



Abdomen agudo (dolico sigma) por masa incidental como hallazgo a peritonitis secundaria post operatorio. A propósito de caso clínico en el Hospital Clínica San Francisco [

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text (article)

Analítica

Secondary peritonitis is an extremely delicate pathology with a high mortality rate, due to the complications that it can generate. Its treatment is combined between antimicrobial and surgical, through the laparoscopic technique where the focus of infection must be contained, through resection of the affected organ and drainage of the purulent area. A clinical case of a 17-year-old female patient is presented, who is admitted to the health center due to a clinical picture of approximately 19 days of evolution, characterized by very intense pelvic pain of the colic type, accompanied by nausea and vomiting of the bilious on several occasions; She refers to her family's absence of stools a week prior to her admission at the San Francisco clinic, where she undergoes surgery due to incidental appendicitis and dolicho mega sigma, diagnosing septic shock due to secondary peritonitis. In the present case study, it is observed how the development of a previous appendicitis led to an acute abdomen, triggering secondary peritonitis. In this context, some of the symptoms of abdominal pain agree with the literature, in the aspect of localized or focused abdominal pain that in this particular the patient refers with nausea and vomiting, no perforation of the abdominal cavity is presented or described, therefore It can be classified as an acute abdomen of an inflammatory type (peritonitic). As a result, the patient must be intubated and admitted to the ICU and a relaparotomy is performed to explore and correct the damage caused by peritonitis in this context, with an antimicrobial protocol, however the patient continues with a critical condition, under sedation, constantly monitoring its evolution

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