PERITONITIS

CLASSIFICATION

- Primary Peritonitis (SBP)
  - Spontaneous, No apparent abdominal infection, monomicrobial, gm negatives
- Secondary
  - Pathologic process in a visceral organ, most common, polymicrobial, etiologic agent depends on the anatomic region of original disease
- Tertiary
  - Persistent or recurrent infection after adequate initial therapy

CLINCIAL (Signs)

- Abdominal Pain
  - Dull
  - Acute
  - Poorly Localized
- Anorexia and nausea
- Vomiting

P/E (Vitals)

- Appear sick
- Fever > 38 C
- Tachycardic
- Hypotensive

P\E (Exam)

- Rigid abdomen with abdominal palpation (voluntary or involuntary guarding)
- Abdominal distension
- Hypoactive bowel sounds

LAB

- CBC w/ diff (left shift)
- Lytes
- PT/PTT (poor man's liver function test)
- LFT's
- Amylase/ lipase
- UA (r/o urinary causes)
- Stool sample
- Blood cultures
- Peritoneal fluid: + if > 1000 WBC/Microliter or >250 PMN/Microliter

- Ph
- Glucose
- Protein
- Lactate
- LDH
- Cell count
- Gm stain
- Aerobic and anaerobic cultures

IMAGING

- CT is the study of choice to confirm the diagnosis

Predictors of mortality:

- **<u>Age (>65)</u>**
- Malnutrition
- Presence of malignancy
- Organ dysfunction
- Complex abscesses
- **<u>Failure to improve in less than 24-72 hrs with adequate therapy</u>**

MANAGEMENT
Admit patients and begin empiric antibiotics in the ER (table below)

Peritonitis	**Bacterial Agent**	**Antibiotic**
Primary (SBP)	Gm. Neg.: •E. coli •Klebsiella •Proteus	3rd Generation Cephalosporins – Ceftriaxone – Cefotaxime
Secondary	Gm. Neg.-(above) Gm. Pos.- Strep. Anaerobic: B. frag	(above) Quinolone with anaerobic coverage Hospital acquired = combo therapy
Tertiary	Gm. Neg.,Gm. Pos.- (above) Anaerobic-(above) Fungal- candida	(above) Amphotericin