ABSTRACT:

INTRODUCTION

Perforation peritonitis is a common serious condition encountered in day to day surgical practice in any hospital. One of the reasons for high mortality in these conditions is lack of risk stratifications resulting in delay in providing adequate management, although a number of scoring systems are available to stratify these patients according to severity, but most of these cannot be used in developing countries like India due to their dependency on sophisticated investigation which are usually lacking in most parts of these countries. So a simple prognostic scoring system which could be easily reproduced without sophisticated investigations and also provide a reliable objective assessment of severity and operative risk is required.

Patients and methods:

Fifty cases with diagnosis of peritonitis coming to Government Medical College, Amritsar were studied. Stratification of these patients was done according to Jabalpur peritonitis Index and their outcome was examined.

Results:

Mortality steadily increases with increase in JPI score. Patients with JPI score of >9 and <9 had mortality rate of 2.5% and 60% respectively ($p<0.01$). Similarly patients with a score of <9 and >9 had morbidity of 30% and 80% respectively ($p<0.0001$). Duration of pain >24 hours, age >50 years, mean SBP <100 mmHg, serum creatinine >1.5 mg/dl, respiratory rate >24/min, heart rate >110/min and feculent exudate intra operatively were found to be independently significant factors in predicting the mortality among the study population. For a score of 9, the sensitivity was 85.7%, specificity was 90.7% and positive predictive value for mortality is 40% and negative predictive value of 97.5%.

Conclusion:

This study proves that JPI scoring system is a simple and effective tool for assessing the morbidity and mortality in patients with peritonitis.