
Abdominal Pain

Khayal Alkhayal, FRCSC, FASCRC
Associate professor of Surgery KSUMC

(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

(1) Acute Meckel's Diverticulitis

- ❖ 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 becomes inflamed.
- ❖ Sx are indistinguishable from acute appendicitis —> although pain & tenderness felt more towards the center of the abdomen than in the RIF.

(2) Acute gastroenteritis

- ❖ 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.

(3) Inflammatory Bowel Disease

- ❖ 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.

(4) Acute *Yersinia* ileitis

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

(5) Typhoid

- ❖ 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.

(6) Tuberculosis

- ❖ 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)

(7) Urinary Tract Infection

- ❖ 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

(1) Acute Appendicitis

- ❖ 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.

(2) Chronic Appendicitis

- ❖ 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.

(3) Acute salpingitis/PID

- ❖ 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.

(4) Chronic Pelvic Sepsis

- ❖ 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.

(5) Crohn's Disease

- ❖ 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

(6) Acute Diverticulitis of the colon

- ❖ 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

(7) Chronic Diverticular Disease

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

(8) Carcinoma of the cecum & Rt. Colon

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

(9) Cancer of the Lf. Colon

- ❖ 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