

# Abdominal Pain

Ian Butler-Hall

# 3 D's

- Danger: Life threats
- Distress: Pain, discomfort, emotional distress
- Disposition: Obs, Referral, Discharge

# Case 1

- 44yom: 3 days of epigastric pain
  - What more do you want to know?

# Case 1

- Constant, sharp, epigastric pain
- Nausea and some non-bloody vomiting
- Radiation of the pain to the back
- No fever, diarrhea, chest pain, dyspnea, prior abdominal surgery
- No PMH, smoking, or alcohol

# Case 1

- Obs: HR 115 BP 118/65 RR 22 97%RA T 36.0
- Epigastric tenderness, no rebound, no masses/hernias
- RRR, no murmurs
- Lungs clear, normal distal pulses
- No back or CVA tenderness
- What next?

# Case 1

- 3 D's
  - Danger?
  - Distress?
  - Disposition?
- Differential diagnosis?
- What next?

# Case 1

- IV fluids, pain/nausea meds
- WBC 13,000
- Glucose 8, LFTs normal
- UA no blood
- Lipase 1000
- Imaging?

# Case 1

- 3 D's
- Causes of pancreatitis?
  - Alcohol
  - Medications
  - Mechanical obstruction (stones, mass)
  - High  $\text{Ca}^{++}$ , High triglycerides



# Case 2

- 42yof presents with lower abdominal pain x 24hrs
  - What more do you want to know?

# Case 2

- Constant, dull, achy
- Nausea but no vomiting
- No radiation of pain
- No fever, diarrhea, dysuria, prior hysterectomy
- No PMH, smoking, or alcohol

# Case 2

- Obs: HR 95 BP 138/65 RR 16 97%RA T 37.8
- RLQ/LLQ tenderness, + rebound, no masses/hernias, no distention or tympany
- RRR, no murmurs
- Lungs clear, normal distal pulses
- No back or CVA tenderness
- What next?

# Case 2

- 3 D's
  - Danger?
  - Distress?
  - Disposition?
- Differential diagnosis?
- What next?

# Case 2

- IV fluids, pain/nausea meds
- WBC 15,000
- Glucose 6, LFTs normal, Lactate normal, CRP 35
- UA trace WBC
- Imaging?
- 3 D's now?

# Case 3

- 36yom presents with RUQ/flank pain
  - What more do you want to know?

# Case 3

- Sharp, constant but increases at times
- Nausea and one episodes of vomiting
- RUQ through to the back; can't get comfortable
- No fever, diarrhea, dysuria, hematuria, chest pain, dyspnea, prior surgery
- No PMH, +smoker, social alcohol

# Case 3

- Obs: HR 95 BP 158/75 RR 16 96%RA T 37.0
- Mild RUQ tenderness, no rebound/guarding; no lower tenderness
- RRR, no murmurs
- Lungs clear, normal distal pulses
- No back or CVA tenderness
- What next?



# Case 3

- 3 D's
  - Danger?
  - Distress?
  - Disposition?
- Differential diagnosis?
- What next?

# Case 3

- IV fluids, pain/nausea meds
- WBC 9,000
- Glucose 5, LFTs normal, Lactate normal, Lipase normal
- UA trace RBC
- Imaging?
- 3 D's now?

# Case 4

- 63yom presents with left flank pain
  - What more do you want to know?

# Case 4

- Sharp, severe at onset
- Nauseous and almost passed out; one episode of vomiting
- Constant left flank pain; can't get comfortable
- No fever, diarrhea, dysuria, hematuria, chest pain, dyspnea; prior appendectomy and hernia repair
- PMH: HTN, +smoker, social alcohol

# Case 4

- Obs: HR 115 BP 98/55 RR 20 96%RA T 36.0
- No abdominal tenderness
- Fast HR, normal rhythm, no murmurs
- Lungs clear, normal distal pulses
- Minimal left CVA tenderness
- What next?

# Case 4

- 3 D's
  - Danger?
  - Distress?
  - Disposition?
- Differential diagnosis?
- What next?

# Case 4

- IV fluids, pain/nausea meds
- WBC 15,000
- Glucose 8, LFTs normal, Lactate 2.5, Lipase normal
- UA 1+ RBC
- Imaging?
- 3 D's now?





# Case 5

- 68yof presents with abdominal pain
  - What more do you want to know?

