Editorial

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Abdominal sepsis is one of the leading causes of death in surgical intensive-care patients. In recent years, our understanding of the pathophysiology leading to the full clinical picture of abdominal sepsis has improved considerably. Multiple-organ failure represents the end point of a complex cascade caused by microcirculatory disturbances within the gut mucosa followed by bacterial translocation and endotoxin release into the systemic circulation.

In addition to a better understanding of the basic events that characterize abdominal sepsis, recent advances in the diagnostic approach to and in establishing the therapeutic principles for septic abdominal conditions have led to a considerable improvement in the results which can be achieved by clinicians treating abdominal sepsis. The mortality figures for diffuse peritonitis, in particular, have fallen, and our patients can now expect a much better outcome after surgery. This issue of Digestive Surgery contains contributions on the subject of abdominal sepsis from leading authorities around the world. Most of the papers were presented at an international meeting 'Abdominal Sepsis: Pathophysiology, Intensive Care, Surgical Standard', held in Bern, Switzerland, September 1995.

Thanks to the enthusiasm, discipline and personal input of all the participants, and to the rapid and professional publication process at Karger Publishers, this up-to-date publication covering all aspects of abdominal sepsis is now available. This issue of our journal should stimulate clinicians as well as basic scientists to promote further research, including clinical trials, to help improve our understanding of abdominal sepsis and its management.