

Epidemiology and Management of Peritonitis at a Rural Hospital in Zambia

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ABSTRACT

Background: Peritonitis is a common surgical emergency with varying etiologies encountered the world over. Despite recent advances in management, it is still associated with significant morbidity and mortality. There is a paucity of research on complicated intra-abdominal infection in central and southern Africa with studies originating mostly from the tertiary referral hospitals of metropolitan areas. This research aimed to evaluate the etiology of peritonitis among the rural population of Zambia and to assess risk factors leading to lethal outcome.

Methods: A retrospective observational study involving 119 patients managed at a rural hospital in Zambia spanned a 10-year period. Outcomes of interest were intra-hospital morbidity and mortality. Standard statistical methods were used for data analysis.

Results: In this study, common sources of peritonitis were perforated peptic ulcer, acute appendicitis, pelvic inflammatory disease, and perforated terminal ileum. Postoperative period became complicated in 42 patients (32.3%). Fourteen patients (11.8%) died postoperatively; the highest level of mortality was in patients with perforated peptic ulcer (26%). Organ failure was found in 29 patients (24.4%) and was associated with increased risk of death. Mannheim Peritonitis Index calculated using clinical data from the medical records showed high predictive value in assessing severity of patients' condition and prognosis of the disease.

Conclusions: Individual approach with identifying signs of organ failure and estimating possible outcome with the use of an available prognostic scoring system is essential to stratify the risk of death and decide on the level of care. Patients with short history and without signs of organ dysfunction can be successfully managed at a rural surgical hospital.

Keywords: Peritonitis, Epidemiology, Management, Rural hospital, Zambia

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