

ACUTE ABDOMEN

OMAR ALOBAID

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- COMMONEST CAUSE OF EMERGENCY SURGICAL ADMISSION
- CHALLENGING DISEASE VARIETIES
- RANGING FROM SIMPLE TO LIFE THREATENING DISEASES

ACUTE ABDOMEN

- THE PRIMARY SYMPTOM IS ABDOMINAL PAIN

ASSESSMENT

- A FULL HISTORY IS A KEY
- COMPLETE PHYSICAL EXAM
- NEEDS DIFFERENT INVESTIGATIONS

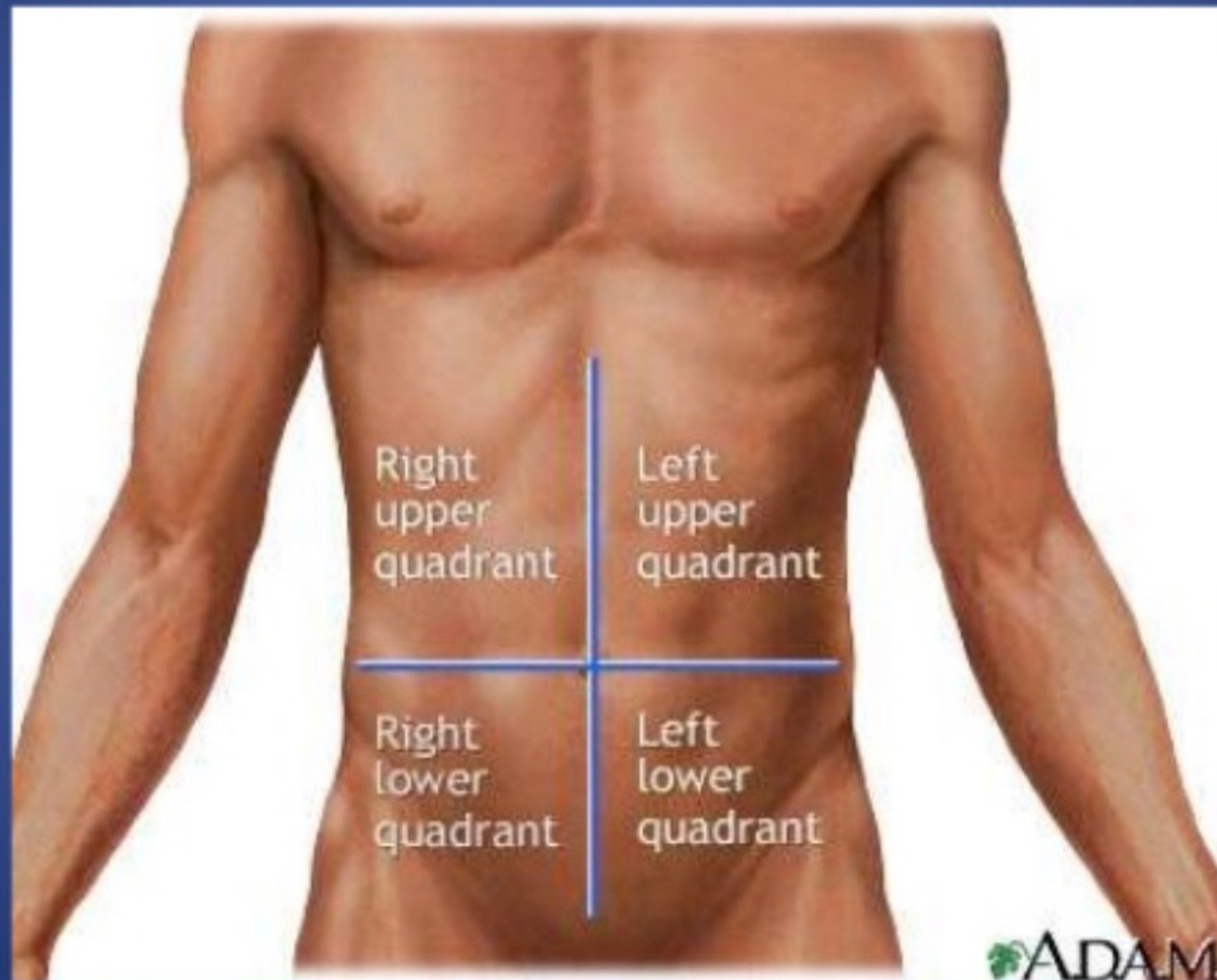
TYPES OF ABDOMINAL PAIN

- VISCERAL
- PARIETAL
- REFERRED

ACUTE ABDOMINAL PAIN

- TWO APPROACHES
- SYSTEMS
- ABDOMINAL TOMOGRAPHY (4 QUADRANTS)

Abdominal Topography



Physical Exam (O)

- Palpate each quadrant
 - Work toward area of pain
 - Warm hands
 - Patient on back, knee bent (if possible)
 - Note tenderness, rigidity, guarding, masses



Laboratory Test

