



Approach to the patient with abdominal pain

Example Cases – Spot diagnosis

- 3 year old boy – diffuse abdomen pain which later localises to RIF
- 42 year old female – Colicky epigastric pain which radiates to RH and R shoulder (5Fs)
- 58 year old man – Epigastric pain with nausea and vomiting

Abdominal pain – Why is it important?

- Very common
- We will encounter patients with abdominal pain in all specialties
- Approx 6% of A+E visits due to abdominal pain – varies with population (65% in high risk elderly)
- Very important to rule out emergency cases

Different types of abdominal pain?

- Visceral – Pain arising from internal organs
 - Crampy, achy, diffuse pain – poorly localised
- Somatic – Pain arising from body surface or musculoskeletal tissues
 - Sharp, stabbing pain – well localised
- Referred – overlap of fibers from other areas
 - Distant from site of generation, symptoms but no signs

Common causes of abdominal pain in different age groups

Table 9.3 Causes of abdominal pain by age of onset

Birth to 1 year	2–5 years	6–11 years	12–18 years
Constipation Gastroenteritis Hirschsprung's disease Incarcerated hernia Infantile colic Intussusception UTI Volvulus	Appendicitis Constipation Gastroenteritis Henoch–Schönlein purpura Intussusception Pharyngitis Sickle cell crisis Trauma UTI Volvulus	Appendicitis Constipation Functional pain Gastroenteritis Henoch–Schönlein purpura Mesenteric lymphadenitis Pharyngitis Pneumonia Sickle cell crisis Trauma UTI	Appendicitis Constipation Dysmenorrhea Ectopic pregnancy Gastroenteritis Mittelschmerz Ovarian torsion PID Testicular torsion Threatened abortion
PID: pelvic inflammatory disease; UTI: urinary tract infection. Adapted from Leung AKC, Sigalet DL. Acute abdominal pain in children. <i>Am Fam Physician</i> 2000;67(11).			

Beware of abdominal pain in the elderly!

Abdominal pain in the elderly – what are the problems?

- Diminished sense of pain in the elderly
- Comorbid diseases
- Atypical presentations
- Polypharmacy
- Social factors
- 2x more likely to require surgery
>65years

