



Abdominal Distension and Bloating

Color index

Important: Red

Further explanation.

[Editing link](#)

Overview :

Causes of Generalized abdominal distension (6Fs):

★ Fetus :

- Pregnancy is the most common cause of abdominal distension.
- **Features:** smooth firm dull swelling arising from the pelvis.
- **On Examination:** on bimanual examination the mass cannot be moving independently from the cervix + cervix is soft and patulous (متسع), difficult to diagnose in first 20 weeks.

*** DO NOT SQUEEZE AN ENLARGED UTERUS > CAN INDUCE LABOR OR ABORTION ***

★ Flatus

- Gas in the intestinal (Tympanites)
- **Early stage:** localized distension related to one part (epigastrium if distended stomach OR right iliac fossa if distended cecum).
- **Late stage:** all abdomen distended.
- **On examination:** No palpable surface or edge/ Hyperresonance (other causes such as : Acute dilatation of the stomach, mechanical intestinal obstruction, paralytic ileus, aerophagia (air swallowing) and massive amounts of free gas from a perforation) Visible peristalsis (in case of obstruction) / Hyperactive bowel sounds. / Succussion splash (gastric distension caused by pyloric stenosis): Shaking the patient

★ Fat

- Rarely causes distension, makes the patient pot-bellied
- Causes of large fat abdomen: 1-thick layer of subcutaneous fat 2-excess fat in the omentum and mesentery.
- **On Examination:** Obvious deposition in the lower half of the abdomen.
- Pot-bellied: An excess of visceral fat is known as central obesity, the “pot belly” or “beer belly” effect.

★ Feces

- Can be distension or a mass, the colon can become grossly distended with feces as a result of a mechanical obstruction or chronic constipation.
- **Causes:** Hirschsprung’s disease, chronic intestinal obstruction, chronic constipation and antidepressant drugs.
- **On history:** Bowel habits, complain of diarrhea (its actually spurious diarrhea*).
- **On Examination:** lie in the distribution of the colon (flanks and across the lower part of the epigastrium.
- Indentable, can be dented by firm pressure with the fingers, and this **dent persists after releasing the pressure**
- Multiple separate masses in the line of the colon (easy to mistake for a tumour.)
- **Rectal examination confirms a rectum full of very hard faeces, but if there is a blockage in the lower colon, the rectum will be empty.**

★ Filthy big tumors.

- Solid tumors that can become very large and cause abdominal distension are, in approximate order of frequency:
- **Hepatomegaly** (Budd–Chiari syndrome or metastatic liver tumors).
- **Fibroids.**
- **Splenomegaly** (myelofibrosis).
- **Large cancer of the colon.** Polycystic kidney. Primary carcinoma of the kidney. Retroperitoneal sarcoma and lymphadenopathy. Ganglioneuroma (children). Nephroblastoma (children). Neurofibroma\ schwannoma.

★ Fluid

- **Free (ascites)**; caused by a variety of conditions, but they all fall into one of four groups (schedule in the next slide)
- **Encysted**: Fluid trapped in a cyst, in the renal pelvis or between adhesions, The following cysts or fluid- filled swellings may become large enough to present as abdominal distension such as: Ovarian cyst, hydronephrosis, mesenteric cyst, hydrated cyst, pancreatic pseudocysts and also large aortic aneurysm can distend the abdomen (distinguished by the presence of an expansile pulsation).
- **On Examination:**
- fluid thrill (in peritoneal cavity): is present in any fluid-filled cavity, so it's not accurate when distinguishing between free fluid or cystic, it depends on the shifting dullness.
- Shifting dullness: in case of encysted fluid > **dull to percussion and there's no shifting.**

| Increased portal venous pressure | Hypoproteinaemia | Chronic peritonitis | Chylous ascites (lymphatic obstruction) |
|--|--|---|--|
| <p><u>Prehepatic</u></p> <ul style="list-style-type: none"> -Portal vein thrombosis. -Compression of the portal vein by lymph glands. <p><u>Hepatic</u></p> <p>Cirrhosis.</p> <p><u>Posthepatic</u></p> <ul style="list-style-type: none"> -Budd–Chiari syndrome. <p><u>Cardiac</u></p> <ul style="list-style-type: none"> -Constrictive pericarditis. -Right heart failure caused by mitral stenosis, -tricuspid incompetence and pulmonary hypertension. <p><u>Pulmonary</u></p> <ul style="list-style-type: none"> -Pulmonary hypertension and right heart failure. | <p>Kidney disease associated with albuminuria.</p> <ul style="list-style-type: none"> -Cirrhosis of the liver. -The cachexia of wasting diseases, malignancy and starvation. -Protein-losing enteropathies. -Malnutrition. | <p><u>Physical</u>: Postirradiation, Starch granuloma.</p> <p><u>Infection</u>: Tuberculous peritonitis.</p> <p><u>Neoplasms</u>:</p> <ul style="list-style-type: none"> -Secondary peritoneal deposits of carcinoma. -Mucus'-forming tumours (pseudomyxoma peritonei). | <ul style="list-style-type: none"> -leakage of lymph from the lacteals or the cisterna chyli as a result of congenital abnormalities. -trauma. -primary or secondary lymph gland disease. |

| QUESTIONS | SUGGESTIONS |
|-----------------------------|--|
| Onset ? | -sudden ? Acute decompensation of liver cirrhosis, malignancy and portal or splenic vein thrombosis). |
| associated with ? | -Peripheral edema? Heart failure , cirrhosis , nephrotic syndrome -pain? To differentiate between small and large bowel obstruction |
| in case of Gas and bloating | -is it associated with dyspepsia ? IBS -have you had a recent surgery ? postoperative!ileus |

***In severe constipation where the lowest part of the large bowel(rectum) is very full, small amounts of liquid bowel contents may leak past the solid stool giving rise to kind of diarrhoea. treatment involves emptying the bowel using laxatives or enemas.**