

LAPAROSCOPIC TREATMENT OF PERFORATED BLEEDING GASTRIC ULCER

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In recent years the role of surgery has decreased for the treatment of gastric ulcer requiring only for its complications including perforation

Laparoscopic repair of perforated peptic ulcer has been gaining popularity in recent years, up to 85% of cases, making it possible to avoid a median laparotomy which can lead to wound infection and late eventration.

CASE REPORT

77-year-old. No drug allergies or medical history
three-hour history of progressively worsening epigastric pain and nausea.
Physical examination revealed rebound tenderness compatible with an acute abdomen.

RADIOLOGIC TEST



Important pneumoperitoneum unable to define the drilling point; distended stomach with plenty of fluid inside and dense content fundus / body suggestive of active arterial bleeding

SURGICAL INTERVENTION



Perforation shown in greater gastric curvature associated blood remnants. Gastrotomy for clot removal is done without observing active bleeding. The gastrotomy was repaired using standard stitches. All exudate was aspirated and the peritoneal cavity was irrigated with warm saline solution.

The patient had an uncomplicated post-operative course. JP drain was removed and he was discharged one week after surgery

CONCLUSION

The role of laparoscopic surgery in emergencies is well documented and have a real place in the treatment of perforated peptic ulcer. Laparoscopic approach is indicated in any case of suspected gastroduodenal perforation and seems to offer the same advantages as for the vast majority of laparoscopic procedures.