Abdominal Pain

Pain at Abdomen

Characteristic of Pain

Colicky Pain

Strong Peristalsis of hollow visceral organ ->

- Small Intestine, Large Intestine, and Ureter -> intermittant pain
- Biliary System -> ever increasing pain

Burning Pain

Chemical trigger -> assoc Stomach -- Peptic Ulcer -> Peptic Perforation

Possibly Neuropathic Pain

Dull Pain

- Pain from Visceral Orgains -- EXCEPT Peritoneum
- Biliary Obstruction

Sharp Pain

aka. electrical pain, pin and needle sensation; mostly Neuropathic Pain

Throbbing Pain

Assoc Pulse; found in Aortic Dissection

Persistent / Catastrophic Pain

Indicate severe pathology -- Peritonitis, Intestinal Infarction, Aortic Dissection, etc.

Pathogenesis

- **Tension** or **Stretching** <- Abdominal Distention, Intestinal Obstruction, Acute hepatitis, etc.
- Spasm -- assoc Colicky Pain <- Gallstone, Diarrhoea, etc.
- Inflammation and irritation <- Peptic Ulcer, Gastritis, Bacterial Infection in GI, etc.
- Ischaemia
- Tumors -> infiltration

Diagnosis

Evaluation

- Location
- Duration
 - Acute -> More severe inflammation and obstruction
 - -- Appendicitis, Cholecystitis, Pancreatitis, etc.
 - -- Intestinal Obstruction, Ureteric Stone, etc.
 - -- DDx in female -> Ectopic Pregnancy, ruptured Ovarian Cyst, Pelvic Inflammatory Disease, etc.
 - Chronic -> less severe inflammation and obstruction, chronic pathology, tumor
- Onset
 - Sudden -> perfolation, obstruction, ruptures
 - Slow -> inflammation and tumors
- Characteristic of Pain
- Association factors
 - Meal
 - * Better pc -> **Duodenal Ulcer**
 - * Worsen pc -> Gastric Ulcer
 - * Worsen c fatty food -> Biliary System
 - Defaecation -> better -> Irritable Bowel Syndrome
 - **Posture** -> (blend forward -> better) + (move or inhale -> worsen)
 - -> Acute Pancreatits
 - Menstruation, etc.
- Others symptoms
 - Severe Nausea & Vomiting -> Upper GI tract

Mild -> normal bco Sympathetic NS

- Diarrhoea
 - * Watery -> Small Intestine
 - * Bloody c mucus -> Large Intestine
- Fever -> infection or inflammation
- Ascites vs ileus / Intestinal Obstruction

Dx c : Flatulence

- Others history

PEs

- Vital signs
 - High HR, RR and low BP <- Peritonitis
 - Shock <- Internal Bleeding, etc.
- Posture
 - Low movement, fetal postition <- Peritonitis; blend forward ->
 Acute Pancreatits
 - Pale + low BP <- Internal Bleeding <- ruptures (Hepatoma, Hepatic Adenoma, Ectopic Pregnancy, etc.)
 - Jaundice <- Biliary Obstruction

Abdominal Examination

Look for these:

• Scars from surgery -- possibly complications

Adhesion Band -> Intestinal Obstruction; Incisional Hernia, etc.

- Intestinal Herniation
- Signs of infection or inflammation
- Abdominal Distention
- Bowel Sound
- Bruit <- mass
- Splashing sound <- Gastric Outlet Obstruction
- Palpation -- look for tenderness, gurding, and rigidity -> Peritonitis

DO NOT do deep palpation unless necs Bimannual palpation -> mass at Retroperotoneum Palpation for Lymph Node -> tumor spreading

Anal Examination

In acute abdominal pain; look for these

- Wall of rectum -> Peritonitis if painful; mass; Rectal Shelf in female; etc.
- Faeces -- obstruction, blood, etc.

PV Examination

Necs in female c pain at pelvic region