

Remember: **pain presentations can be atypical** in diabetics (neuropathy), elderly/infants, pregnant women, the immuno-suppressed, 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***

## Do not miss:

- **Ectopic pregnancy**
- **Ruptured/leaking AAA**
  - **Perforated viscus**
- **Bowel obstruction**
- **Mesenteric ischemia**
- **Acute pancreatitis**
  - **Appendicitis**
- **Myocardial Infarction**  
*(atypical presentation)*

## Diffuse

## Localized

### Non-Peritoneal

### Peritoneal

- **Perforated Viscus**
- **Abdominal aortic aneurysm (AAA) leak or rupture**
- **Pancreatitis**
- **Bowel obstruction**  
*(especially w/ prior abdo surgery...but may not need surgery)*

### Upper Quadrants

(R/O cardio/pulmonary/MSK causes)

### Lower Quadrants

(R/O Genitourinary causes)

#### Bowel

#### Non-Bowel

- IBS
- Gastroenteritis
- Constipation
- IBD
- Bowel obstruction
- **Mesenteric ischemia: emboli/thrombi/ small bowel infarction (rare)**
- Peptic Ulcer Disease
- Olgivie's syndrome
- Metabolic Disease (i.e. diabetic ketoacidosis)
- Sick cell anemia
- Carcinoid syndrome
- Addisonian crisis
- Musculoskeletal trauma

#### Non-peritoneal

#### Peritoneal

- **Perforated ulcer**
- **Pancreatitis**
- **Cholecystitis (RUQ)**
- **Cholangitis (RUQ)**
- **Esophageal rupture**
- **Gallbladder rupture**
- Splenic rupture

#### Peritoneal

#### Non-peritoneal

- Constipation (most common in ♀)
- IBS
- Ureteric /renal colic
- UTI
- Endometritis
- Psoas Abscess (rare!)

#### Right Upper Q.

- Biliary colic
- Hepatitis
- Hepatic abscess
- Cholangitis
- Pyelonephritis
- Lung dx (PE, pneumonia, pleural effusion)

#### Epigastric

- Peptic Ulcer
- Gastritis
- Reflux (food associated and positional)
- Biliary colic
- Cardiac: MI, pericarditis, dissection, ruptured AAA

#### Left Upper Q.

- Splenic dx: infarct, abscess, rupture
- Lung dx (PE, pneumonia, pleural effusion)

#### Pelvic/Adnexal

- **Ectopic Pregnancy**
- **Ovarian Torsion**
- **Testicular torsion**
- Pelvic Inflammatory Disease (PID)
- Salpingitis

#### Bowel

- **Appendicitis** (usually RLQ)
- **Diverticulitis** (usually LLQ)
- **Strangulated hernia**

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

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

# Chronic Abdo Pain

→ Recurrent Pain? R/o tumor

→ Upper Quadrant/Epigastric Pain? R/o cardiac, pulmonary, renal cases (esp in seniors)

→ Lower Quadrant pain? R/o genito-urinary causes

## Constant

### Upper quadrants

- PUD or gastritis
- Gastric cancer
- Chronic pancreatitis
- Pancreatic tumor
- Splenic (abscess, splenomegaly)
- Liver distension

(hepatomegaly, tumor, fat, etc)

### Lower quadrants

- Crohn's
- Gynecological (pelvic inflammator dx, tumor, endometriosis)
- Testicular torsion in men

### Diffuse

- Ascites
- Neuropathic pain
- Muscle wall
- Somatization
- Small intestinal malignancies (rare: adenocarcinoma, carcinoid, lymphoma, mets)

## Crampy/Fleeting/Intermittent

### Upper quadrants

- Biliary colic
- Sphincter of oddi dysfunction
- Renal colic

### Diffuse

- IBS
- **Obstruction** (ex adhesions, crohn's, volvulus, neoplasm, hernia) – waves of peristalsis pushes food against obstruction, causing crampy/fleeting pain.

### Lower quadrants

- IBD
- IBS
- Celiac disease,
- Lactose intolerance
- Tumors

## Post-Prandial

### Upper Quadrants

- GERD
- PUD/Dyspepsia
- Gastric cancer
- Chronic pancreatitis
- Biliary colic
- Angina

### Lower Quadrants

- Obstructing Cancer
- IBS

### Diffuse

- Bowel obstruction
- Bowel ischemia
- Atherosclerosis