

Simultaneous perforation of two peptic ulcers: A rare case study**Amit Jain¹, Irfan Hussain Khan², Hemant Jain³, Mayank Jain⁴, Manish Kheriwal⁵, Richa Jain⁶**¹Assistant Professor, ²Senior Resident, ^{3,4,5}Resident, ⁶Associate Professor and Unit Head

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Abstract: Peptic perforation comprises of one of the biggest chunk of surgical emergencies. While associated with high mortality and morbidity, it occurs as a result of heterogeneous aetiologies. Though almost every general surgeon is confronted by a simple and single peptic perforation in his practice, very few have encountered with multiple peptic perforation. Herein we report a case of middle aged male who presented to us with features of perforation peritonitis. Patient also gave history of analgesic abuse. On laparotomy, two separate peptic perforations were found on lesser curvature of stomach separated by a distance of 2 cm. Both of the perforations were merged into a single one and then repaired by graham's patch method. Patient had uneventful post-op period and was discharged on day five. Since peptic perforations are quite common in surgical practice, this type of odd presentation should be kept in mind to prevent any post-op catastrophe in the patient.

Keywords: Multiple peptic perforations, gastric and duodenal perforations, H. pylori.

INTRODUCTION

Peptic ulcer disease appears to be simple and easily treatable yet sometime proves to be notorious and fatal. Various factors are held responsible for ulceration of stomach and duodenum but *Helicobacter pylori* infection and NSAID abuse are top on the list [1]. Incidence and severity of peptic ulcer disease increases with age [2]. Most common complications are bleeding, perforation and obstruction. Perforation of the peptic ulcers appears to be a common surgical emergency with very high morbidity and mortality. Multiple perforations of peptic ulcers were first mentioned by Finney [3]. *Helicobacter pylori* infection and analgesic abuse are also the most common reason for perforation in peptic ulcers [4]. Advanced age, use of steroid and smoking are the other factors causing a perforation. Very few cases of multiple peptic perforations are reported in literature. We present a case of simultaneous perforation of two gastric ulcers.

CASE REPORT

A 45 year old presented to us with a history of pain abdomen since 3 days. Pain was progressive and was associated with vomiting, distension of abdomen and fever. Patient also complained of not passing flatus and motion since 2 days. There was a past history of taking analgesic for knee pain. Patient was also a smoker since 20 years. On examination patient was tachypnic with a pulse rate of 110 beats per minute. Patient was having a systolic B.P. of 100 mm hg and he was pale. Abdominal examination revealed a generalised distension with tenderness and guarding in

almost all quadrants but more in upper abdomen. Bowel sounds were absent. X-ray FPA showed a gas under the diaphragm.

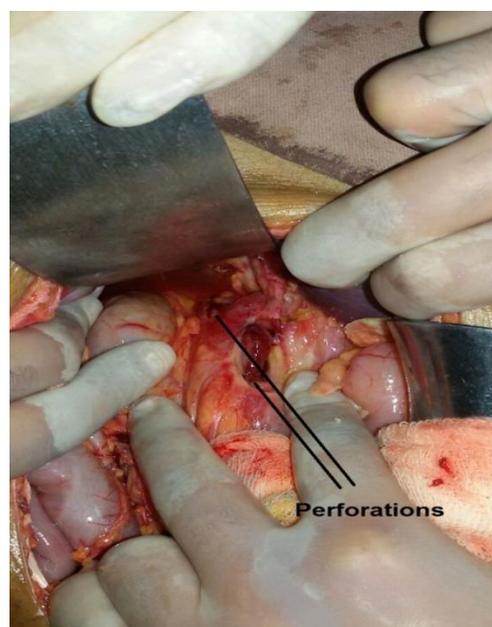


Fig 1: Intra-op picture showing two perforations

A provisional diagnosis of peptic perforation was made. Patient was resuscitated and was taken for emergency laparotomy. On exploration, peritoneal cavity had two litres of biliary contaminated fluid with pus flakes. Two perforations of size 2*2 cm and 1*1cm were present in stomach separated by a distance of 2

cm. Both the perforations were merged to form a single perforation by incising the intervening stomach wall. Repair was done by Graham's patch technique. Two drains were placed in peritoneal cavity. Patient had an uneventful post-op period and was discharged on day five.



Fig 2: Merging the two perforations into a single one

DISCUSSION

Peptic ulcer disease is formation of ulcers in lower esophagus, stomach or duodenum. It was associated with high morbidity and mortality during the first half of this century, but with reporting of *Helicobacter pylori* as its major cause and with development of proton pump inhibitors; the fire of peptic ulcer seems to be extinguished. But still the modern life style with spicy food, smoking, alcoholism, and increasing use of NSAID's has kept this fire lighted. Endoscopy has made the diagnosis very easy.

About 2 to 10 % of peptic ulcers perforate eventually [5]. Perforation causes chemical peritonitis and then bacterial peritonitis afterwards. Patients rapidly sink with septicaemia. Urgent exploration is necessary to contain the infection. Perforations are repaired with an omental patch and peritoneal cavity is thoroughly lavaged with saline. Graham patch repair with or without acid reducing surgery is a life saving procedure. Advance age, smoking and delayed presentation to emergency department are the major factor contributing to morbidity and mortality [6]. Post operative H.Pylori eradication therapy with triple drug regimen is essential.

While single perforation is very common, very few reports of multiple perforations are present in literature. Of them too, most of the reports are of double perforations of a single ulcer. Simultaneous perforation in two ulcers is very rare [3]. H.Pylori infection and analgesic abuse appears to be the primary reason for

multiple perforations [7]. It should be emphasized that after the location of a peptic perforation during laparotomy, the stomach and duodenum should be examined again for a second perforation which if overlooked, may prove to be fatal for the patient.

CONCLUSION

It can be inferred that peptic perforation remains to be an important cause for surgical emergency. Multiple perforations though rare should always be kept in mind while exploring the abdomen for peptic perforation.

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