Short Report:

Abdominal Sepsis in Aged Patients

Andy Petroianu*
Department of Surgery of the School of Medicine, Federal University of Minas Gerais, Brazil

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Introduction

“...the natural dissolution and the decay of age...is a subject which no physician has handled in proportion to its dignity.”(Sir Francis Bacon, 1600 “The Advancement of Learning”)

The medical approach of elder patients should be made in a particular way. The metabolic and immunologic responses to different physical abnormalities of old people are different from those found in patients of other ages. In most of geriatric patients the life expectancy is lower than the one of younger people, but this parameter does not have to be considered in any medical decision. The treatment must be based only on physical condition of the patient and aspects directly related to the disease and not to the age.

The medical relation with an aged patient should be of respect and patience. The natural limits make the old people more sensitive to any personal approach. In general, the patients’ response and movement are slow and the physician needs more time for the consultation. Visual and hearing deficiencies make worse the comprehension of these patients. However, all these aspects are not related to lucidity of the patients. The perspicacity of old people is frequently elevated and they understand very well what is happening with them, the ability of the physician and the efficacy of the treatment.

A usual mistake of practitioner is to talk with the companion instead of speaking directly to the patient, believing the old people are not able to follow the medical recommendations. Most of time the companion acts as clever, but in fact the old patient is the who understood everything, including the unkindness of the physician.

Corresponding author:

Andy Petroianu,
Avenida Afonso Pena, 1628 - apto. 1901, Belo Horizonte, MG 30130-005, Brasil,
Tel: 55-31-3274-7744 or 98884-9192, Fax: 55-31-3274-7744; E-mail: petroian@gmail.com.br
Another important aspect is the co-morbidity that is frequent in old patients. Facing a disease, the physician should consider that the whole organism is weakened by the age, by the actual disease and by other chronic disturbances that may be present. Complete physical examination is indicated in all patients, but in geriatry the care with the patient plays a pivotal role to the good outcome of the therapy.

In old people all complications are severe and are the main responsible for the death of the patient if not detected in time and appropriately treated. Geriatric patients have not organic reserve and the illness decay is very fast if not appropriately treated.

**Abdominal Sepsis**

To focus abdominal sepsis, several general notions must be well established in order to avoid serious mistakes related to the propedeutics and clinical or surgical treatments. Abdominal infection is not peritonitis, but is one of the causes of abdominal inflammation. Most of abdominal sepsis is due to multibacterial (mainly gram-negative bacilli) contamination. Decreasing in organic defense and even previous abdominal inflammation facilitate the development of the infection. On the other hand the infection leads to peritoneal inflammation or worsen a previous peritonitis.

Abdominal infection is restricted to the abdomen and may be located as an abscess (e.g. periappendicular abscess in a young patient) or generalized to whole abdomen. In this case not only the abdomen but the whole body systems are involved in the septic disease. In this case, the predominance is of an inflammatory response and not anymore as an infection. Differentiation between the morbimortality of abdominal infection and of systemic inflammatory response syndrome (SIRS) caused by an abdominal sepsis is pivotal, mainly in immunodepressed old patients.

Another aspect that must be considered is the abdominal sepsis that occurs after a surgical procedure. When the operative procedure is to treat a trauma, most of time the patient is previously healthy and is able to support the operation and eventual complications. On the other hand the adversities of an abdominal surgical procedure to treat a chronic disease are much more dangerous because the patient is immunodepressed and presents metabolic disorders provoked by the previous illness. In this cases the sepsis is more frequent and severe.

It is also important to consider that around 90% of elder patients have good outcome after a prepared operation, but the mortality of a big operation performed in emergency is over 30%.

**Diagnosis Of Abdominal Sepsis in Aged Patient**

Abdominal pain is the most frequent symptom of all inflammatory abdominal conditions. Initially it is transitory and hardly localized, but in short time the pain is increased and is more intense on the site of the septic focus. Whether the treatment is delayed, the septic condition becomes diffuse to all abdomens with general peritonitis. These clinical aspects may be different in aged patients. The inflammatory disease is closely related to ischemic conditions that lead to less intense pain, which cannot be specifically localized even in presence of general peritonitis. Thus mild intense pain should be considered as a sign of severe sepsis.

Fever higher than 38 °C and leukocytosis are usual in presence of sepsis. However, in immunodepressed patients, such as old people, temperature higher than 37 °C has to be considered as fever. More than leukocytosis, the presence of toxic granulations in the leukocyte series is a strong index of the severity of the sepsis.

Hyporexia is present in almost all patients with sepsis. In the absence of this symptom, other disorders should be considered. However, elder people trend to have a natural hyporexia that is partially responsible for the malnutrition, which is common in these patients. This is another aspect that contributes to worsen the prognosis of patients with sepsis.
Any inflammatory condition of the abdomen may be followed by the absence of peristalsis. The consequent abdominal distension leads to difficulties of breathing and consequent pneumonia, which is the main disease or complication related to death of old people. Hydro-electrolyte and metabolic disorders are other complications of the ileum. In old patients, these complications are more severe because these people trends to have these adversities.

**Treatment of Abdominal Sepsis in Aged Patient**

Any treatment in aged patients must be performed in shorter period possible to avoid complications and increasing in the severity of the disease that will kill the patient precociously in relation to other patients. Old people do not support big mistakes and mainly the negligence of the physician.

The main goal of the treatment is to increase the survival of the patient even without a definitive treatment of the disease. In presence of a complication as abdominal sepsis, the treatment should be effective but taking into consideration that an aggressive treatment may lead to complications that will kill the patient precociously than it would occur due to sepsis.