10th World Congress on

HEALTHCARE & TECHNOLOGIES

July 17-18, 2017 | Lisbon, Portugal

QUICK ASSESSMENT OF INTRA-ABDOMINAL PRESSURE FOR BETTER DECISION MAKING IN CASES OF ACUTE ABDOMEN IN RURAL SETUP

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Problem of Statement: Intra-Abdominal Hypertension (IAH) is defined as a sustained elevation of Intra-Abdominal pressure (IAP) of greater than 12 mm Hg that may sometimes reach to the dangerous level in cases of acute abdomen especially in abdominal trauma. Therefore an early initiative for treatment of IAH warrants serial monitoring of IAP. Our study was designed with an objective to measure IAP using intra vesicular pressure monitoring in conditions predisposing to abdominal compartment syndrome (ACS).

Methodology: 30 patients of suspected IAH with acute abdomen were selected randomly. IAP was measured at 0hr, 8hr, and 16 hours. The relevant data like demographics, diagnosis on admission, APP (MAP-IAP), APACHE II; ICU stay, hospital stay and mortality were taken.

Findings: There was male preponderance (2.33:1 and IAH 61.9%) in our study. Majority (46.7%) of patients were admitted with perforation peritonitis with significant abdomen distention (96.7%). IAH was observed in 60% of cases and ACS (IAP≥20 mmHg) was noted only in 10%. The mean IAP was 14.73 ± 2.83 (P =0.92) in IAH group and was 19 ± 2.98 (P=0.74) in ACS group whereas the mean APP was 53.60 ± 11.01 (P =0.92) in IAH group and 39 ± 11.43 (P=0.97) in ACS group. Majority (47.6%) observed high APACHE II score (>20). Mean APACHE score in ACS group (27.3 ±10) was higher with higher mortality rate 58.3 ± 31.94 as compared to IAH group (20.4±6.04, mean mortality 34.78 ± 18.25). Finally medical therapy (100%) and surgical therapy (midline laparotomy 86.7%) was offered in majority.

Conclusion and Significance: Raised IAP leading to IAH and ACS is a hidden threat to the surgical abdomen. For early prompt diagnosis & prediction of mortality, IAP and APP monitoring are effective.

Biography

Sankalp Dwivedi is working as professor in surgical discipline in the Department of general surgery MMIMSR Mullana-Ambala-India. He is also the Dean academic affairs and co-chairman central research cell as well as secretory post graduate board of study in MM Institute of medical sciences and research, Mullana India. His areas of interest are hepatobiliary surgery, acute care surgery and trauma apart from general surgical practice. Being the leader in academics he is engaged in various institutional academic and research programmes. To quench the desire to learn more and contribute something in surgical sciences and evolution he is regularly organizing and participating in the workshops related to these skills. Dr. Dwivedi is engaged in teaching and training programs as in-charge academics central research cell and critical care division.

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