

# Peritonitis



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# PERITONITIS

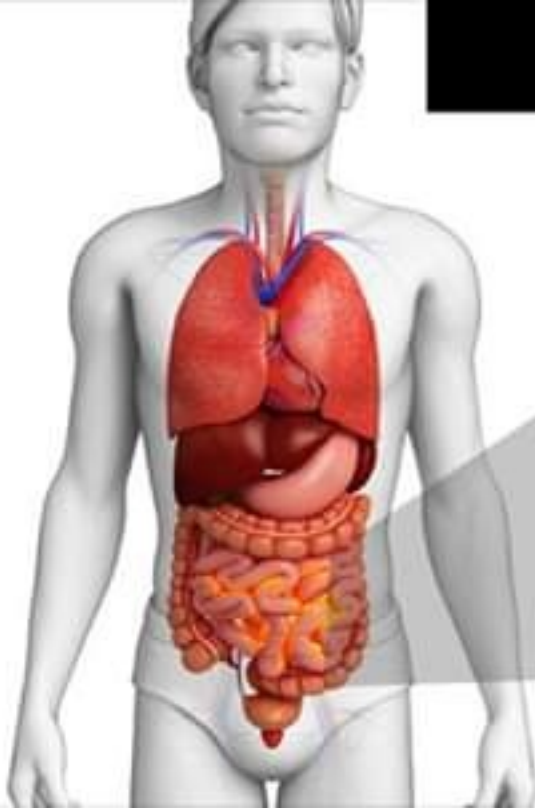
Normal Digestive System



Inflamed Digestive System

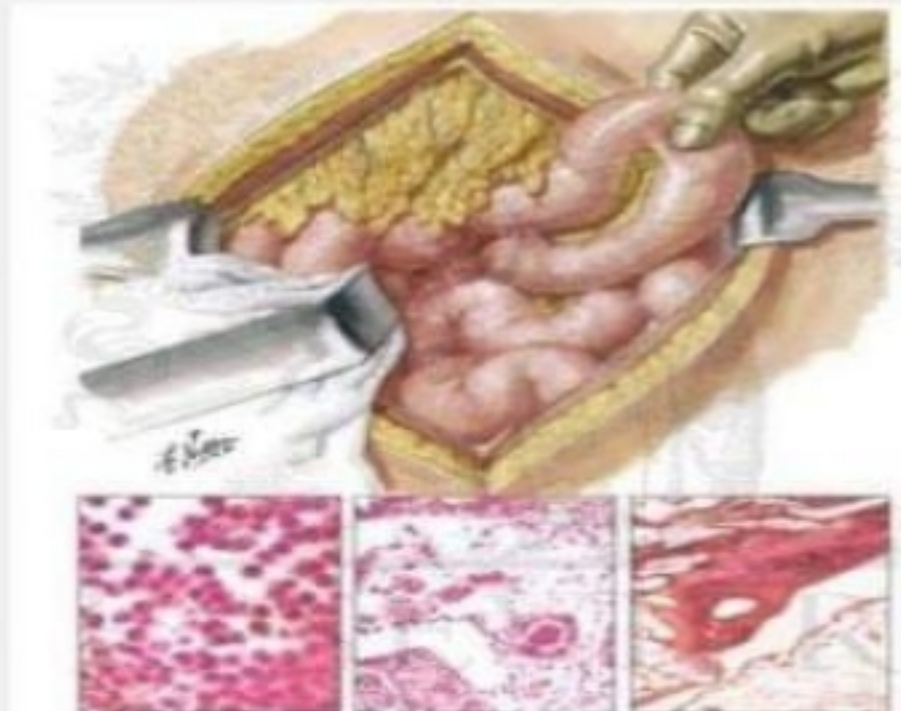


Inflammation of the  
Peritoneum



# DEFINITION

- **Peritonitis** is an inflammation (irritation) of the peritoneum, the thin tissue that lines the inner wall of the abdomen and covers most of the abdominal organs.



