Medicine Hx- Gastrointestinal System

History of "Abdominal pain"

A. Overview:

- The history is the most important clue to the source of abdominal pain. The pain may be categorized by its underlying mechanism:
- **Visceral pain** is usually dull and aching in character, although it can be colicky; it is often poorly localized. It arises from distention or spasm of a hollow organ such as the discomfort experienced early in intestinal obstruction or cholecystitis.
- **Parietal pain** is sharp and very well localized. It arises from peritoneal irritation such as the pain of acute appendicitis with spread of inflammation to the parietal peritoneum. Causes tenderness and guarding which progress to rigidity and rebound as **peritonitis** develops
- **Referred pain** is aching and perceived to be near the surface of the body.

Chronic Pain	Acute Pain
• IBS • IBD • PUD • Gastric/ small or large bowel cancer • Celiac disease • Reflux disease	• Appendicitis • Diverticulitis • Pancreatitis • Bowel Obstruction • Cholecystitis
Chronic abdominal pain is a common complaint, and the vast majority of patients will have a **functional** disorder, most commonly the irritable bowel syndrome.	Two syndromes that constitute urgent surgical referrals are obstruction and peritonitis. Pain is typically severe in these conditions, along with unstable vital signs, fever, and dehydration.

B. Differential diagnosis:

DDx	What support this diagnosis?
Cardiovascular system	
Myocardial infarction	**Risk factors:**smoking, obesity, family history **Typical Symptoms:**dull epigastric discomfort, nausea, vomiting **Complication:**VHD,HF, arrhythmias
Gastrointestinal system	

IBD	**Risk Factors:**Genetics, Lifestyle, infection (measles virus &mycobacterial) **Typical Symptoms:** Abdominal pain, Diarrhea (bloody in UC) **Complication:**colonic cancer, perforation, (fissure in crohn)
Pancreatitis	**Risk factors**: Gallstones, alcohol use, NSAIDs **Typical Symptoms:**epigastric pain that may be partlyrelieved by sitting up and leaning forwards, vomiting is common. **Complication:** ascites, abscess formation
PUD	**Risk factors:** Smoking, NSAIDs,H. pylori **Typical Symptoms:**Burning epigastric painrelieved by food or antacids. Episodic, Awakens the patient at night. **Complication:**Severe, generalized pain may indicate perforation with peritonitis. Hemorrhage(hematemesis, melena)
IBS	**Risk factors:** family history,anxiety, depression, young females. **Typical Symptoms:**Abdominal pain, bloating and bowel habits changes (diarrhea or constipation), pain improves with defecation.
Renal system	
Renal colic	**Risk factors:** Dehydration, UTI, intestinalmalabsorption. **Typical Symptoms:** colicky pain on a background of constant pain in the renal angle, often with radiation towards the groin. **Complication:** pyelonephritis, obstructive uropathy.

C. Questions to Ask the Patient with abdominal pain.

Questions	What you think about … !
Site and Duration	
Where is the pain?	
When the pain began? And how often it occurs?	To determine if it acute or chronic
Provoke	
Does eating worsen the pain?	Pancreatitis, gastric ulcer.
Does eating elevate the pain?	Duodenal ulcer, gastroesophageal reflux disease.
Quality or associated symptoms	
Is the pain “Tearing”?	Aortic dissection.
Is the pain “Crampy”?	Detention of a hollow tube (ie, bowel, bile duct or ureter)
Is the pain dull or heartburning	Peptic ulcer disease
Is the pain associated with nausea and vomiting?	Pancreatitis, bowel obstruction, biliary colic.
Is the emesis bloody?	Gastroesophageal reflux disease, gastric or esophageal varices, PUD, gastric cancer, aortoenteric fistula.
Radiation	

Does the pain radiates to the back?	Pancreatitis, duodenal ulcer, gastric ulcer, aortic dissection.
Does the pain radiates right shoulder?	Biliary colic, cholecystitis.
Does the pain radiates left shoulder?	Splenomegaly, splenic infarction.
Does the pain radiates to the left arm and neck?	Myocardial ischemia.
Severity	
Did the pain your lower right abdomen suddenly improve from 8 or 9 to a 2 or 3?	Perforated appendix.
Did the pain hurt the most at its onset?	Aortic dissection.
Timing	
Is the pain continues with intermittent waves of worsening pain?	Biliary colic, renal colic, bowel obstruction.
Are there multiple waves of pain that increase in intensity, them stops abruptly for short periods?	Small bowel obstruction.

D. Review of symptoms related to the system of interest.

Gastrointestinal history	
Majorsymptoms	
Abdominal pain	Disturbed defecation (diarrhoea, constipation, faecalincontinence)
Appetite and/or weight change	Bloating or visible distension, or both
Postprandial fullness or early satiation, or both	Bleeding (haematemesis, melaena, rectal bleeding)
Nausea and/or vomiting	Jaundice
Heartburn and/or acid regurgitation	Dark urine, pale stools
Waterbrash	Pruritus
Dysphagia	Lethargy
Fever	

E. Systemic review: Systemic review: Go to Medicine – Hx – "General" topic!

432 OSCE TEAM

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