases and poor preoperative capacity of the patient [3].

References

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