

Intestinal Obstruction-A Clinical Study

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Abstract: *Intestinal obstruction is one of the common emergency surgical situations. It can be either small bowel or large bowel obstruction. It can be acute, chronic or subacute variety. In this study we tried to study the various causes of acute intestinal obstruction in adults requiring laparotomy*

Keywords: Intestinal obstruction. hernia. carcinoma. intussusception

1. Introduction

Intestinal obstruction is a common surgical emergency and because of its serious nature, it demands early diagnosis and speedy relief. This can occur in any age group. Patients with intestinal obstruction are extremely ill and require prompt assessment and resuscitation. Frequent clinical examination is necessary to determine the need for surgical intervention. Success in the treatment depends on the early diagnosis, skillful management

2. Materials and methods

A detailed study of intestinal obstruction in adults, requiring laparotomy, in all aspects done in cases treated in calicut medical college kozhikode. A detailed clinical examination was done. In addition to basic investigation, abdominal X ray, ultrasonogram, C T scan was done. Patients resuscitated adequately and made fit for surgery Laparotomy was done in all cases and line of management decided on the table, as to whether primary surgery or staged procedure had to be done depending upon the operative findings

3. Results

We have studied total of 63 patients.out of 63 patients 21 patient with hernia 15 patients with carcinoma colon 6 patients with band obstruction.15 patients with adhesive obstruction, intussusception 3 cases.sigmoid volvulus 3

Hernia		Ca.colon		Bands		Adhesion		intussus		Sig vol	
M	F	M	F	M	F	M	F	M	F	M	F
11	10	7	8	4	2	8	7	2	1	3	

M: F in hernia is 11:10..M: F In carcinoma colon is7:8.
 M : F in band obstruction 4:2,,
 M : F In adhesive obstruction is 8:7
 M : F in Intussusception is 2 : 1
 M: F in sigmoid volvulus is 3: 0

In all cases males are predominantly affected
 When we are taking intestinal obstruction due to hernia inguinal hernia is the common cause followed by paraumbilical hernia

Chart 2

Inguinal		Paraumbilical		Epigastric		incisional		umbilical		femoral	
M	F	M	F	M	F	M	F	M	F	M	F
11	4	0	2	0	1	0	1	0	1	0	1
15		2		1		1		1		1	

Obstructed inguinal hernia males are commonly affected. But other type of hernia females are affected

When we are considering age of involvement Above 60 age group is more involved because this age group is more involved in hernia carcinoma colon

Chart-3

Age	<20		21-30		31-40		41-50		51-60		>60	
	M	F	M	F	M	F	M	F	M	F	M	F
	3	2	3	2	4	3	7	6	6	4	8	15
Total	5		5		7		13		10		23	

4. Discussion

In this series I have studied cases of acute intestinal obstruction in adults, which required laparotomy.52 % are males. Maximum incidence was in above -60 years of age. Obstructed hernia was the most common cause of obstruction, inguinal hernia contributed to maximum number71%. Strangulation was more in umbilical and femoral hernia due to narrow neck

Carcinoma causing obstruction was the second common cause of acute mechanical obstruction. Most of this having, advanced disease and this group had high mortality. This may be because an advanced disease occurring in an debilitated, elderly age group

Volvulus constituted 4 % of cases and it was sigmoid volvulus. Adhesion was about -23%.Most of it managed conservatively

5. Conclusion

Most common cause of intestinal obstruction is obstructed hernia for 33 %. Among this inguinal hernia contributed maximum number. however 43% required resection. Whereas 90% of femoral hernia 75% of umbilical hernia 50% of incisional hernia required resection. The high incidence of obstruction in inguinal hernia due to high occurrence in general population. In umbilical and femoral hernia strangulation due to narrow neck. Carcinoma causing obstruction is the second cause of acute intestinal obstruction. Most of this were advanced disease and most common site was rectosigmoid. This group has the highest mortality due to elderly age and associated debilitated condition

USG was not a good investigation in the emergency setting

Pre operatively radiology give some clue to diagnosis. Most cases diagnosed by C T scan

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