

Case report

Abdominal compartment syndrome following sigmoidopexy for sigmoid volvulus –significant role of NG tube and Flatus tube – A case report.

Abstract – The detrimental effects of intraabdominal HTN and abdominal compartment syndrome affect almost every systems by altering organ perfusion¹. ACS is life threatening and is not very uncommon in our practice. There is a clinical scenario of 70 yrs male with history of absolute constipation and abdominal distention with pain in abdomen. he was attended at Govt. hospitals ER and was diagnosed as volvulus sigmoid colon and immediate laparotomy with sigmoidopexy done. closure of abdomen done without any abdominal drain tube and patient was attempted for extubation but not achieving adequate %spo2 and shifted to ICU with intubated state. Following night of operation patient abdomen was becoming tense and diagnosed ACS and immediate Flatus tube and NG tube inserted. both tube kept in situ >48 hours and patients abdomen becoming soft and normal. In this scenario NG tube and per rectal flatus tube plays significant role in managing ACS.

Keywords: Abdominal compartment syndrome, Sigmoidopexy, Flatus tube, organ hypoperfusion

Introduction:

if abdominal cavity is treated as closed fluid compartment the pressure within it obeys Pascal's hydrostatic law –when pressure is applied to contained fluid, the forces transmitted equally in all direction. The pressure measured at any point within the cavity at any given time can be taken to represent intraabdominal pressure in the entire abdomen¹. Intraabdominal HTN refers to sustained or repeated pathologic elevation of IAP >12 mm hg while abdominal compartment syndrome is defined as sustained IAP over 20 mm hg [with or without abdominal perfusion pressure (APP) < 60 mm of hg.] that is associated with new organ dysfunction^{1,2}.

Case Presentation:

A 70 yrs male had a history of absolute constipation for 7 days with distended abdomen and pain for 2 days. with this complaints he got admitted into a Government hospitals ER and diagnosed as a case of volvulus sigmoid colon and undergo immediate laparotomy through a long midline incision at hospitals evening session time. Sigmoidopexy was done. after operation patient anaesthetic recovery was delaying and abdomen becoming distended, extubatin attempted but not achieving adequate %SP02 and then patient in intubated state shifted in ICU. Day after evening of operation patient shifted to a private hospltals ICU and found raised intrabdominal pressure (avg. > 24 mm of hg) with tensed abdomen. No abdominal drain tube was in situ and DRE reveals collapsed rectum. Immediate taping of abdomen by 10 cc syringe and then screening USG of abdomen was done and excuded any

intraabdominal collection (e.g blood , reactive exudative fluid) . A flatus tube(32 fr) introduced carefully through per rectum , proximal to rectosigmoid area and gush of air come out. Flatus tube kept in situ . on the consequence of raised intraabdominal pressure , pt develops bilateral lungs opacity with reduce air flow into lungs and increase fio2 demand in ventilator even after moderate raise of PEEP , his renal number also raised upto 2.3 mg/dl. Intense reassurance of patient with Gradual monitoring of ventilatory setup and starting of TPN, correction of dyselectrolytaemia, good coverage of antibiotics and other logistic supports of ICU, patients intraabdominal pressure reduced and other organ systems functioning his normal with a moderate SSSIs.



Fig.1 : Abdominal drain tube

Discussion: Abdominal compartment syndrome has its deleterious effects because of organs hypoperfusion and damage¹. ACS specially affects Lungs, kidneys , Gut and also may affects all organ systems. ACS can be diagnose by regular measuring of intravesical pressure by special transducer through vesical catheter and can be display on monitor 4-6 hrs interval¹. NG tube and per rectal flatus tube can help to reduction of IAP².

Conclusion : simple introduce of continuous per rectal flatus tube and NG tube can significantly reduce intraabdominal pressure in case of sigmoidopexy ,though per operative abdominal drain tube cant be ignore.

Learning points:

Sigmoidopexy increase IAP more rather than resection surgery.

Flatus tube and NG tube has significant role in ACS.

ACS compromise organ perfusion and may cause SSSIs (superficial surgical site infections) by compromising capillary vasculature in abdominal wall.

Early prediction and aggressive ventilatory and other critical care support (eg. TPN, intense fluid management , correction of dyselektrolytaemia, Antibiotics.) with vigilance can reduce the mortality rate though financial issues and adequate, proper counseling has significant role.

Consent: verbal consent has been taken from the patient .

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