

Twenty surgical case studies

David Maurice Kivambe

Master of Medicine (Surgery)

University of Dar es Salaam, College of Health and Applied Sciences, 1980.

There were five cases of typhoid peritonitis treated between July 1977 and April, 1979. Isparotomy was done in four of these five. Perforation of the terminal ileum was seen in three patients who five. Successfully treated by simple closure. One case treated by simple suture closure is discussed. The review of literature on the different methods of management is briefly presented, and the surgical intervention against the orthodox management has also been discussed. Enteric fever remains a pressing clinical problem in the developing countries. Ilesl perforation, which is the most serious complication has a very high mortality ranging between 20 and 40 percent 10.20. in Ghana, for instance until the late sirties, the incidence has been unusually high.2,3. Today, the opinion still varies regarding the role of surgery in the management of typhoid perforation. While buckestep 11 advocated conservative measures. Li14 on the other hand favoured active surgical by active surgery combined with antibiotic therapy are reported. Mr. J. K., Reg. Mo. 10124, a 30 year old African Male, Mluguru by tribe and a shopkeeper by occupation, was admitted to Muhimbili Medical centre on November, 10, 1978. He complained of severe headaches and fevers which have been on and off with treatment at various dispensaries for about ten days. He also complained of drowsiness and aching of his limbs for five days. About two days prior to admission he experienced sharp abdominal pains which initially were localized in the right lower abdomen, but later spread to the whole andomen. The pains were associated with vomiting and diarrboea. There was no haematemesis nor melaena. He had no cough nor expistaxis. He also gave history of experiencing.