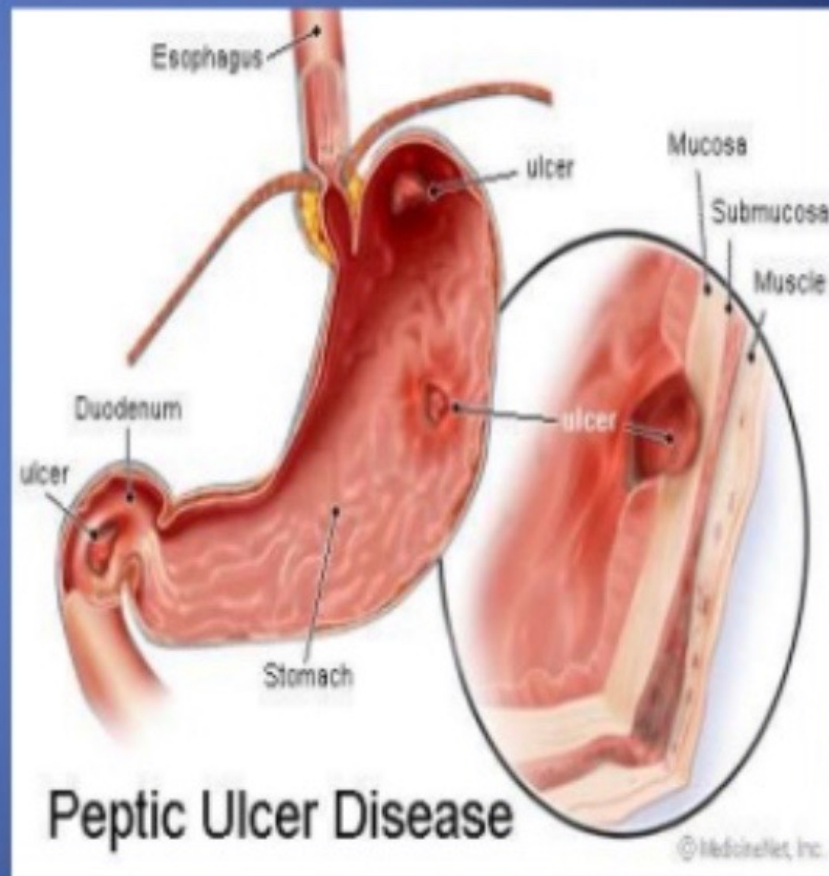
- CBC (limited clinical utility)
- UA / Urine culture
- Lactic acid
- LFT / Amylase / Lipase
- CE / Troponin
- HCG (quant / qual)
- Stool Culture

Radiographic Test

- Plain abdominal radiographs or abdominal series has several limitations and is subject to reader interpretation.
- CT scan in conjunction with ultrasound is superior in identifying any abnormality seen on plain film.

Peptic Ulcer Disease

- Steady, well-localized epigastric or LUQ pain
- Described as a “burning”, “gnawing”, “aching”
- Increased by coffee, stress, spicy food, smoking
- Decreased by alkaline food, antacids



BOWEL OBSTRUCTION

- SMALL BOWEL VS LARGE BOWEL OBSTRUCTION
- ADHESIONS ARE THE COMMONEST CAUSE
- IN A VIRGIN ABDOMEN: DON'T LET THE SUN SET ON A BOWEL OBSTRUCTION!

