

Laparoscopic Treatment of Perforated Duodenal Ulcer - A Multicentric Study

F. Vărcuș¹, F. Lazăr¹, M. Beuran², I. Lica², C. Turculeă², E.A. Nicolau², R. Anghel², F. Iordache², G. Jinescu², C. Murgu², D. Vintilă³, C. Neacșu³, C. Bradea³, Șt.O. Georgescu³, R. Popescu⁴, V. Sârbu⁵, D. Sabău⁵, A. Dumitra⁵, A. Sabău⁵, N. Antonescu⁵, A. Coman⁵, A. Picu⁵, V. Bințișan⁶, C. Ciuce⁶

¹"Victor Babeș" University of Medicine and Pharmacy, Surgical Department 2, Timișoara, Romania

²"Carol Davila" University of Medicine and Pharmacy, Surgical Department, Clinic Emergency Hospital, Bucharest, Romania

³"Gr.T. Popa" University of Medicine and Pharmacy, Surgical Department 2, Iași, Romania

⁴Faculty of Medicine, Surgical Department 2, Constanța, Romania

⁵"Victor Papilian" Faculty of Medicine, Surgical Department 2, Sibiu, Romania

⁶"Iuliu Hațieganu" University of Medicine and Pharmacy, Surgical Department 1, Cluj-Napoca, Romania

Abstract

Aim: The aim of this study is to evaluate the results of the laparoscopic treatment of perforated duodenal ulcer performed in 6 Romanian surgical centres with experience in the field of laparoscopic surgery.

Material and Method: Between 1996 and 2005, 186 patients with perforated duodenal ulcer were operated on in the centers participating in this retrospective study, all patients being ASA I-II. Thirty-nine patients (20.0%) presented mild peritonitis, 120 (64.5%) medium peritonitis and 27 (15.5%) severe peritonitis exceeding 6 hours of evolution. For 74 patients (20.0%) simple suture was performed, in 110 (59.1%) suture with epiploonoplasty, for 1 (0.5%) only epiploonoplasty and 1 (0.5%) underwent excision of the perforation and suture.

Results: The operative time was between 30-120 minutes, with an average of 75 minutes. No death was noted. Average hospitalization time was 6 days, with periods varying between 3 and 18 days. Postoperative complications included: 5 patients (2.6%) presented infections of the abdominal walls, 1 patient (0.5%) duodenal fistula, 1 patient (0.5%) intra-abdominal abscess, 1 patient (0.5%) a superior digestive hemorrhage by "mirrored ulcer" and 1 patient (0.5%) duodenal stenosis 6 months after operation. The patients were administered 50% less analgesics, used 70% less dressings, 30% less antibiotics and had 60% less complications in comparison with those operated by the classical approach.

Conclusion: The laparoscopic approach of perforated duodenal ulcer constitutes the first choice for patients without important co-morbidities, allowing a quick recovery and a significant reduction in the consumption of analgesics, antibiotics and dressing materials.

Key words: perforated duodenal ulcer, laparoscopic surgery, peritonitis, emergency

Corresponding author: Flore Vărcuș, PhD, MD

Clinical Emergency County Hospital

I. Bulbuca Street, No. 10, Timișoara, Romania

Fax: 004-025.6273872

E-mail: varcus.florian@yahoo.com