DDx of Abdominal pain by location

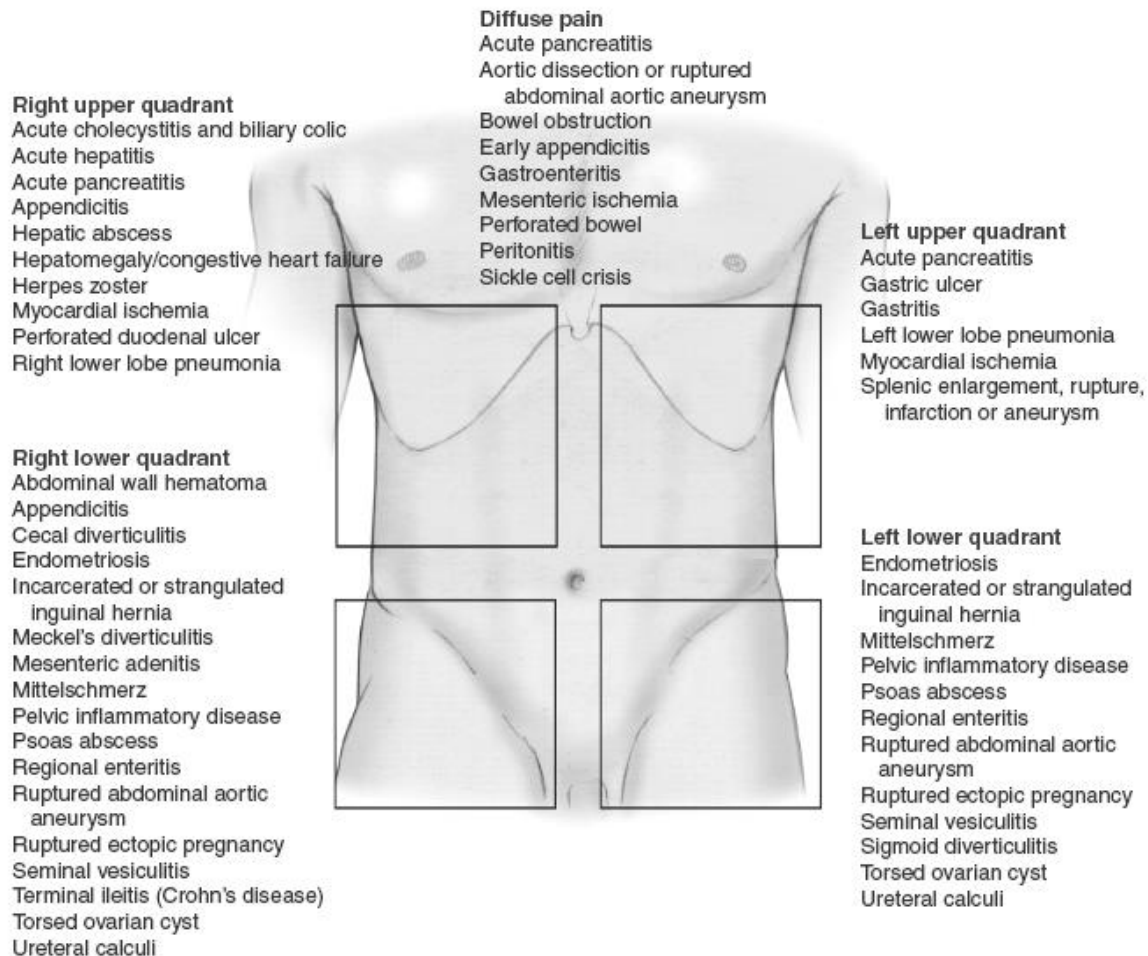


Figure 9.1

Differential diagnosis of acute abdominal pain by location. Adapted from Wagner DK. *Curr Topic* 1978;1(3).

Abdominal pain history

- S – Site
- O –Onset
- C – Character
- R – radiation
- A – associated symptoms
- T – timing
- E – exacerbating/relieving factors
- S - severity

Abdominal pain history

- PMH
 - Similar episodes in past? E.g. Hx small bowel obstructions
 - Any medical conditions? E.g. SLE, Porphyrias, Sickle cell
- PSH
 - Adhesions, hernias, tumours
- Medications
 - NSAIDs, PPIs etc
- Allergies
- Family history
- Gynecology/Urology
 - LMP, bleeding, discharge?
- Social
 - Smoking, alcohol, drugs, unprotected sex, home situation etc

Abdominal Clinical Examination

- Wash hands, Introduce self, explain exam and exposure
- Gain consent
- Position of patient on bed, surroundings
- Ask about pain
- General inspection
 - Look unwell? In pain? Facial expression?
- Vital signs
- Hands, Face, Chest

Abdominal Clinical Examination

- Abdomen
 - Inspection
 - Distention? (6Fs) Scars, Bruises, Hernias, muscle rigidity, obvious peristalsis, kaput medusa, Grey-turner sign etc
 - Auscultation
 - Bowel sounds, Aortic and Renal bruits
 - Palpation
 - Light then deep palpation (starting away from pain)
 - Palpate for hepatosplenomegaly, Palpate for kidneys and Aorta, Masses
 - Signs – Rebound tenderness, Murphy's, Iliopsoas etc
 - Percussion
 - Fluid in abdomen – Ascites (fluid thrill, shifting dullness)
 - Enlarged liver – dull not resonant
- Also Inspect Groin – inguinal hernias
- Rectal exam

Investigations?

- Laboratory
 - FBC
 - U+E
 - LFT
 - Amylase
 - ABG
 - Pregnancy test
- Electrocardiogram

Investigations?

- Radiological Imaging
 - Plain abdominal films
 - Free air, obstruction, foreign bodies
 - Ultrasound
 - Rapid, accurate and inexpensive information
 - Computerised Tomography
 - Scan of abdomen
 - Invaluable but more expensive information
 - Radiation
 - MRI

Management of abdominal pain

- ABCs
- IV access
- Fluid repletion
- Antiemetics
- Analgesics
- Directed testing and imaging
- Re-evaluations
- Antibiotics
- Consultants
 - Surgeons, OB/GYN, urologists, cardiologists, etc

Some tips...

- Abdominal pain in women of child-bearing age is an ectopic pregnancy until proven otherwise
- Be careful of atypical presentations in the elderly - always obtain ECG
- Think in terms of area of pain BUT do not restrict diagnosis solely by location of pain
- Remember – Common conditions appear commonly



Thank you!

Questions?