ABDOMINAL XR





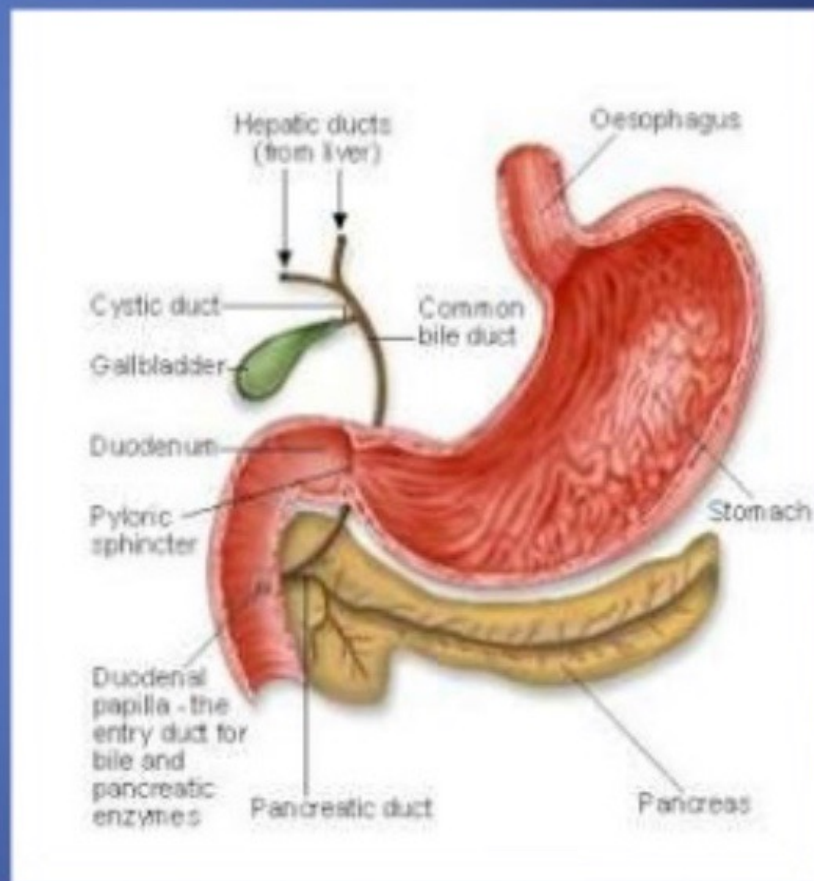
SBO ↑



LBO →

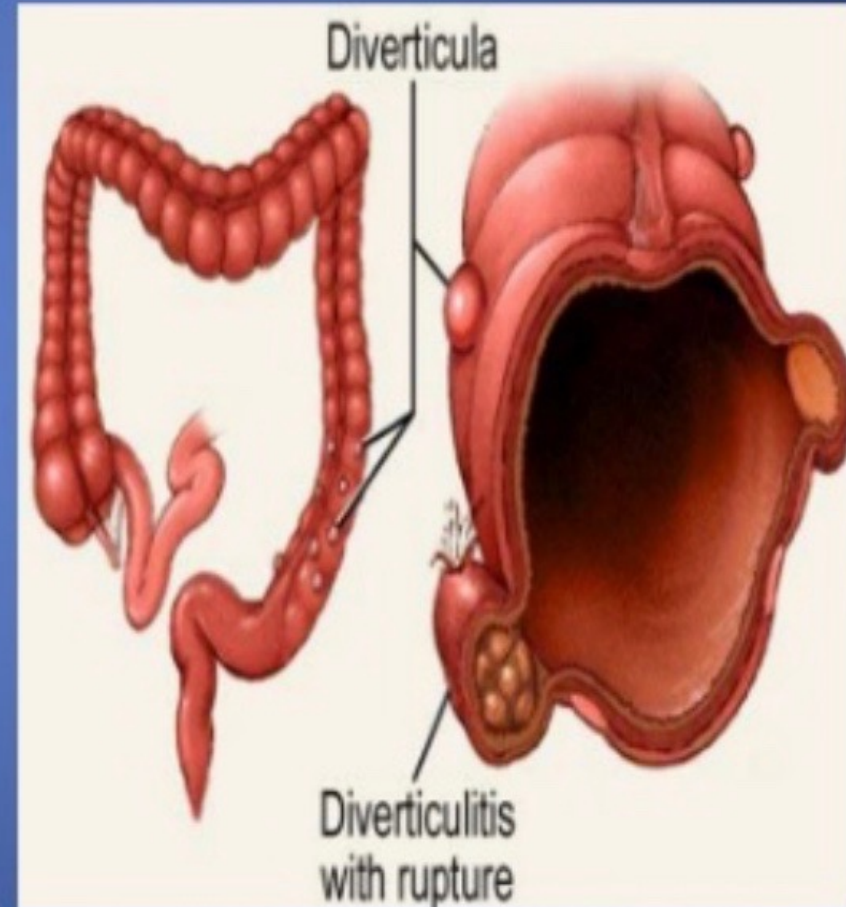
Pancreatitis

- Inflammation of pancreas
- Triggered by ingestion of EtOH; large amounts of fatty foods
- Nausea, vomiting; abdominal tenderness; pain radiating from upper abdomen straight through to back
- Signs, symptoms of hypovolemic shock



Diverticulitis

- Pouches become blocked and infected with fecal matter causing inflammation.
- Pain, perforation, severe peritonitis.



