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STUDY ON LARGE GUT OBSTRUCTION

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Background : Large gut obstruction is a common surgical problem and constitute 15% of all intestinal obstruction. In developed countries these patients are managed in specialized centers by multidisciplinary experts and a good number of study results are published. Wound infection in these centers is 10%-15% and average hospital stay is 4-7 days. Mortality rate is from 15%-20%. But in perforation of caecum it is documented up to 40%. In Bangladesh most of these cases are managed in general surgical units having limitations and big study data are yet to be published.

Materials and methods : A retrospective analysis is done on 216 cases at the Department of Surgery of USTC (2000-2017) to collect information regarding sex, age, method of diagnosis, site of obstruction, etiology, treatment and results. Diagnosis was made by taking history, performing clinical examination, laboratory investigations, radiology and imaging and tissue biopsy if it was indicated. Male- female ratio is 5:4 and age range is 40-80 years of which 108, (50%) patients are between the age of 60-70 years.

Results : In 125, (58%) cases obstruction was due to carcinoma of colon, in 54, (25%) it was due to sigmoid colon volvulus and in 37 cases it was due to other causes. In 99, (46%) cases obstruction was in sigmoid colon, in 38, (17%) it was in recto-sigmoid junction, in 74 cases it was in other sites. In 5 cases there was pseudo-obstruction. 211 patients were operated and 5 cases of pseudo-obstruction were managed successfully by conservative treatment. 191 patients were operated as elective case and 20 cases on emergency basis. In 156, (74%) cases resection of gut and primary closure was done. Anastomosis was formed by hand sewing technique in two layers, inner through and through sutures by 3/0 polyglactin and outer interrupted sero-muscular sutures by 3/0 silk. 21 patients, (10%) who were operated for carcinoma died within first week due to massive MI, pulmonary embolism, severe pulmonary infection and acute renal failure. Leaking of anastomosis was noted in 11, (7%) cases. Six of them were diabetic and 5 were with COPD. In these patients anastomotic ends were exteriorized as soon as diagnosis was made. Successful secondary closure was done after two and a half months. Wound infection was noted in 42, (20%) cases that were cured with appropriate antibiotics and regular dressings. Patients operated for carcinoma were referred to oncologist for subsequent treatment. Forty patients came for follow up. History, clinical examination, Serum CEA estimation, CBC, USG, Plain X-ray abdomen, colonoscopy and CT abdomen were the tools in follow-up schedule. Of the followed-up patients, 16 were post-operative cases of carcinoma and 24 were of benign pathology. Fifteen years survival was recorded in 10 cases, 10 years in 14 cases and all of them were operated for benign lesions. Of the carcinoma patients, seven years survival was recorded in 5 cases, 5 years in 5 cases, 3 years in 2 cases and 4 patients survived 2 years.

Conclusions : The study showed that carcinoma was the commonest cause of large gut obstruction followed by volvulus of sigmoid colon. Old patients were the common victims of carcinoma and they attended in late stage. In Post-operative period, anaemia, high CEA level seemed to be a good indicator for suspicion of recurrence of carcinoma. Colonoscopy with biopsy was informative regarding anastomotic site recurrence of carcinoma. Patients compliance to follow-up schedule was poor. In-spite of limitations of modern tools, fund and expertise results were satisfactory but high wound infection rate and prolong hospital stay were notable drawback.