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# Abdominal Pain

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# (A) Central Abdominal Pain

periumbilical area

## Acute

Meckel's Diverticulitis  
Acute GE  
IBD (acute Crohn's / Acute UC)  
Yersinia ileitis  
Typhoid  
TB  
UTI

## Chronic

Crohn's disease  
TB  
Radiation bowel damage  
Tumors the SB  
Recurrent adhesive obstruction/  
malrotation  
Ischemia of SB  
Endometriosis

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# (1) Acute Meckel's Diverticulitis

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- ❖ Is the remnant of the vitello-intestinal duct.
- ❖ It contains all layers of the bowel wall.
- ❖ Occurs in about 2% of population
- ❖ Causes abdominal pain if it became inflamed.
- ❖ Sx are indistinguishable from acute appendicitis —> although pain & tenderness felt more towards the center of the abdomen than in the RIF.

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## (2) Acute gastroenteritis

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- ❖ Usually caused by *Campylobacter* or virus infection.
- ❖ Must be differentiated from food poisoning.
- ❖ Vomiting & diarrhea —> predominate over abd pain, that maybe non-existing or very mild.

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## (3) Inflammatory Bowel Disease

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- ❖ CD & UC —> may present with Acute or Chronic central abdominal pain + other variety of other GI sx.
- ❖ Acute CD:
  - central or rt. iliac fossa ssx similar to those of appendicitis.
- ❖ Acute fulminating UC:
  - acute abd pain preceded by severe diarrhea accompanied by the passage of blood, mucus and pus.

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## (4) Acute *Yersinia* ileitis

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- ❖ Indistinguishable from acute Crohn's disease & appendicitis on Hx and PE.
- ❖ A mass is rarely palpable.
- ❖ Usually incorrectly diagnosed as Acute Appendicitis.

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# (5) Typhoid

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- ❖ Normally presents with toxemia and diarrhea.
- ❖ If a typhoid ulcer in small bowel perforates —> severe abd pain and all the signs of **peritonitis** will presents.

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# (6) Tuberculosis

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- ❖ Intra-abdominal TB is rare.
- ❖ Ileocecal TB may cause colicky or continuous central abdominal pain , often associated with abdominal distension and wt loss.
- ❖ On Exam:
  - mass of matted glands in the rt. Iliac fossa
  - ascites or signs of chronic intestinal obstruction
  - together with evidence of TB infection other sites (lungs, cervical LN)

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# (7) Urinary Tract Infection

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- ❖ Cystitis and Pyelonephritis

- ❖

# (B) Lower Abdominal Pain

- ❖ Acute and/or chronic
- ❖ Caused by inflammatory and/or malignant conditions
- ❖ **Causes:**
  1. Appendicitis
  2. Crohn's disease
  3. Carcinoma of the caecum & rt. Colon
  4. Diverticular disease
  5. Carcinoma of the left colon/rectum
  6. Bladder outflow obstruction
  7. Interstitial/irradiation cystitis
  8. Pelvic inflammatory disease

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# (1) Acute Appendicitis

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- ❖ The commonest cause of acute and pain in the western world.
- ❖ Presents with vague pain which begins in the center of the abdomen —> after few hours to 2-3 days —> pain shifts to the rt. Iliac fossa & becomes more severe.
- ❖ The “typical” history is almost diagnostic but only occurs in about 1/2 patients.

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## (2) Chronic Appendicitis

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❖ 2 forms of chronic inflammation may develop in the appendix:

1. Mucocele

2. Emphyema

—> Both follow an attack of acute inflammation & both may cause recurrent pain in the right iliac fossa.

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## (3) Acute salpingitis/PID

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- ❖ An infection in one or both Fallopian tubes, often associated with infection in the surrounding supporting tissue.
- ❖ The most common organisms —> *Gonococcus & Streptococcus*
- ❖ The organisms reach the Fallopian tubes by —> direct spread through the vagina & the uterus, really from the bloodstream.

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## (4) Chronic Pelvic Sepsis

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- ❖ Adnexal tenderness on bimanual exam + low-grade fever + continuous vaginal discharge —> indicates the Dx.
- ❖ May be associated with urinary frequency and dysuria.
- ❖ Gonococcal pathogen on HVS —> confirm the Dx.

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## (5) Crohn's Disease

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- ❖ Acute disease presents with —> Sx similar to appendicitis.
- ❖ **Distinguishing Sx** —> occurrence of repeated episodes of diarrhea in the weeks before the attack.
- ❖ **Runs a chronic course** = long Hx of colicky central/lower and pain coming on every 15-20 min associated with diarrhea.
- ❖ **Complications:** Anal abscess & fistulae are common

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## (6) Acute Diverticulitis of the colon

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- ❖ Diverticula often cause no symptoms but they become **obstructed** & often **inflamed** = **Acute Diverticulitis**
- ❖ Often mild intermittent lower abd pain —> shifts to the Lf. Iliac fossa

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# (7) Chronic Diverticular Disease

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- ❖ Commonly presents in middle-aged or elderly patients with episodes of central and lower left-sided abd pain, often associated or preceded by constipation.

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## (8) Carcinoma of the cecum & Rt. Colon

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- ❖ Usually silent until it has grown to a considerable size.
- ❖ Usually presents with anemia, wt loss & a mass.

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## (9) Cancer of the Lf. Colon

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- ❖ Sx differ according to the part of the colon involved.
- ❖ Majority of colon cancers —> sigmoid & recto-sigmoid junction.
- ❖ Presents with a change in the bowel habit (alternating constipation & diarrhea)

Thank you