# Peritonitis



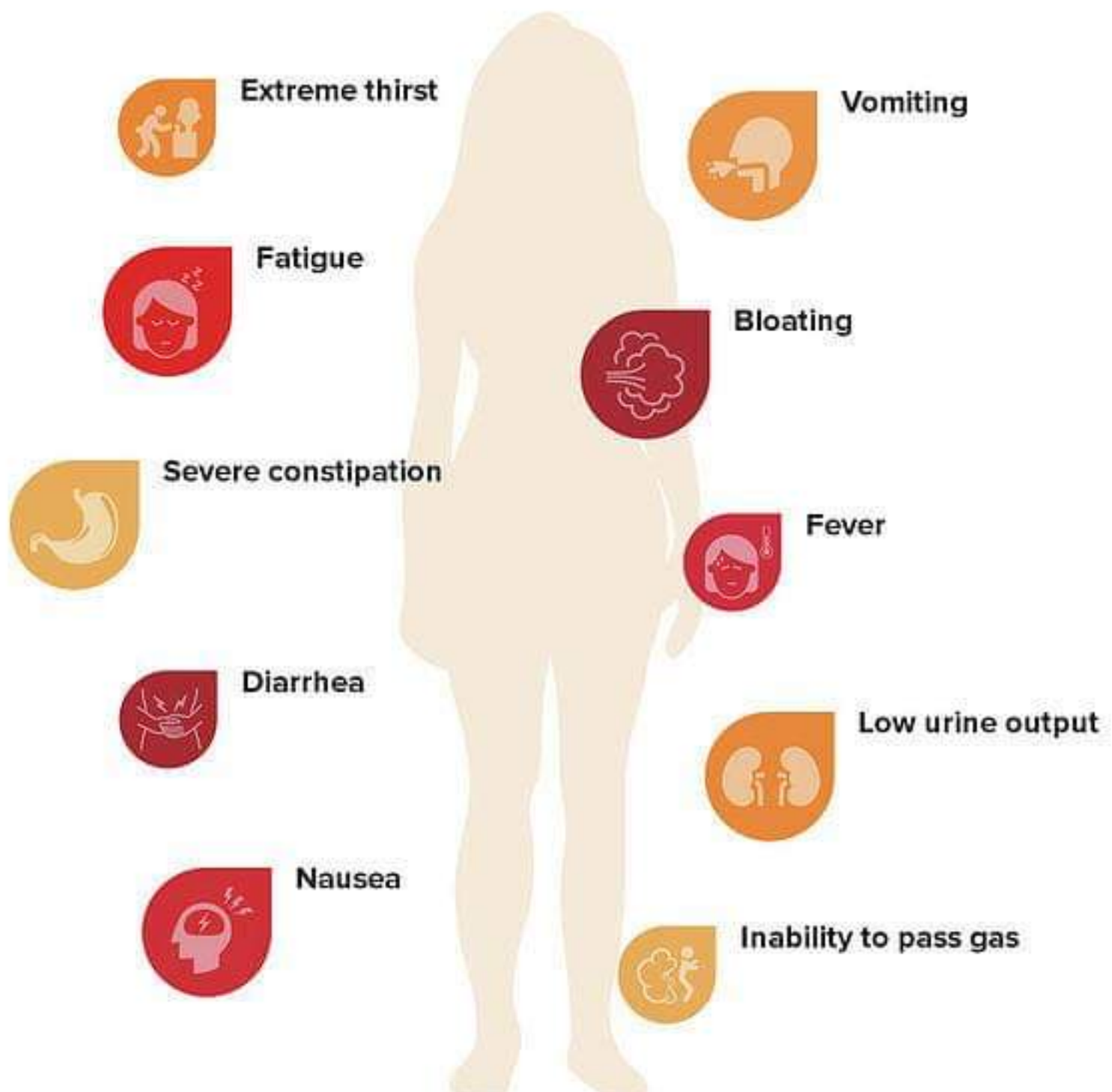
## □ TYPES

- I. Primary (Spontaneous Bacterial Peritonitis)
  - II. Secondary
  - III. Tertiary
-

# SYMPTOMS OF PERITONITIS

## Peritonitis is a life-threatening condition

Peritonitis is an inflammation of the membrane that lines the abdominal wall and organs.  
It is caused by leakage in the intestines.





# Acute peritonitis

- Clinical types
  - Localised peritonitis
    - Acute appendicitis
    - Acute cholecystitis
  - Diffuse (generalised) peritonitis
    - Acute pancreatitis
    - Duodenal ulcer perforation

# Common causes of peritonitis.

Severity	Cause	Mortality Rate
Mild	Appendicitis Perforated gastroduodenal ulcers Acute salpingitis	<10%
Moderate	Diverticulitis (localized perforations) Nonvascular small bowel perforation Gangrenous cholecystitis	<20%
Severe	Multiple trauma Large bowel perforations Ischemic small bowel injuries Acute necrotizing pancreatitis Postoperative complications	20-80%

# PATHOPHYSIOLOGY

**Due to etiological factor**



**Inflammation of the peritoneal cavity**



**Abcess of infection-due to inflammation**



**Spread of infection throughout the body**



**Death in severe cases**



# Diagnosis



A therapeutic paracentesis

## ■ Ascitic fluid should be sent for:

- Cell count with differential
- Gram stain and culture ←
- Albumin
- Total protein
- Glucose
- LDH
- Amylase (*optional*)
- Bilirubin (*optional*)
- AFB smear and culture (*optional*)

Culture is neither sensitive nor specific.

# Management of peritonitis



Diagnosis : symptoms  
cell-count  
culture PD-fluid



Start treatment



Step 1: (cefalorin, cepholothin, ceftazidime), i.p.

Step 2: (aminoglycocides) preferred in patients with no residual renal function

Step 3: vancomycin if MRSE or MRSA

Step 4: 48 h later adjust treatment according to laboratory results (microbe sensitivity)