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A Note on Complications of Peritonitis and its Treatment

Ingrid Guldvik*

Department of Pharmacy, University of Bergen, Bergen, Norway

*Corresponding author: Ingrid Guldvik, Department of Pharmacy, University of Bergen, Bergen, Norway, E-mail: ingridguldvik@gmail.com

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ABOUT THE STUDY

Peritonitis is an inflammation of the peritoneum, which is the tissue that covers the inside of the abdomen and covers and supports the major portion of the abdominal organs. Peritonitis is generally caused by a bacterial or fungal infection. Peritonitis, if left untreated can quickly spread into the blood (sepsis) and to other organs, ending in multiple organ failure and death. So, if experience any of the symptoms of peritonitis the most frequent of which is severe abdominal pain, it's important to see immediate medical attention and treatment to avoid possibly fatal complications. Peritonitis is classified into two types they are spontaneous bacterial peritonitis and secondary peritonitis. Spontaneous bacterial peritonitis occurs as a consequence of liver disease, such as cirrhosis, or kidney failure. Secondary peritonitis can occur as a result of an abdominal rupture or as a complication of other medical disorders. Peritonitis often begins with a loss of appetite, nausea, and a dull abdomen aching that rapidly develops to continuous, severe abdominal pain that is increased by movement. Other signs and symptoms of peritonitis include abdominal discomfort or distention, chills, fever, and nausea. In the abdomen, fluid passing much less urine than normal, vomiting, difficulty passing gas or having a bowel movement

Complications of peritonitis

If not treated immediately the infection can enter the circulation and cause shock and damage to other organs this can be deadly. Hepatic encephalopathy, which is a loss of brain function that occurs when the liver can no longer remove toxic substances from the blood, hepatorenal syndrome, which is progressive kidney failure in people with advanced liver disease, and sepsis, which is a severe reaction that occurs when the bloodstream becomes overwhelmed by infectious agents, are all potential complications of spontaneous bacterial peritonitis. Secondary peritonitis consequences include an intra-abdominal abscess, haemorrhagic bowel (dead bowel tissue), intraperitoneal adhesions (bands of fibrous tissue that attach abdominal organs and can cause bowel obstruction), and septic shock (dangerously low blood pressure).

Treatment

Peritonitis care may involve depending on the severity of the person's condition, Antibiotics are often given intravenously, but they can also be injected directly into the peritoneum. Depending on the aetiology of peritonitis, the initial choice of broad-spectrum antibiotics may include numerous medications that are targeted against the most likely agents. Once one or more agents have developed in isolated cultures, treatment will be directed against them. Gram positive and gram negative organisms must both be included. Cefoxitin and cefotetan are cephalosporin that can be used to treat gram positive, gram negative and anaerobic bacteria. Beta-lactams with beta lactamase inhibitors, such as ampicillin/sulbactam, piperacillin/tazobactam, and ticarcillin/clavulanate, can also be utilised.

Carbapenems are also an option for treating primary peritonitis since, with the exception of ertapenem, all carbapenems cover gram positives, gram negatives, and anaerobes. Moxifloxacin is the only fluoroquinolone that can be utilised since it is the only fluoroquinolone that covers anaerobes. Finally, tigecycline is a tetracycline that may be utilised since it is effective against both gram positive and gram negative bacteria. Empiric treatment frequently necessitates the use of many medicines from various classes. To undertake a comprehensive examination and lavage of the peritoneum, as well as to address any extensive anatomical damage that may have caused peritonitis, surgery (laparotomy) is required. The exception is spontaneous bacterial peritonitis, which does not usually benefit from surgery and may be treated initially with antibiotics.