# Case 5

- Dull, achy, constant but at times more severe
- Nausea and non-bloody emesis
- Generalized pain, seems worse centrally
- No fever, diarrhea, dysuria, hematuria, chest pain, dyspnea; prior hysterectomy, appendectomy, hernia repair
- HTN, prior smoker, social alcohol

# Case 5

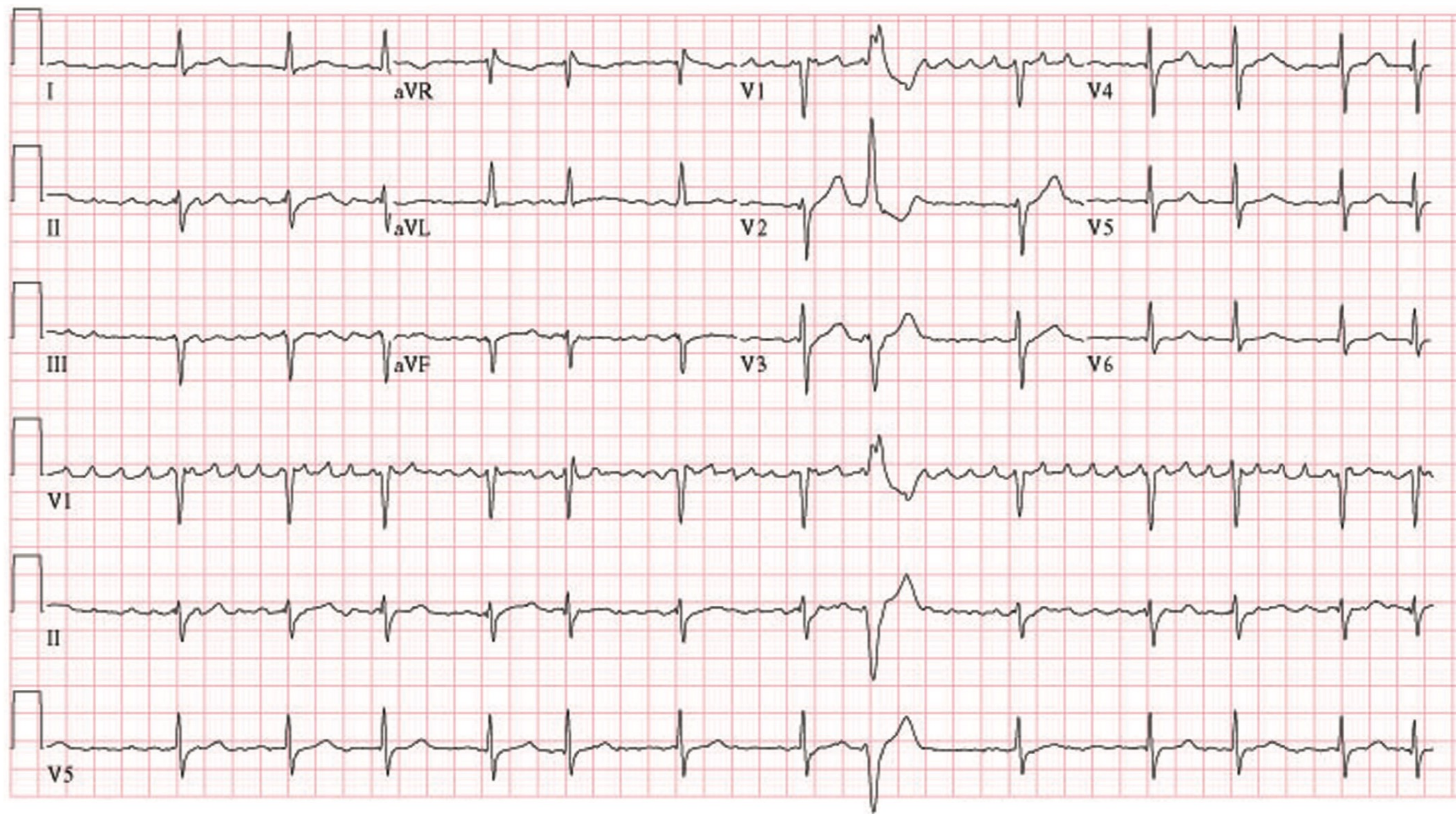
- Obs: HR 95 BP 152/66 RR 16 96%RA T 37.0
- Generalized tenderness, no rebound/guarding; mild distention/tympany
- Regular rate, no murmurs
- Lungs clear, equal distal pulses
- No back or CVA tenderness
- What next?

