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Tube Duodenostomy to Treat Large Duodenal Perforation: Our Experience and Literature Review

Mario Pacilli[1], Giovanna Pavone[1], Alberto Fersini[1], Piercarmine Panzera[2], Antonio Ambrosi[1], Nicola Tartaglia[1]
[1]Department of Medical and Surgical Sciences, University of Foggia, Luigi Pinto Street, No. 1, 71122 Foggia, Italy
[2]Department of Emergency and Organ Transplantation, University Aldo Moro of Bari, Bari, Italy

Abstract
Background: Duodenal perforation is a life-threatening condition and ideal approaches for the management of duodenal perforations are nowadays unclear, so numerous variables must be considered. Peptic ulcer disease is the most common disease determining a duodenal perforation, however, there may be other less common causes.
Methods: We retrospectively analyzed all the patients who presented at our Division of General Surgery for a Duodenal Perforation, from September 2018 to December 2019. We focused on patients requiring a tube duodenostomy. Five patients were included in this study.
Results: Five patients suffering from a duodenal perforation were analyzed and their data collected. All patients were treated with tube duodenostomy, pyloric exclusion and omega loop gastro-enteroanastomosis. The duodenostomy was removed four weeks after surgery. All patients suffered postsurgical complications ranging from wound infection to pneumonitis; the incidence of severe complications was greater in the older patients. We did not record any deaths four months after the operation.
Conclusions: The tube duodenostomy is an old and dated procedure but simple to implement, which may require an increase in post-operative hospitalization, but which subsists as an effective and safe way to treat patients in critical conditions.
Key words: duodenostomy, duodenal perforation, gastroenteroanastomosis, emergency surgery