

Top 10 differential diagnoses in family medicine: Generalized abdominal pain

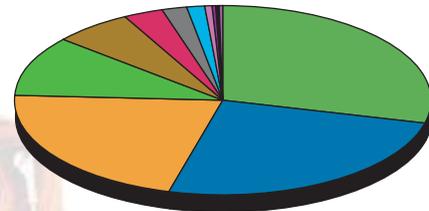
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6. GENERALIZED ABDOMINAL PAIN

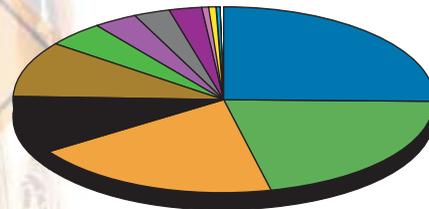
The approach to acute abdominal pain will be guided by a detailed history and especially by location and quality of the pain, as well as the presence or absence of peritoneal signs. The only caveat that we will mention here is to always examine the genitals and testes in a man with acute abdominal pain, and always perform a pregnancy test in a woman of childbearing age with abdominal pain.

The more common presentation in the office setting is generalized chronic or recurrent pain. In general, and as with all symptoms, the longer the history of undiagnosed abdominal pain, the less likely that a serious etiology has been missed. Avoid repeating exhaustive investigations unless new symptoms, and especially red flags appear:

- New onset of pain, change in pain or altered bowel habits in the elderly;
- weight loss;
- bleeding per rectum or melena stool;
- anemia;
- supraclavicular nodes;
- a personal or family history of serious bowel pathology; and
- pain waking the patient at night.



Under 45



45 and Older

	AGE	
	Under 45	45 and Older
Abdominal Pain NYD	28.90 %	21.21 %
Irritable Bowel Syndrome	21.50	19.20
GI Infection	10.50	4.60
Constipation	6.10	9.60
Diverticular Disease	0.30	10.00
UTI	2.00	2.80
Other Viral Infection	2.90	0.20
GI Malignancy	0.20	3.20
Biliary Colic	0.30	2.60
Appendicitis	1.30	0.30
Duodenal Ulcer	0.50	0.50
Other Malignancies	0.00	0.50
Other	25.40	25.30

GI—gastrointestinal;
NYD—not yet diagnosed;
UTI—urinary tract infection.

For a pdf of the Top Ten Differential Diagnoses in Family Medicine pamphlet or to access the slide show on-line, go to <http://www.familymedicine.uottawa.ca/eng/TopTenDifferentialDiagnosisInPrimaryCare.aspx>.

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