

Acute Abdomen – Bohmer – 23/09/03

This set of notes attempts to give you differential diagnoses for the acute abdomen. You should know these for the exam.

Epigastric

- acute pancreatitis (characteristically radiates to the back or flank)
- Peptic ulcer (gastric or duodenal)
- gastritis – not usually admitted to hospital
- AAA (radiates to the back and/or flank)
- Extra abdomen problems should also be considered: Heart: IHD, Lungs: Pneumonia, Pleurisy, Oesophagus: oesophageal spasm.
- Musculoskeletal pain (Bornholm disease – Coxsackie virus)

R. hypochondriac

- Acute cholecystitis,
- Acute cholangitis (Charcot's triad: fever, pain, jaundice)
- Acute biliary colic
- Hepatitis
- Peptic ulcer (GU, DU)

R. flank

- Renal colic (as a result of stones, which are pushed during peristalsis)
- UTI
- Retrocaecal appendicitis

L. flank

- Renal colic
- UTI
- Pancreatitis
- AAA
- Spleen

R. iliac fossa

For this quadrant, split your possible diagnoses into four categories which are: GIT, Renal, Lymphatics, Gynaecological.

GIT: Appendicitis, IBD, Meckel diverticula, caecal cancer, diverticulitis (usually left sided, but in Asian's can present with right sided pain).

Lymphatics: Mesenteric adenitis (post-viral infections in <12 year olds)

Gynaecological: Ectopic pregnancy, Ovarian cyst/torsion, PID (salpingitis)

Renal: UTI, Cystitis, Renal stones, Psoas abscess

Hypogastric

- UTI

- Gynaecological
- Obstruction of bladder (elderly)
- Meckel's diverticula

L. iliac fossa

- Diverticulitis
- Renal stones
- Gynaecological

Umbilical

- SMO, LBO
- Umbilical hernia (if lump present)
- AAA