

APPENDICULAR PERITONITIS IN CHILDREN

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Abstract

Problems of diagnosis and treatment of appendiceal peritonitis in children are constantly in the focus of attention of pediatric surgeons. According to the literature, the course of acute appendicitis in children is complicated by the development of peritonitis in 8–10% of cases, while in children of the first three years of life, peritonitis is observed 4–5 times more often. The article discusses the same problem.

The problem of treating peritonitis in children remains relevant due to the high incidence of this complication of acute appendicitis. The search for new methods of combating intra-abdominal infection and intestinal paresis does not stop.

Total abscess peritonitis is the most severe form of appendiceal peritonitis, which is characterized by the formation of multiple encysted abscesses in the abdominal cavity, the development of sepsis syndromes and multiple organ failure, and often the transition to infectious-toxic shock by the time patients are admitted to the hospital.

The main objectives of surgical intervention, in addition to appendectomy, for total abscess peritonitis are the sanitation of all encysted spaces, total resection of the omentum, intestinal decompression, dynamic control of the course of the inflammatory process in the abdominal cavity by creating a laparostomy according to indications.

Keywords: peritonitis, surgeon, method, treatment, diagnosis.

Introduction

Purpose of the study

Study of the structure of the incidence of appendicitis and its complications in childhood and analysis of the characteristics of the clinical symptoms of appendiceal peritonitis in children. Materials and methods of research.

From 2017 to 2023, 750 sick children with appendiceal peritonitis were treated in the pediatric surgical department of A.F. RNCMP from 2017 to 2023.

Of these, children under 5 years old - 178 (23.7%);

6-10 years -150(20.3%); 11-14 years old – 422 (56%) children.

Research Results

The main clinical manifestations of acute appendicitis and appendiceal peritonitis in children were abdominal pain, vomiting and fever.

However, the sequence of occurrence and severity of these symptoms were of particular interest. Pain, as the first symptom of acute appendicitis, was observed in all patients. It is important to note



that in the 410th child (54.6%), the disease began with isolated abdominal pain syndrome, and fever and vomiting followed later.

20 children (4.8%) simultaneously with abdominal pain noted the presence of other manifestations of the disease: vomiting in 14 cases and fever in 6 people. The fact that the first signal of appendicitis is abdominal pain was quite expected

However, in 21.1% of children the disease manifested itself with other symptoms: in 6 patients - vomiting, and in 5 - fever. Abdominal pain syndrome developed later.

An explanation for this result can be given by taking into account two factors.

Firstly, pediatric surgeons deal with a special group of patients: up to a certain age, it is difficult for a child to objectively assess his or her well-being.

It is often necessary to collect anamnesis only by communicating with parents, who, of course, cannot accurately indicate the moment when abdominal pain appeared in the child. Older children are able to clearly describe their complaints.

But in order to obtain important information from the child, it is extremely important for the doctor to establish good psychological contact with the little patient.

Unfortunately, such features of working with children are not always taken into account by doctors in adult medical networks and surgeons at central regional hospitals, who are often the initial link in diagnosis. It is medical errors at the initial stage of examination that are the main cause of further complicated course and the possibility of death. The second point that explains the absence of early onset of abdominal pain with appendicitis is the possibility of an atypical location of the appendix.

The doctor examining the child must remember about the variants of the retrocecal, retroperitoneal, pelvic location of the appendix, in which the abdominal manifestations of the surgical disease are masked by the symptoms of an intestinal or urinary tract infection. An assessment was made of the clinical manifestations of appendicitis complicated by peritonitis, depending on the extent of the process.

In the clinic, diffuse and local inflammation of the peritoneum is differentiated. Among 550 children operated on for local peritonitis, 119 (21.6%) had vomiting. The majority (10 patients) experienced single or double vomiting, and 16 patients (2.9%) experienced multiple vomiting. The temperature increased in all 19 children with local appendiceal peritonitis. At the same time, low-grade fever was detected in 44 cases (8%), febrile - in 112 patients (20.3%), pyretic - in 33 people (6%). Among 200 (26.%) Of children with diffuse appendiceal peritonitis, 118 (59%) had vomiting. At the same time, 72 (36%) had multiple cases. An increase in body temperature was observed in all patients: up to subfebrile levels - in 30 (15%) patients;

febrile - in 118 patients (59%). Pyretic fever was recorded in 10 people; symptoms may include vomiting or increased body temperature, and pain occurs later. The overwhelming majority of patients with local peritonitis experienced single vomiting, while for children with diffuse inflammation of the peritoneum, repeated vomiting was more typical. The development of peritonitis (including diffuse) is usually accompanied by a pronounced temperature reaction, but can occur against the background of low-grade fever. Of the 11 (1.4%) patients, in cases of severe small intestinal insufficiency, terminal endorostomy was applied. Of the total number of patients with total appendiceal peritonitis, intubation cecostomy was applied through the Baugin valve in 22 (9%) cases. The insertion of an endotracheal tube up to 30-40 cm into the ileum through the cecum contributed to the unloading of the small intestine in the immediate postoperative period for 5-6 days. After removal of the tube, a labial fistula did not form in any case. The wound healed



within 8-7 days and no re-operation was required as with enterostomy. After the acute process in the abdominal cavity subsided after at least 4-6 months, the patients underwent repeat surgery closed fistula.

Conclusion

For timely diagnosis of acute appendicitis in childhood, it is necessary to remember the possibility of variability of clinical manifestations, and also take into account the psychological characteristics of the child when collecting anamnesis.

Thus, unloading cecostomy is essential in the choice of treatment tactics for total abscess peritonitis and is proposed by us for implementation in practical healthcare and can be recommended for widespread use in practice. Firstly, it effectively provides unloading of the small intestine and prevents Baugin spasm. Secondly, the technical prostate is applied and closes on its own in a short period of time.

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