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Abstracts

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WHAT HAPPENS TO PATIENTS WITH MECHANICAL INTESTINAL OBSTRUCTION IN AN EMERGENCY CLINIC?

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Introduction: To evaluate the outcome of the patients with mechanical intestinal obstruction(MIO) in an emergency clinic.
Materials and methods: Hospitalized 821 consecutive patients (639 males and 182 females) were retrospectively evaluated according to related parameters. Stopped gas and feces passage complaints and air-fluid level at the direct abdominal conventional X-ray in the erect position were the sine qua non of the study. Fisher's exact test was used for the statistical analysis.
Results: The age range age of the patients was between 15 and 102 years. Females were operated on more frequently compared to males with statistical significance at $p < 0.05$, since 55 females and 143 males were surgically treated. Resectable colon tumors located proximal to rectum were the reason in 28 of patients and anastomosis without any stoma was employed in 6 and with stoma (either to divert feces to save an accompanying anastomosis or solely stoma without anastomosis) in the remaining 22 patients. Three nonspecific complications such as wound and lung infections occurred in 1 patient of the former and in 2 patients of the latter groups (no statistical significance). Strangulated inguinal hernia was the reason of MIO in 81 patients. Prolene mesh was used in 24, but not in the remaining 57 patients because of the surgeon's choice. Wound infection occurred in 9 patients. Four of them belonged to the group with Prolene mesh and there was no statistical significance in regard to infection.
Conclusion: MIO is a complex kind of emergency knife edge which doesn't forgive any frivolous evaluation and may hide unexpected but interesting reasons.
References:
1. Feldman M.Intestinal Obstruction and Ileus. Sleisenger and Fordtran's Gastrointestinal and Liver Disease 2006. (8th ed.).Elsevier, Saunders.
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PEPTIC ULCER PERFORATIONS DURING RAMADAN FASTING

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Introduction: Peptic ulcer perforation is a severe complication of peptic ulcer disease. The aim of this study was to evaluate the effect of fasting on peptic ulcer perforation.
Materials and methods: From January 2006 to January 2012, 165 patients who were operated due to peptic ulcer perforation were analyzed retrospectively. Patients were divided into two groups. Group I ($n = 113$) included the patients who were operated in other periods of the year except Ramadan (11 months), while Group II ($n = 52$) included the patients who were operated during Ramadan, the fasting month for Muslims.
Results: There were no significant differences in the mean age and gender of the patients. Surgical intervention ratio due to peptic ulcer perforation per month is higher in group II ($p < 0.01$). Common risk factors for perforation were smoking, history of peptic ulcer disease and use of non-steroidal anti-inflammatory drugs.
Conclusion: This study suggests that the incidence of peptic ulcer perforation is relatively high in Ramadan among the Muslim people, due to the long fasting period.
Disclosure: No significant relationships.

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NECROTIZING SOFT-TISSUE INFECTIONS: A SINGLE CENTER EXPERIENCE OVER THE PAST 10 YEARS

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Introduction: Necrotizing soft-tissue infections (NSTIs) are rare but severe infections. NSTIs can be divided into two types: type I infections are polymicrobial, type II infections are caused by Streptococcus pyogenes. Infections spread rapidly leading to mortality rates ranging from 10 to 40 %. The main focus of therapy for NSTIs consists of early and aggressive surgical debridement. The aim of this study is to give an overview of patients treated for a NSTI and to determine predisposing factors for mortality.
Materials and methods: A retrospective chart review was performed for patients diagnosed with a NSTI between 2002 and 2012. Multiple logistic regression was used for identification of risk factors.
Results: Forty patients were included with a mean age of 55.7 years (range 29–88 years). Type I NSTIs were seen in 22 patients. Type II NF was seen in 18 patients. Overall mortality was 15 % and complications were seen in 70 % of patients. Non-survivors were more frequently diagnosed with a type I NSTI compared to survivors ($p = 0.024$). In addition non-survivors had a higher age ($p = 0.029$). Time until surgery was also higher for non-survivors ($p = 0.017$). Patients with type II NSTIs had more complications ($p = 0.035$), a higher incidence of sepsis ($p = 0.001$) and a higher incidence of multi-organ failure ($p = 0.021$) compared with type I NSTIs.
Conclusion: Necrotizing soft-tissue infections are severe infections with high mortality and morbidity. Time until surgery, high age and type of NSTI were determined as predictors for mortality. Early recognition and immediate operative treatment remain essential for survival and outcome.
Disclosure: No significant relationships.

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OCCLUSIVE SYNDROME SECONDARY TO TRANSPORT AIRCRAFT: TOWARDS A NEW PUBLIC HEALTH MEASURE

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