



THERAPEUTIC ADEQUACY IN DIGESTIVE SEPSIS (ABOUT 134 CASES) K.KHALEQ, K.BTITI, W.KHYA, Y.KHERRATI, A.BOUHOURI, R.ALHARRAR, K.EL HATTABI Faculty of medicine and pharmacy, HASSAN II university of Casablanca, Morocco

INTRODUCTION:

Abdominal sepsis is one of the most frequent digestive emergencies and one of the first causes of septic shock, endangering the vital prognosis of patients who are often elderly or have underlying pathologies. The management of abdominal sepsis is multidisciplinary. The aim of our study is to describe the epidemiological, clinical, bacteriological and evolutionary data of abdominal sepsis, and to evaluate the predictive factors of mortality as well as the role of therapeutic de-escalation in the improvement of the vital prognosis.



MATERIAL AND METHODS:

We conducted a retrospective descriptive and analytical study spread over 3 years (between January 2017 and December 2019) on 134 cases of abdominal sepsis, hospitalized in the resuscitation service of surgical emergencies P33 of the CHU Ibn Rochd Casablanca. Our study included adult patients with community or postoperative abdominal sepsis who received medical-surgical management. The parameters studied were demographic, clinical, radiological, perioperative, bacteriological and evolutionary data. Statistical analysis was performed using SPSS software.



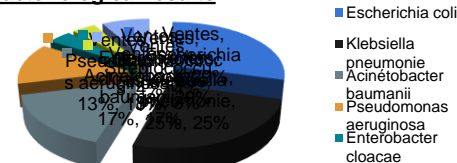
RESULTS:

The incidence of abdominal sepsis in our work during the study period, was 22%, it was divided into community sepsis (69%) and postoperative sepsis (31%). The average age was 52.9 years, with a sex ratio of 1.5. Clinical signs were dominated by abdominal pain (71%), vomiting (51%), extra-abdominal signs (hemodynamic failure (71%), renal failure (63%) and respiratory disorders (41%). The therapeutic management was based on perioperative resuscitation, treatment of organ failure, probabilistic antibiotic therapy (bi-antibiotic therapy was used in 49 patients (36.5%) and tri-antibiotic therapy in 85 patients (36.5%)) and surgery by median laparotomy. The average length of stay in hospital was 10.67 ranging from 2 to 59 days. The main etiologies of abdominal sepsis were: purulent effusion (36%), serous effusion (17%) and gallbladder perforation (15%). Bacteriological samples taken during the operation gave the following bacteriological profile: predominance of BGN (87%) dominated by E.coli (29%) followed by klebsiella pneumonia (25%) and Acinetobacter baumannii (16.5%). The mortality rate was 59%. The main prognostic factors identified in our study in univariate analysis were: advanced age, diabetes, previous antibiotic therapy, organ failure and development of septic shock. Therapeutic de-escalation was a protective factor.

	Survivants	Décédés	P
Sepsis communautaire	42	50	0.01
Sepsis postopératoire	13	29	
Age <65 ans	46	49	0.001
[65-75]	8	20	
>75 ans	2	9	
Sexe homme	34	54	0.14
femme	23	29	
Diabète	4	13	0.002
Antibiothérapie préalable	8	28	0.014

	Survivants	Décédés	P
Lieu de l'intervention initiale			0.016
- Bloc opératoire des urgences	38	58	
- Chirurgie programmée	27	21	
- Désescalade thérapeutique	21	17	0.004
- Pas de Désescalade thérapeutique	37	62	
Adrénaline	2	14	0.18
Noradrénaline	14	57	
Choc septique	3	48	0.001
Ré-intubation	6	17	0.012

Bacteriological results



CONCLUSION:

Abdominal sepsis is a serious condition with a high mortality rate. The improvement of its prognosis is based on a screening of the risk factors, an update of the medical-surgical protocols, a guided management by senior operators and resuscitators and an adapted antibiotic therapy which will be function of the direct examination of the samples, and also of the bacterial ecology of the service.