

Non-ulcerous duodenal perforations: a clinical analysis of 23 cases

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Abstract

Non-ulcerous duodenal perforations are a rare and seldom studied pathology. The present retrospective study analyses a group of 23 patients, over a 10 year period (Jan 1st 2000 – Dec 31st 2009) with this pathology. The most frequent etiology was iatrogenic (52.17 % after ERCP and 17.39% after upper gastrointestinal endoscopy). Other rare etiologies included were tumoral perforations, penetrating wounds, and ingestion of foreign bodies. The lesions vary from millimetric perforations to total necrosis of the wall of a duodenal segment and are often associated with other complex lesions. The overall mortality was 52.17%, a little lower for the post ERCP injuries (40%). Usually the iatrogenic lesions are diagnosed earlier (ex. 54.54% of the post ERCP lesions undergo surgery during the first 24 h), probably increasing the chance of surviving. 43.47% of cases undergo surgery in the condition of severe sepsis, with multiple organ failure, thus aggravating the prognosis. Sometimes the patient required multiple interventions (with a maximum of 8 in our group). In 26% of the cases the primary intervention was just paraduodenal and/or retroperitoneal drainage, suture of the duodenum (6 cases-26%), usually under the protection of a gastro-enteroanastomosis (4 cases – 17.39%), suture of the duodenum around a decompression tube (26%), sometimes suture of the duodenum with a jejunal serous patch or duodeno-jejunal anastomosis. The bile drainage and the jejunostomy were associated sometimes. The procedures in this pathology have a significant morbidity, with a high rate of reinterventions (30.4%).

Key words: duodenum, duodenal perforations, ERCP

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