

# Causes of Abdominal Pain

Abdominal pain is a symptom associated with both non-serious and serious medical issues.

Among the various identifiable acute causes are :

## 1. Acute appendicitis

Acute appendicitis begins with visceral pain in the middle epigastrium (which increases at this stage when pressed on the P lower abdomen - '*Zelenka's sign*'), moves to the P hip pit, where it acquires a somatic character, the problem is high (subhepatic) position of the worm, which can mimic acute cholecystitis - we refer to appendicitis mainly in younger individuals.

## 2. Acute cholecystitis

In acute cholecystitis, the pain is under the P-rib arch, radiating under the right scapula (usually starting as colic, the transition to inflammation manifests itself in pain lasting more than 6 hours and the change in its character into permanent pain), the temperature is usually elevated. , objectively delimited peritoneal signs (pericholecystitis) or palpable infiltrate, subicterus.

- Most often in middle-aged and obese women (3 F - fat, female, forty) with a history of gallbladder problems.
- Diagnosis of ultrasound, in the laboratory increased leu and CRP.

## 3. Perforation of gastroduodenal ulcer

Perforation of Gastroduodenal ulcer , affects almost exclusively men, 80% have a history of ulcer disease.

- Diagnosis of X-ray (pneumoperitoneum in 70%), if the negative X-ray is indicated by CT, possibly p.o. administer an aqueous contrast agent, which then flows into the peritoneal cavity.

## 4. Acute pancreatitis

Acute pancreatitis appears as shock with severe band pain in the epigastrium, radiates to the left, is accompanied by high paralytic ileum (abundant vomiting without relief), arrest of peristalsis when listening, tympanic membrane percussion, in the necrotizing form with muscle contraction (exudation with the formation of pancreatogenic ascites), in edematous withdrawal is not expressed (process limited to retroperitoneum).

- A history of biliary problems or dietary error (combination of alcohol with fatty foods), previous pancreatitis.
- Diagnosis of ultrasound (cholecysto- or choledocholithiasis, pancreatic edema), increase in s-AMS, u-AMS, LPS, cholesterol, CRP + hematocrit (severity of the disease - edematous or hemorrhagic form of pancreatitis).

## 5. Ileus states

Ileus conditions for an obstacle in the duodenum or jejunum (colic-like pain, vomiting, visible peristaltic waves), or volvulus stomach (elastic resistance disappearing under the L rib arch), there is no bloating due to high localization.

- X-ray diagnosis of standing abdominal natives.

## 6. Spleen torsion or heart attack

It occurs as a severe pain in the L lower jaw with L Frenian symptom, torsion is common in women with splachnoptosis after weight loss, spleen infarction is common in endocarditis.

## 7. Acute myocardial infarction

Acute myocardial infarction often begins as severe abdominal pain and muscle contraction, mimics acute pancreatitis and perforation of GD ulcer, infarction is indicated by current chest, sternal and LHK pain, tachyarrhythmia and hypotension, palpable pain changes in the epigastrium its location.

- Diagnosis of ECG + cardiomarkers (TnI, myoglobin).

## 8. Pneumonia and pleurisy

Pneumonia and pleurisy also cause pain and contraction of the muscles in the abdomen (including the lower abdomen) by irritating the intercostal nerves, typical is rapid breathing, high temperature (up to 40 ° C), cyanosis lips, physical findings on the lungs by listening and tap.

- Chest X-ray diagnosis.

## 9. Other

Acute gastritis, VCHGD, upper dyspeptic syndrome (food dependence).

## Links

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