# Case 5

- 3 D's
  - Danger?
  - Distress?
  - Disposition?
- Differential diagnosis?
- What next?

# Case 5

- IV fluids, pain/nausea meds
- WBC 17,000
- Glucose 6, LFTs normal, Lactate 4, Lipase normal, CRP 30
- UA normal
- Imaging?
- 3 D's now?





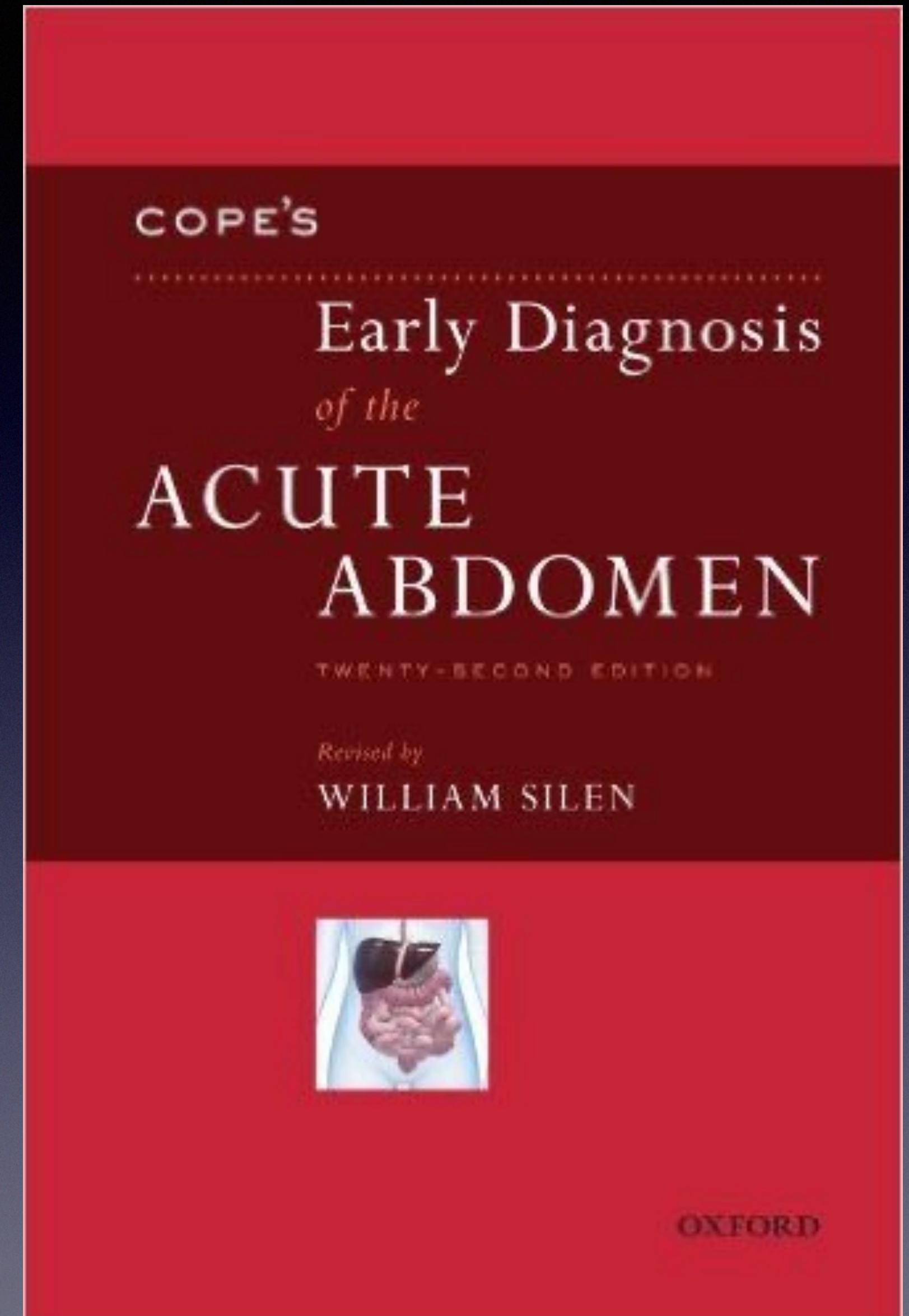
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# Abdominal Pain

- 3 D's
- Explain or investigate vital sign abnormalities
- Treat pain, replace losses
- Consider bedside US
- Check with consultant early if unclear



# Cope's Early Diagnosis of the Acute Abdomen



Questions?