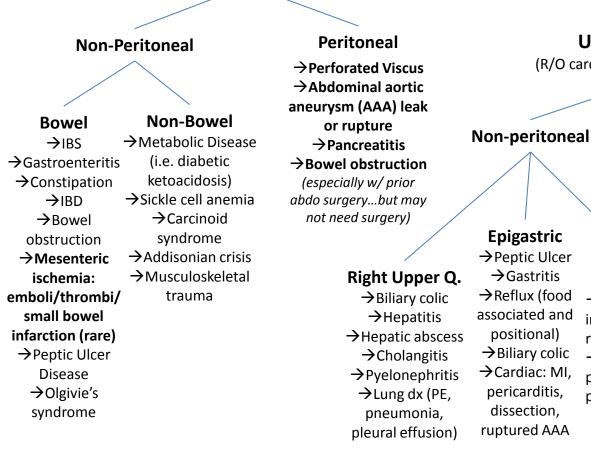
Remember: pain presentations can be atypical in diabetics (neuropathy), elderly/infants, pregnant women, the immunosuppressed, and those who have taken antibiotics recently. Locations can be atypical as well - i.e. in a malrotated gut w/ the cecum in the LUQ, appendicitis may present with LUQ pain!

Acute Abdominal Pain (<72 hours)

Rule out (R/O) surgical abdomen: pt lying still, rigid/hard abdomen, guarding, severe pain with abdominal vibration (i.e. coughing, rebound) Causes of Surgical abdomen are in bold, below



Diffuse

Upper Quadrants

(R/O cardio/pulmonary/MSK causes)

Peritoneal \rightarrow Pancreatitis →Cholecystitis (RUQ) \rightarrow Cholangitis (RUQ) \rightarrow Splenic rupture

Left Upper Q.

 \rightarrow Splenic dx: infarct, abscess, rupture \rightarrow Lung dx (PE, pneumonia. pleural effusion)

 \rightarrow Perforated ulcer →Esophageal rupture \rightarrow Gallbladder rupture

Localized

Pelvic/Adnexal \rightarrow Ectopic Pregnancy \rightarrow Appendicitis \rightarrow Ovarian Torsion \rightarrow Testicular torsion \rightarrow Pelvic Inflammatory hernia Disease (PID) → Salpingitis

Do not miss:

- Ectopic pregnancy
- Ruptured/leaking AAA
 - Perforated viscus
 - Bowel obstruction
- Mesenteric ischemia
- Acute pancreatitis Appendicitis

Myocardial Infarction

(atypical presentation)

Lower Quadrants

(R/O Genitourinary causes)

Peritoneal

Non-peritoneal →Constipation (most common in \mathcal{Q}) →IBS →Ureteric /renal colic →UTI \rightarrow Endometritis →Psoas Abscess Bowel (rare!) (usually RLQ) →Diverticulitis (usually LLQ) →Strangulated

All reproductive-age women with abdominal pain \rightarrow ectopic pregnancy! (Until a proper urine bHCG (with SG > 1.015), or a serum bHCG proves otherwise)

Chronic Abdo Pain

Think: 1) type of pain and 2) location (what structures are underneath)!

