Peritonitis
## Classification of peritonitis

<table>
<thead>
<tr>
<th>I</th>
<th>Primary peritonitis</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Spontaneous peritonitis of childhood</td>
</tr>
<tr>
<td>B</td>
<td>Spontaneous peritonitis of adults</td>
</tr>
<tr>
<td>C</td>
<td>Peritonitis in patient's on continuous ambulatory peritoneal dialysis</td>
</tr>
<tr>
<td>D</td>
<td>Tuberculous peritonitis</td>
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<table>
<thead>
<tr>
<th>II</th>
<th>Secondary peritonitis (acute suppurative)</th>
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<tbody>
<tr>
<td>A</td>
<td>Perforation peritonitis (spontaneous acute)</td>
</tr>
<tr>
<td>1</td>
<td>Gastrointestinal tract perforation</td>
</tr>
<tr>
<td>2</td>
<td>Bowel wall necrosis</td>
</tr>
<tr>
<td>3</td>
<td>Pelviperitonitis</td>
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<tr>
<td>4</td>
<td>Peritonitis after translocation of bacteria</td>
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</tbody>
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<table>
<thead>
<tr>
<th>III</th>
<th>Tertiary peritonitis</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Peritonitis without pathogen</td>
</tr>
<tr>
<td>B</td>
<td>Peritonitis with fungi</td>
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<tr>
<td>C</td>
<td>Peritonitis with low-grade pathogenic bacteria</td>
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<table>
<thead>
<tr>
<th>IV</th>
<th>Intra-abdominal abscess</th>
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<tbody>
<tr>
<td></td>
<td>With primary peritonitis</td>
</tr>
<tr>
<td></td>
<td>With secondary peritonitis</td>
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<tr>
<td></td>
<td>With tertiary peritonitis</td>
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</tbody>
</table>
Intra-abdominal diseases causing abscess formation

- Perforated malignant tumours
- Perforated peptic ulcer
- Biliary disease
- Acute pancreatitis
- Ischaemic bowel (including internal and external hernias)
- Meckel's diverticulitis
- Appendicitis
- Crohn's disease
- Pelvic inflammatory disease
- Pyelonephritis
- Ureteric obstruction
- Diverticulitis
- Lower urinary tract infections
Routes for drainage of subphrenic abscess

- Posterior subphrenic abscesses
- Anterior subphrenic abscess
- Liver
- Peritoneal cavity

Anterior subcostal approach
Posterior extraperitoneal approach through bed of 12th rib
Location of abscesses
1 = Subphrenic
2 = Hepatic
3 = Subhepatic
4 = Interenteric
5 = Paracolic
6 = Pericecal
7 = Douglas
Anteroposterior sites of intra-abdominal abscesses

- Left subphrenic
- Right subphrenic
- Phrenicocolic ligament
- Right subhepatic
- Left paracolic
- Right paracolic
- Right iliac fossa
- Pelvic

Right lateral sites of supracolic abscesses

- Posterior
  - Right subphrenic
  - Coronary ligament
  - Posterior subhepatic (Morrison’s pouch)
  - Gallbladder
  - Anterior subhepatic (gallbladder fossa)
- Anterior
  - Liver
  - Duodenum
  - Kidney
Purulent fibrin deposition on the bowel surface
Transrectal needle exploration of pelvic abscess prior to incision and drainage
Basic steps of therapy

- Eliminate source of contamination
- Reduce bacterial inoculum
- Prevent recurrent or persistent sepsis
Basic steps of therapy

- Surgical therapy:
  - One stage operation
  - Hartmann’s procedure
  - Programmed lavage
  - Drainage
- Broad spectrum antibiotic therapy
- Intensive supportive therapy
- Mortality: