ACUTE ABDOMEN

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OBJECTIVE

- 1- Definition of acute abdomen .
- 2- Differential Diagnosis .
- 3- Investigation .
- 4- Management .

Definition of Acute Abdomen :

The term of acute abdomen referee to a sudden sever of abdominal pain less than 24 hrs and requiring urgent management

Myocardial infarct
Peptic ulcer
Acute cholecystitis
Perforated oesophagus

Epigastrium

Acute cholecystitis
Duodenal ulcer
Hepatitis
Congestive hepatomegaly
Pyelonephritis
Appendicitis
(R) Pneumonia

Ruptured spleen
Gastric ulcer
Aortic aneurysm
Perforated colon
Pyelonephritis
(L) Pneumonia

Intestinal obstruction
Acute pancreatitis
Early appendicitis
Mesenteric thrombosis
Aortic aneurysm
Diverticulitis

Appendicitis
Salpingitis
Tubo-ovarian abscess
Ruptured ectopic pregnancy
Renal/ureteric stone
Incarcerated hernia
Mesenteric adenitis
Meckel's diverticulitis
Crohn's disease
Perforated caecum
Psoas abscess

Sigmoid diverticulitis
Salpingitis
Tubo-ovarian abscess
Ruptured ectopic pregnancy
Incarcerated hernia
Perforated colon
Crohn's disease
Ulcerative colitis
Renal/ureteral stone

CASE (1)

55 years old FLP **K/C** of DM,HTN presented with central Abd pain for 1 month back progressive stapping in nature refered to the back not relived by analgesia associated with constipation for 1 month no H/O vomiting , no fever , no loss of appetite

H/O cholecystectomy since 2 years , paraumbilical hernia since 1 year

O/E abd distended , rigid ..

Exaggerated Bowel sound .

- What's the investigation ?
- What's your final Dx ?
- What's the 1st line of management ?

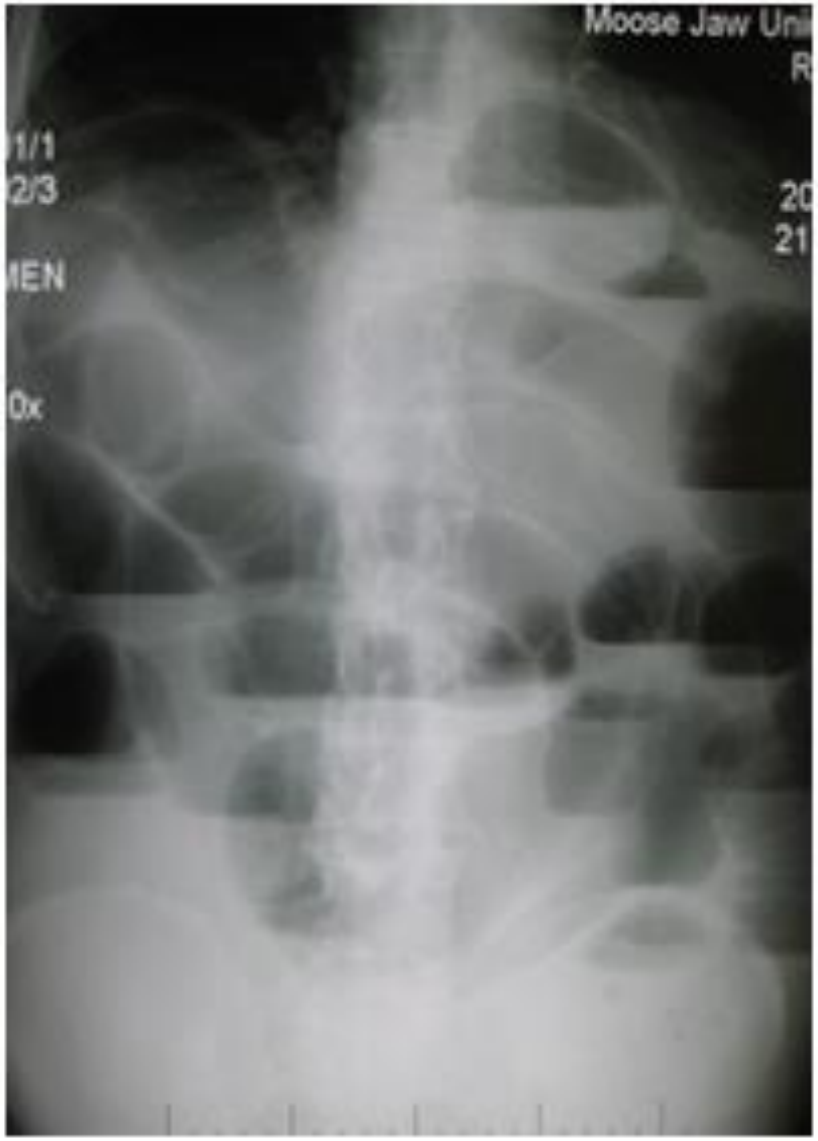
INVESTIGATIONS

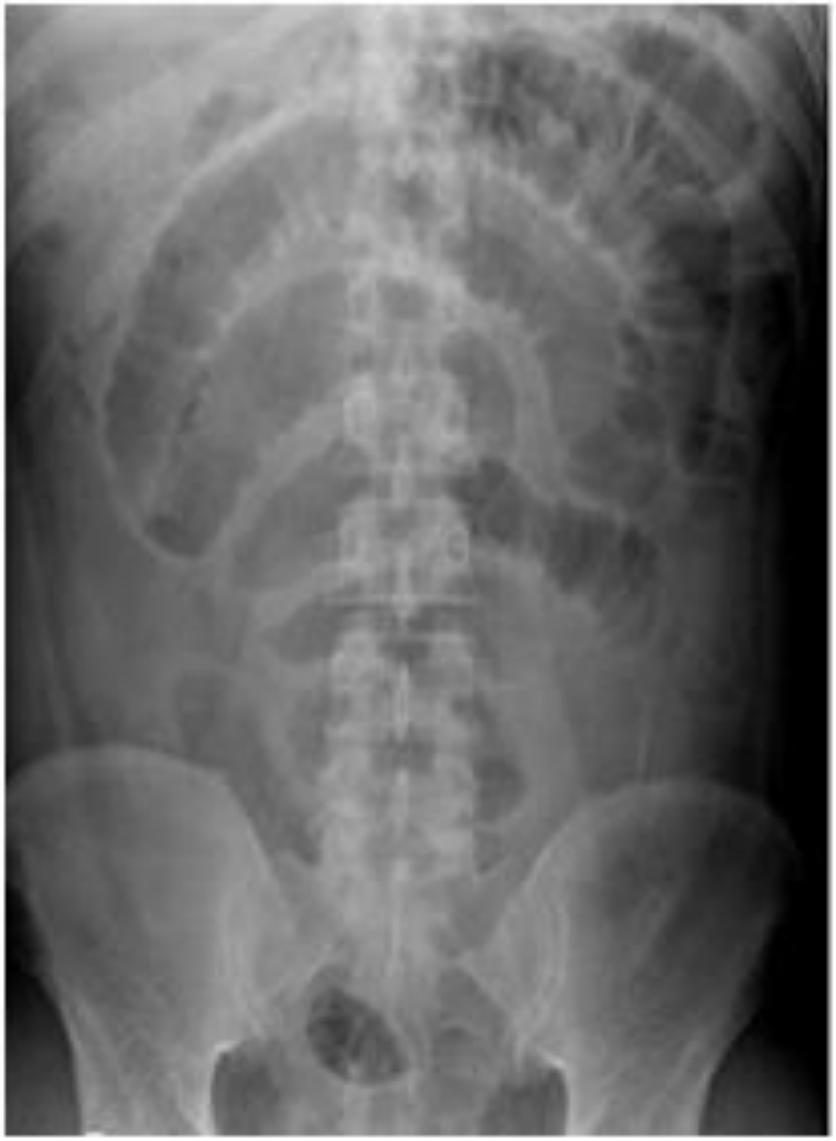
1- CBC & serum electrolyte .

2- Erect x-ray .

3-uss .

Plain Films: Small bowel obstruction





MANAGEMENT

- 1- NPO .
- 2- NGT .
- 3- IVF ➔ correct Electrolyte .
- 4- when strangulation (urgent OT) .
- 5- when case fecal impaction or intersusseption ➔ barium enema .
- 6- when case valvolus ➔ rectal tube .

CASE (2)

- 42 years old FLP there's no history of any chronic illness before presented as a case of acute abdomen mainly RHC colicky pain one day duration persisting , progressive, sever , radiating the back and shoulders , preceded by heavy meals , reliving by vomiting , no history of yellowish discoloration , no change in colore of urine and stool , no fever

INVESTIGATIONS

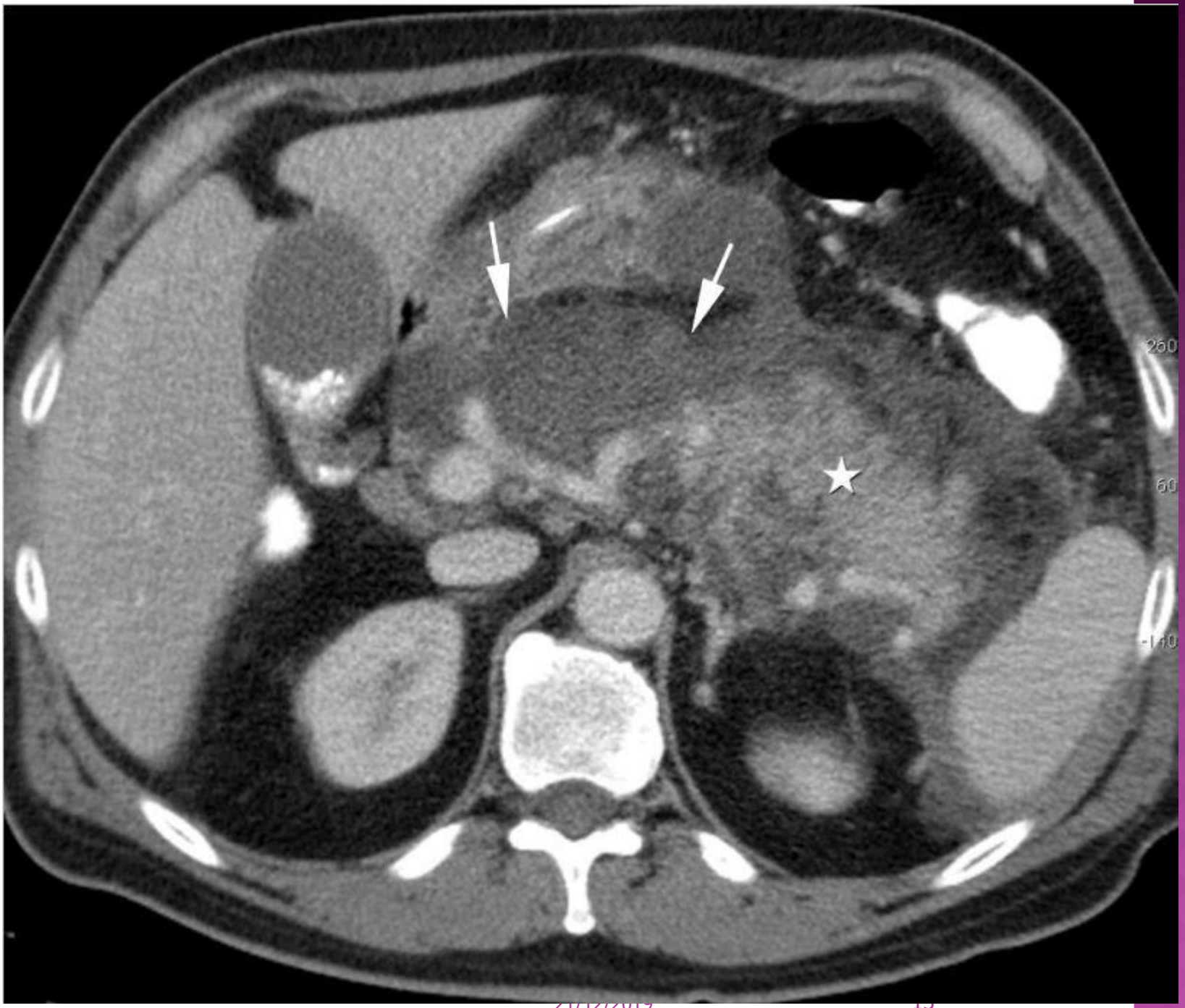
- 1-CBC ;WBC 17.7* 10^3
- HB 10.7
- PLT 254*10^3
- LFT :AST: 46 U/I
- ALT 15 U/I
- ALK PHOSPHATASES 104 U/I
- DIRECT BILIROBIN 0.4 Mg /dl
- INDIRECT BILIROBIN 0.3 Mg /dl
- RFT : urea 16 Mg /dl
- K 3.8 meq/l
- Na 139 meq/l
- 3- S.G & LDH & serum ca (NORMAL).
- AMYLASE : 1940 U/I
- LIPASE: 1350 U/I

INVESTIGATION

Uss : GALL BLADDER:distended with normal wall thickness , multiple variable size stone , one of them impacted in the neck .

PANCREAS : normal

CT :



MANAGEMENT

- 1- NPO .
- 2- NGT .
- 3- IVF ➔ correct Electrolyte .
- 4- Analgesia +- antibiotic (cefuroxime + metronidazole)
- 5- Oxygen ➔ hypoxia .
- 6- ERCP ➔ gallbladder stone .


Thank You
So Much