



AB109. SOH23ABS_002. Small bowel obstruction in a virgin abdomen—a single Irish centre experience and literature review

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Background: Small bowel obstruction (SBO) is a common surgical emergency, accounting for 50% emergency laparotomies and associated with significant morbidity and in hospital expenses. Most commonly, SBO occurs due to intraperitoneal adhesions due to previous surgical history, however it can also develop in a virgin abdomen (VA).

Methods: A retrospective analysis was performed using data from the Hospital Inpatient Enquiry (HIPE) office at Our Lady of Lourdes Hospital (OLOLH), Drogheda between January 2014 to December 2021. Using discharge code (ICD-10), patients admitted with SBO were identified. Chart review including basic demographics, radiology results, intraoperative findings and out-patient (OPD) investigations/follow up were reviewed to identify patients with SBO-VA. Exclusion criteria included patients less than 16 years of age, pregnant patients, hypokalemia, any history of previous intraabdominal operations, known malignancy or history of inflammatory bowel disease.

Results: The total number of patients identified with SBO-VA was 34 (male: 19 female: 15), age range: 17–91 years, median age: 47 years. Twenty-nine patients were managed surgically; 5 patients were managed conservatively. All patients managed surgically had a pre-operative computed tomography (CT) suggesting high grade or closed loop SBO. Average time to surgery: 8 h. Three patients failed conservative management and had to proceed to surgery. Average length of stay (LOS): 4.5 days. One patient was readmitted following discharge. Intraoperative findings: congenital adhesions: 14; gastrointestinal stromal tumour (GIST) 3; lymphoma: 3; food items/foreign objects: 3;

metastatic carcinoma with peritoneal deposits: 2; post colonoscopy: 1; negative: 3.

Conclusions: Small bowel obstruction is a commonly encountered condition by the general surgeon. Existing guidelines suggest early surgical exploration in patients with SBO-VA. This is due to the risk of failure of conservative management and the possibility of a malignant etiology of same. Our study shows improved outcomes for earlier intervention and timely detection of pathology, leading to a decreased length of stay and faster return to normal activity on follow up.

Keywords: Abdominal; colorectal; general; obstruction; surgery

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-23-ab109

Cite this abstract as: Kazi A, Kazi F, Ahmed I. AB109. SOH23ABS_002. Small bowel obstruction in a virgin abdomen—a single Irish centre experience and literature review. *Mesentery Peritoneum* 2023;7:AB109.