Kidney Stone

- Mineral deposits form in kidney, move to ureter
- Often associated with history of recent UTI
- Severe flank pain radiates to groin, scrotum
- Nausea, vomiting, hematuria
- Extreme restlessness



Ectopic Pregnancy

- Fertilized egg is implanted outside the uterus.
- Growth causes rupture and can lead to massive bleeding.
- Patient c/o of severe RLQ or LLQ pain with radiation.

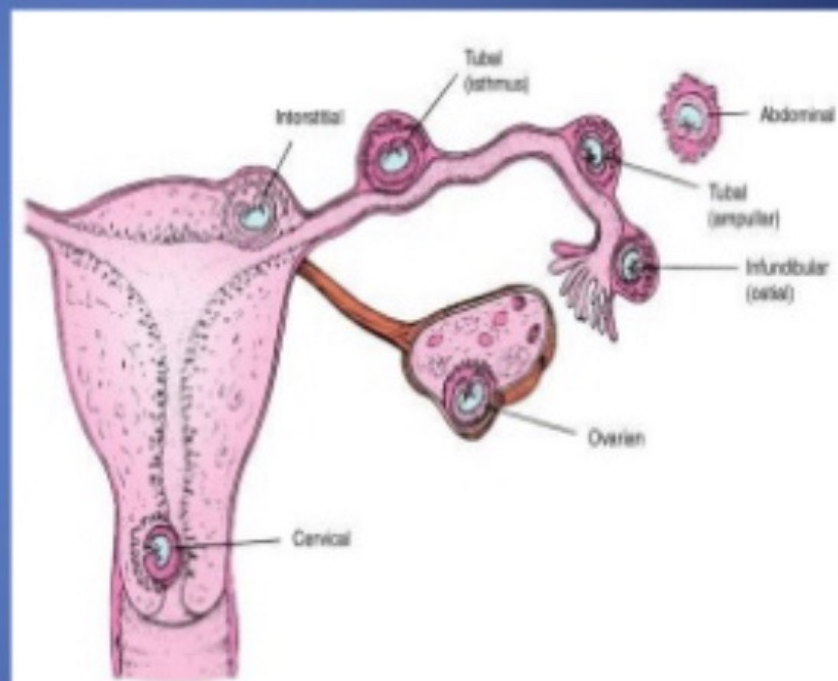
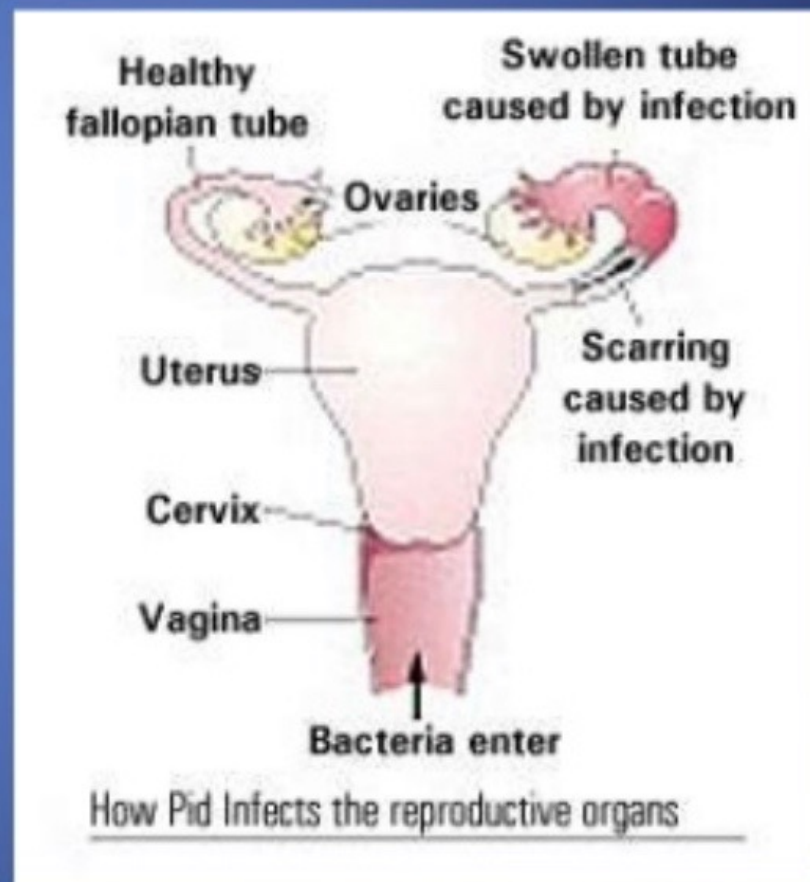


