

ABDOMINAL PAIN

Gastrointestinal	R. Hypochondria	Liver	Hepatitis		
			Liver abscess		
			Liver cirrhosis		
		Gall bladder	Cholecystitis		
		Biliary Tree	Ascending Cholangitis		
	Epigastrium	Oesophagus	GORD		
			Oesophagitis		
		Stomach	Gastritis		
			GUD		
			Gastroenteritis		
		Duodenum	DUD		
		Pancreas	Pancreatitis		
	L. Hypochondria	Spleen	Splenomegaly	Sickle cell	
				Spherocytosis	
				Malaria	
				SLE	
Sarcoid					
		Infarction			
	Colon	IBD			

	Paraumbilical	Referred	Diverticular disease
			Malignancy
			Appendicitis
			IBD

Gastrointestinal Continued	Paraumbilical	Obstructive	Small bowel obstruction
			Adhesions
	R. Iliac Fossa	Infective	Gastroenteritis
		Appendix	Appendicitis
		Caecum	Malignancy
		Colon	IBD esp Crohns
	Suprapubic		Malignancy
		Rectal	Rectal tumour
	L. Iliac Fossa	Colon	Diverticulitis
			Malignancy
			IBD
	Diffuse	Infection	Gastroenteritis
		Inflammation	IBD
			Coeliac
		Perforation	Acute pain
		Obstruction	Constipation

			Volvulus
			Intussusception
			Inguinal/Femoral Hernia
Urological	Hypochondrial and lumbar	Ureteric Pin	Pyelonephritis
			Hydronephrosis
			Pyonephrosis
			Calculi in transit
	Kidney Pain	Renal Calculi	
		Renal Carcinoma	

Urological Continued	Suprapubic Pain	Urinary retention	Typically due to calculi, tumour or infection
		Bladder inflammation	Malignancy, Infection , Idiopathic inflammation
Vascular	Epigastric	Ruptured AAA	Pain may radiate to back, other symptoms of hypotension present
	Umbilical	Mesenteric Angina	Ischemic pain following meals
		Bowel Infarction	Ischemic pain due to absent mesenteric blood flow
Metabolic Endocrine	Biochemical	Uraemia	
		Hyperkalaemia	
	Endocrine	DKA	History of polydipsia and polyuria
		Addison's	
	Poisoning	Lead, Spider bite etc	
Reproductive	Male	Referred Pain from Testicles	Trauma

			Torsion	
			Infection	
			Malignancy	
		Female	Ectopic pregnancy	RIF/LIF Associated with vaginal bleeding
			Ovarian cyst	Harmless & Benign
			PID	Ask about unprotected sex
			Menstruation	Ask about cycle
	Mittelschmerz	Ask about cycle		
	Fibroids/endometriosis	Pain on intercourse/Ask about cycle		
Muscular	Strain	Any muscle of the abdominal wall	Recent exercise/activity	
	Neurogenic pain	Herpes zoster	Look for hepitiform rash	
Referred	Referred from Chest	MI, ACS, Lung pathology	Presents with other symptoms	

Nature of Abdominal Pain

Site and Radiation

Quality

Intensity

Timing

Aggravating/Relieving Factors

Associated Symptoms

Remember VISCERAL pain is poorly localised and SOMATIC pain is due to irritation of the parietal peritoneum

Wind

Ensure you ask what the patient means by wind. They could be talking about belching or flatus. It is normal to pass between 200ml and 2000ml in flatus each day. Belching may present with symptoms of dyspepsia. Excessive flatus may be associated with a dietary intolerance i.e. lactose / gluten Distension (The 5 F's)

Fat	Dull to percussion	Think alcoholism
Flatus	Hyper-resonant	Pseudo obstruction or obstruction
Faeces	Firm distension	Subacute obstruction, constipation
Fluid	Shifting dullness	Ascites, bladder distension
Foetus	Should be fairly obvious	Date of last menstrual cycle