Introduction Perforated gastric ulcers are potentially complicated surgical emergencies. Appropriate early management is essential to avoid subsequent problems including the detection of underlying malignancy. Our aim was to examine the management and outcome of patients with gastric perforations undergoing emergency laparotomy for peritonitis.

Methods Patients undergoing laparotomy in the department of General Surgery for perforated gastric ulcers were identified from the prospectively maintained Lothian Surgical Audit (LSA) database over the 5-year period 2007–2011. Additional data were obtained by review of electronic records and the endoscopy reporting system (UNISOFT), in addition to reference with the South East Scotland pathology laboratory Database (APEX).

Results 45 patients were identified. The procedures performed were: 41 omental patch repairs (91%), two simple closures (4%) and two patients were identified intra-operatively and concomitantly managed histologically, one had unexpected histological and one had negative histology, but follow-up endoscopy confirmed carcinoma; all four were managed without resection at initial laparotomy. One of these patients underwent subsequent resection for cancer after full staging and optimisation but subsequently developed tumour recurrence and died. Median length of stay was 9 days (range 4–68). The overall inpatient mortality was 15% and there were 20 morbidities (44%; including nine respiratory complications, four wound infections and two myocardial infarctions). 33 patients had biopsies taken during surgery. Two of the remaining 12 patients had biopsies taken during postoperative endoscopy. None of the remaining 10 patients were subsequently referred with cancer. Seventeen patients in total underwent a follow-up postoperative endoscopy and 11 of them had biopsies taken.

Conclusion The majority of perforated gastric ulcers can be effectively managed by laparotomy and omental patch repair. Initial biopsy and follow-up endoscopy with repeat biopsy is essential to avoid missing an underlying malignancy.

Competing interests None declared.

References

PWE-176 THE MANAGEMENT OF PERFORATED GASTRIC ULCERS
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Introduction Perforated gastric ulcers are potentially complicated surgical emergencies. Appropriate early management is essential to avoid subsequent problems including the detection of underlying malignancy. Our aim was to examine the management and outcome of patients with gastric perforations undergoing emergency laparotomy for peritonitis.

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Results 45 patients were identified. The procedures performed were: 41 omental patch repairs (91%), two simple closures (4%) and two patients were suspected intra-operatively and confirmed histologically, one had unexpected positive histology and one had negative histology, but follow-up endoscopy confirmed carcinoma; all four were managed without resection at initial laparotomy. One of these patients underwent subsequent resection for cancer after full staging and optimisation but subsequently developed tumour recurrence and died. Median length of stay was 9 days (range 4–68). The overall inpatient mortality was 15% and there were 20 morbidities (44%; including nine respiratory complications, four wound infections and two myocardial infarctions). 33 patients had biopsies taken during surgery. Two of the remaining 12 patients had biopsies taken during postoperative endoscopy. None of the remaining 10 patients were subsequently referred with cancer. Seventeen patients in total underwent a follow-up postoperative endoscopy and 11 of them had biopsies taken.

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Competing interests None declared.

REFERENCES

PWE-178 FEASIBILITY, SAFETY AND EFFICACY OF ENDOSCOPIC RESECTION OF UPPER GASTROINTESTINAL SUBMUCOSAL LESIONS IN A WESTERN SETTING
doi:10.1136/gutjnl-2012-302514d.178


Introduction Submucosal lesions are a relatively common finding at upper gastrointestinal endoscopy. Endoscopic resection (ER) may be warranted in larger lesions, those causing symptoms or those with malignant potential. However submucosal origin makes these lesions difficult to resect by an endoscopic approach. Advances in resection techniques have made this feasible.

Methods Portsmouth Hospitals is a tertiary referral centre for advanced ER. All ER procedures between 2005 and 2011 were recorded in a prospective database. We analysed our database to identify all submucosal lesions removed by ER in the past 7 years. All procedures were carried out by a single skilled endoscopist.