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Abdominal Pain

Common Diagnoses

"Abdominal pain NYD" is the most common diagnosis in all age groups.

	Pediatric	Adult	Geriatric
Next most common diagnoses	❑ Colic (Infants) ❑ Constipation (1-4 yrs) ❑ Recurrent abdo pain (4-9 yrs) ❑ IBS (9-12 yrs) ❑ Gastroenteritis	❑ Irritable Bowel Synd. (IBS) ❑ Gastroenteritis ❑ Constipation ❑ Other viral infection ❑ UTI	❑ IBS ❑ Diverticular disease ❑ Constipation ❑ Gastroenteritis ❑ GI malignancy

Diagnosing Irritable Bowel Syndrome (IBS)

Consider using *Manning Criteria*: 3 or more of the following

❑ pain relief with bowel movement ❑ passage of mucus
❑ more frequent stools with onset of pain ❑ sensation of incomplete evacuation
❑ loose stools with onset of pain ❑ abdominal distention

AND no red flags or family hx of organic bowel disease. (Likelihood Ratio: 2.9)

If pt doesn't meet the above criteria and IBS is high on DDx, consider the *Kruis method* which is based on sx, sx duration, physician assessment, CBC, ESR, WBC, FOB. (Likelihood Ratio:8.6).

• 2006 *ROME III criteria* has only fair to modest inter-rater reliability between experts and still needs validation. It is used more for research and less in clinical practice.

Physical Exam/ Investigations: Beyond the Abdomen

❑ vitals ❑ cardiac rhythm ❑ lungs ❑ DRE ❑ Beta HCG
❑ testicular or bimanual exam ❑ consider testing for celiac dz (anti-endomysial antibody, etc) in child with chronic abdo pain

Red Flags

	Finding	Typical Age/Sex	Dx To Think About
HPI	Weight loss	A, G	GI Malignancy
	Pain radiating to back	A, G	Pancreatitis, AAA
	Pain central and then RLQ	Any	Appendicitis
	Pain radiating to groin	Male	Testicular Torsion, Hernia, Renal Colic
	Blood per rectum/melena	Any	GI bleed (PUD, Varices, Diverticulitis), Meckel's, Malignancy in elderly
	Current antibiotics/steroids	Any	Can mask peritoneal symptoms
PMHx	Cardiac hx incl Afib, HTN	G	Ischemic bowel, AAA, MI
	Previous abdominal surgery	G	Obstruction
	Taking antipsychotics	A, G	Ileus, Obstruction or Toxic Megacolon
Soc. Hx	EtOH	A, G	Risk factor for Pancreatitis, Varices
	Sexually active	Female	Ectopic Pregnancy, STIs
Physical Exam	Change in mental status	G	Infection (particularly UTI)
	↑ RR	P, G	Pneumonia
	Shock	Any	Perforated Viscus, GI Hemorrhage, Severe Pancreatitis, MI, Sepsis (N, P)
	Severe pain out of keeping with findings	A, E	Ischemic Bowel, Pancreatitis
	Restless/writhing	Any	Biliary or Renal Colic, Testicular Torsion
	Pulling up legs to chest	N	Volvulus, Intussusception
	Lower abdominal tenderness	Female	Ectopic Pregnancy or Other Gyne
	LLQ tenderness	A,G	Diverticulitis

A= adult; G=geriatric; N= neonate; P=pediatric

Key References: Ponka D & M Kirlew. Can Fam Physician. 2007. 53: 1509; Cayley WE Jr. BMJ. 2005. 330: 632. Ford AC et al. JAMA 2008. 300(15): 1793-1805; Smucny J et al. Abdominal Pain. In Essentials of Family Medicine 5th Edition. 2008. Chogle A American J Gastroenterology. 2010. 2697-2701. Wilkins T, Pepitone C, Alex B, Schade RR. Diagnosis and management of IBS in adults. Am Fam Physician 2012 Sep 1;86(5):419-426.