

Objective symptoms of acute abdomen

General symptoms

- **Location and behavior**
 - somatic pain (inflammation) – careful walking, keeping the body in a relaxed position, often lying in one position, avoiding coughing, sneezing, handling. E.g. in peritonitis position on the back and bent lower limbs;
 - visceral pain (colic, ileus) – the patient is restless, looking for a relief position.
- **Facial appearance**
 - paleness – bleeding;
 - icterus – acute abdomen of the bile ducts, pylephlebitis, pancreatitis;
 - cyanosis – pancreatitis;
 - *facies hippocratica* – pale face, sunken cheeks, eyes without shine, dry tongue, nowadays this condition is rare, e.g. in peritonitis.
- **Temperature**
 - acute abdomen is characterized by subfebrile, a temperature higher than 38 °C is usually against acute abdomen, *Lennander sign* is important = the difference between the temperature in the axilla and the anus is greater than 1,1 °C.
- **Breath**
 - in inflammatory acute abdomen, due to somatic pain, there is tachypnea with shallow breathing (due to pain) and the costal type of breathing prevails (the present *défense musculaire* limits respiratory movements).
- **Pulse**
 - at the beginning of acute abdomen usually normal, it is important to monitor its development over time. A rapid increase in the pulse indicates bleeding, in inflammatory acute abdomen the pulse typically increases, but the temperature does not increase! A decrease in frequency occurs in biliary peritonitis..

Local signs

- We find out through a physical examination, then paraclinical examinations are added.
- **View**
 - injury;
 - scars;
 - bleeding;
 - skin color;
 - pale - bleeding;
 - cyanosis – pancreatitis (*Grey Turner sign* = cyanosis together with spots on the edge of the abdomen);
 - icterus – usually biliary tract involvement;
 - Abdominal shape changes;
 - general swelling (ileus);
 - local arching (squint hernia);
 - sunken abdomen (peritonitis, enlarged colon).
- **Percussion**
 - normal percussion differentiated tympanic, painless;
 - in peritonitis, painful tapping (Plenies' sign);
 - dark tapping - over parenchymal organs, tumor, inflammation;
 - hypersonic - over an area with accumulated gas (ileus).
- **Feel**
 - we start from the least painful place to the place where the patient reports maximum pain;
 - we investigate whether the pain is diffuse or limited;
 - whether *défense musculaire* is present and whether locally or diffusely; *défense* is often absent in the elderly, pregnant, postpartum and asthenics; the absence of this symptom does not exclude the presence of acute abdomen;
 - we try to feel out any resistance.
- **Listening**
 - normally the sound of peristalsis quiet, irregular, calm;;
 - regular loud sound – strenuous peristalsis over an obstruction (ileus);
 - dead silence - intestinal paresis in peritonitis, late stages of ileus, hemoperitoneum, hemoretroperitoneum;
 - the sound of a falling drop – complete intestinal paresis (paralytic ileus);
 - splashing – a large amount of liquid in the intestine (beginning of ileus dyspepsia).
- **Per rectum**
 - a patient suspected of NPB must always be examined per rectum;
 - flaccid sphincter – diffuse peritonitis, Douglas space absces;
 - empty ampulla recti – high ileus.

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