Figure 46-9 Sites of ectopic pregnancy.

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Pelvic Inflammatory Disease

- Inflammation of the fallopian tubes and tissues of the pelvis
- Typically lower abdominal or pelvic pain, nausea, vomiting



Abdominal Aortic Aneurysm

- Localized weakness of blood vessel wall with dilation (like bubble on tire)
- Pulsating mass in abdomen
- Can cause lower back pain
- Rupture shock, exsanguination



Mesenteric Ischemia (MI)

- Diagnosis can be divided into the following:

1. Arterial insufficiency

- Occlusive – Embolic (A. Fib) / Thrombotic
 - Embolic MI has the most abrupt onset.
- Nonocclusive – Low flow state (AMI / Shock)
 - Usually has clinical evidence of a low flow state (acute cardiac disease)

Mesenteric Ischemia (MI)

2. Venous – Mesenteric Venous Thrombosis

- Occurs in hypercoagulable states.
- Usually is found in younger pts.
- Has a lower mortality.
- Can be treated with immediate anticoagulation.

Ischemic Colitis

- It is a diagnosis of an older patient.
- Pain described as diffuse, lower abdominal pain in 80% of pts.
- Can be accompanied by diarrhea often mixed with blood in 60% of patients.
- Compares to mesenteric ischemia, this is not due to large vessel occlusive disease.
- Angiography is not indicated. If it is performed it is often normal.

Extrabdominal Diagnoses of Acute Abdominal Pain: **Cardiopulmonary**

- Pain is usually in upper half of abdomen.
- A chest film should be done to look for pneumonia, pulmonary infarction, pleura effusion, and / or pneumothorax.
- A neg. film plus pleuritic pain could mean PE.
- If epigastric pain is present one should inquire about cardiac history, get and ECG, and consider further cardiac evaluation .

Inguinal Hernia

- Protrusion of the intestine through a tear in the inguinal canal.
- Usually identified by abnormal mass in lower quadrant, with or without pain.
- Strangulation can lead to necrosis.



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