

## Infectiologie (Infection post-opératoire)

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### Therapeutic adequacy in digestive sepsis (about 134 cases)

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#### Position du problème et objectif(s) de l'étude:

Abdominal sepsis is one of the most frequent digestive emergencies and one of the first causes of septic shock. 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.

#### Matériel et méthodes:

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. The parameters studied were demographic, clinical, radiological, perioperative, bacteriological and evolutionary data. The results were collected from the medical files and recorded on an exploitation form and then on an EXCEL. Statistical analysis was performed using SPSS software. For the descriptive part, the quantitative variables were expressed as a percentage and standard deviation and the qualitative variables were expressed as a percentage. For the analytical part, a univariate analysis was performed by comparing the means and percentages respectively by Student's t test and the KHI2 test. The result is considered significant when  $p < 0.05$ .

#### Résultats & Discussion:

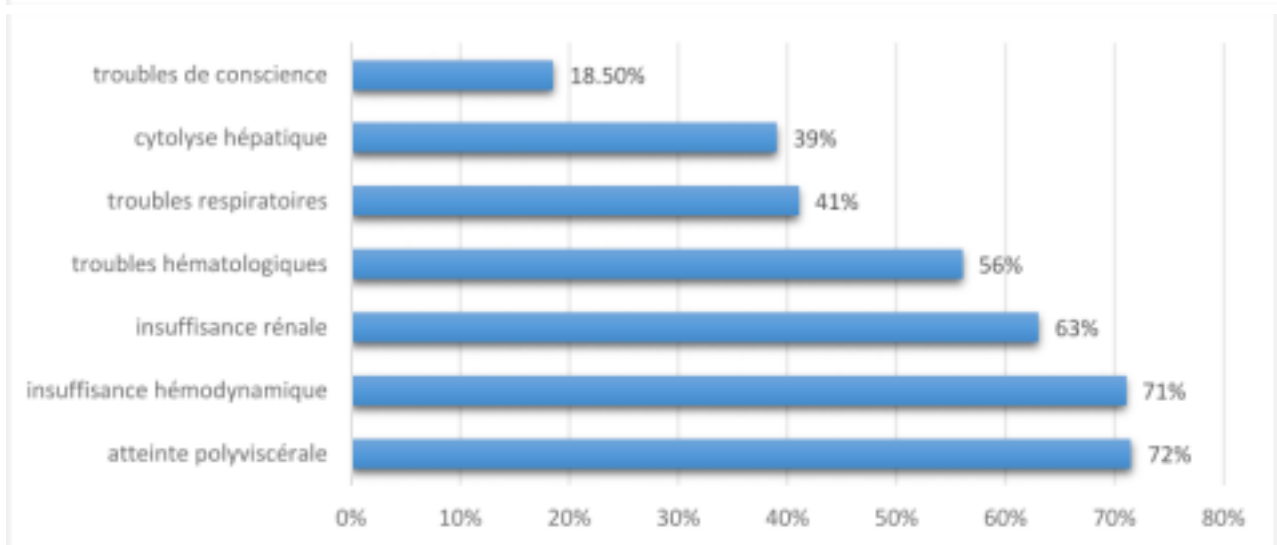
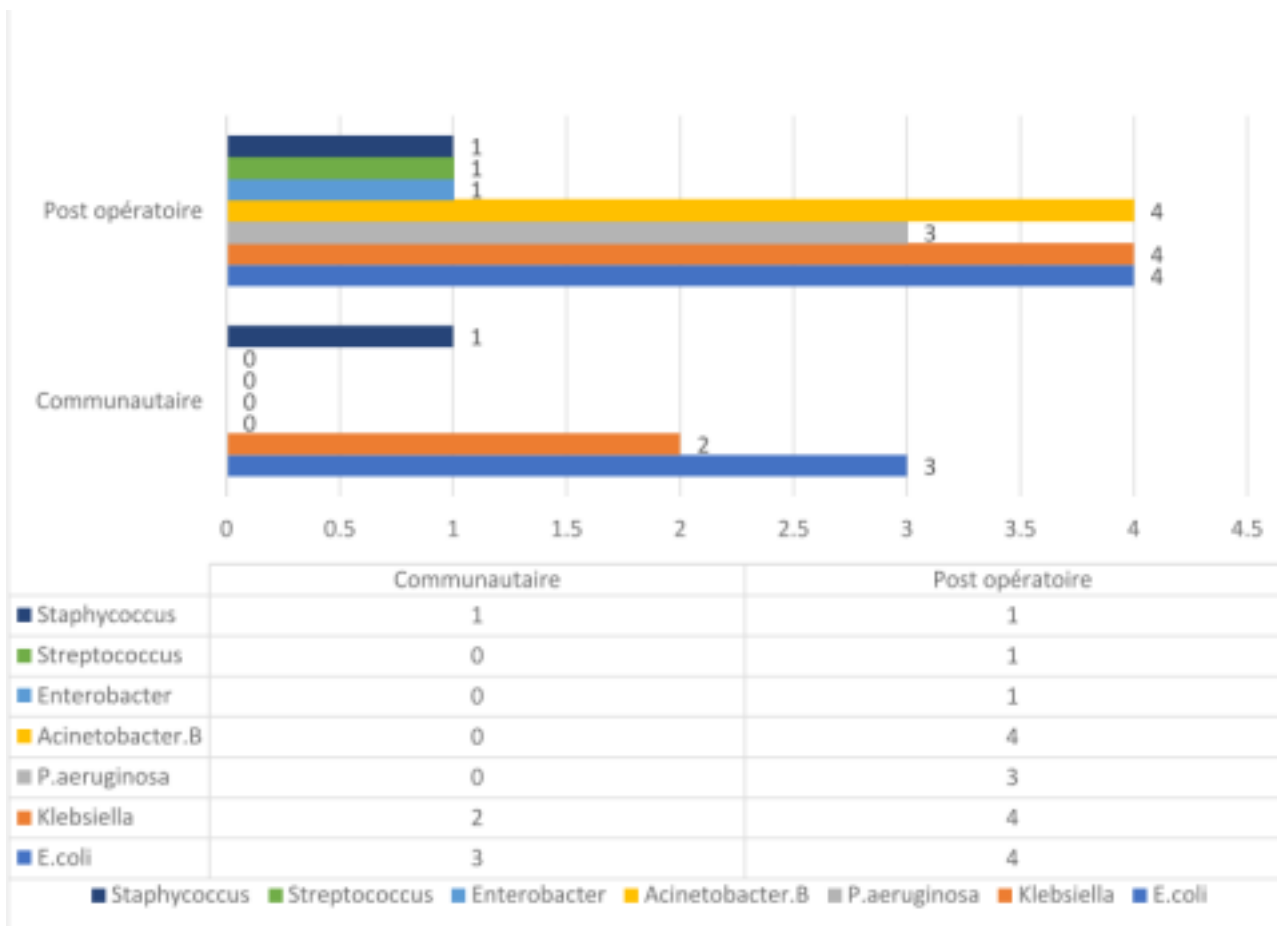
The incidence of abdominal sepsis in study period was 22%. The average age was 52.9 years, sex ratio was 1.5. Clinical signs were dominated by abdominal pain (71%), vomiting (51%), extra-abdominal signs (hemodynamic failure, renal failure and respiratory disorders). The therapeutic management was based on perioperative resuscitation, treatment of organ failure, probabilistic antibiotic therapy and surgery. The average length of stay in hospital was 10.67 days. The main etiologies of abdominal sepsis were: purulent effusion (36%), serous effusion (17%) and gallbladder perforation (15%). Bacteriological samples taken during the operation: predominance of BGN (87%) dominated by E.coli (29%) followed by Klebsiella pneumoniae (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.

#### Conclusion:

Abdominal sepsis is a serious condition with a high mortality rate. The improvement of its prognosis 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.

#### Références bibliographiques:

1-Montravers P; Dupont H; Marc leone. Prise en charge des infections intra abdominales. recommandations formalisées d'expert. anesth reanim. 2015;1:75-99  
2- Dani T, Ramachandra L, Nair R, Sharma D. evaluation of prognosis in patients with perforation peritonitis using mannheim's index. international journal of scientific and research publication may 2015; 5:ISSN 2250-3153



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