

Posterior Perforation by Peptic Ulcer. Our 12-Year Experience of 6 Cases

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ABSTRACT

Background: Posterior perforation due to peptic ulcer are relatively rare, it remains one of the causes of acute upper quadrant pain, and it should always be included in the differential diagnosis in high risk patients. Our paper represents a retrospective study and evaluates: age and gender of the patients, begin of symptomatology, clinical manifestation, radiological imagies, supposed diagnosis, operative discovery, operation and outcomes. Literature data were researched using PubMed, Google Scholar, ResearchGate, Publons, Academia.edu, SemanticScholar, Sherpal/Romeo, Scopus. Our outcomes were compared to the previous literature results.

Methods: Six patients were admitted in emergency and underwent surgery at Helios Hospital Pforzheim in Germany from October 2008 to January 2021, because a perforated dorsal peptic ulcer. Clinical records are presented.

Results: Upper abdominal pain was a common manifestation. An acute abdomen and peritonism was observed on 3 cases. In the other 3 patients, abdominal clinical examinations were equivocal on admission. Delayed presentation and insidious onset was recorded in 5 patients. Intraperitoneal or retroperitoneal free air and contrast on CT-Scan was a crucial diagnostic indicator of gastric/duodenal perforation in 5 cases. One presentation was characterized by upper GI bleeding and an upper GI endoscopy was performed here. Dorsal perforation could be diagnosed preoperatively on 5 cases. In one case, the diagnosis was established intraoperative. A good outcome is noted in spite of overall peritonitis, delayed presentation, elderly patients and mandatory removal of the stomach. Survival was recorded in all cases.

Conclusions: When a pneumoperitoneum associated with peritoneal or retroperitoneal free fluids/contrast/air is noted at CT scan, a posterior perforation of the stomach or duodenum should be actively excluded. A high index of suspicion is important and mandatory.

Key words: posterior perforation, peptic ulcer