Acute abdomen patients profile in a university hospital.

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Abstract

Acute abdomen holds great expressiveness in midsize and major emergency surgical clinic services worldwide. This 229 cases retrospective study aimed to verify the epidemiology and mortality of acute abdomen in a university hospital. The larger prevalence found in inflammatory acute abdomen matches with data observed in literature, displaying the lowest mean age, lowest length of hospital stay and lowest mortality rate. Obstructive acute abdomen and vascular acute abdomen showed the highest mean ages, length of hospital stay and mortality rates.

Key words:

Acute abdomen, Abdominal pain, Abdominal sepsis.

Introduction

Acute abdomen holds great expressiveness in midsize and major emergency surgical clinic services worldwide, showing up as a challenge for surgeons and general practitioners in the requirement of an early diagnosis and structured management approach. Abdominal pain is the main complaint that leads patients to look for emergency services, corresponding to about 12 millions out of 137 millions of emergency department visits in the United States in 2015 (9% of the total amount). This study aimed to verify the epidemiology and mortality of acute abdomen in a university hospital.

Results and Discussion

A retrospective study of 229 surgical management acute abdomen cases in over 14 years old patients, admitted in Referenced Emergency Unit between June/2016 and June/2017 in a general tertiary university hospital. Age, syndromic and etiological diagnosis, length of hospital stay and mortality rate were evaluated. Inflammatory acute abdomen had the largest prevalence, corresponding to 139 cases (60.7%), with mean age of 34.7 years old, mean length of hospital stay of 4 days and mortality rate of 1.4%. According to the etiology, acute appendicitis was the cause in 93 cases (40.61%) and acute cholecystitis in 42 cases (18.34%). Next, obstructive acute abdomen prevailing with 45 cases (19.7%), mean age of 59.1 years old, mean length of hospital stay of 10 days and mortality rate of 24.4%. Perforated acute abdomen corresponded to 13.5% of the total sample, with mean age of 57.8 years old, mean length of hospital stay of 14 days and mortality rate of 32.3%. Vascular acute abdomen cases made up 4.8% of the total amount, with mean age of 66.8 years old, mean length of hospital stay of 19 days and mortality rate of 72.7%. Hemorrhagic acute abdomen was the least prevalent one, with 1.3% of the sample, mean age of 37 years old, mean length of hospital stay of 14 days and mortality rate of 33.3%.

Conclusions

The larger prevalence found in inflammatory acute abdomen matches with data observed in literature, displaying the lowest mean age, lowest length of hospital stay and lowest mortality rate. Obstructive and vascular acute abdomen exhibited the largest mean ages, mean

lengths of hospital stay and mortality rates. The distinction of the gynecological care unit from the general healthcare unit of the university service studied may have underestimated the prevalence of hemorrhagic acute abdomen (ruptured ovarian cyst, ectopic pregnancy).

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Acknowledgement

1. JK Smith, DN Lobo. Investigation of the acute abdomen. *Abdominal Surgery*. 2012; 30(6): 296-305
2. Hammond R. Gynaecological causes of abdominal pain. *Surgery (Oxford)*. 2008.
3. Rui P ,Kang K. National Hospital Ambulatory Medical Care Survey: 2015 Emergency Department Summary Tables U.S. HHS, CDC & NCHS.
4. Sartelli et al. Complicated intra-abdominal infections worldwide: the definitive data of the CIAOW Study. *World Journal of Emergency Surgery*. 2014.
5. Ministério da Saúde. DATASUS, 2018. <http://tabnet.datasus.gov.br/cgi/tabcgi.exe?snv/niuf.def>. Acesso em 20/03/2019.
6. Carvellin et al. Epidemiology and outcomes of acute abdominal pain in a large urban Emergency Department: retrospective analysis of 5,340 cases. *Ann Transl Med*. 2016.

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