

Painful right lower abdomen syndrome

Painful lower abdomen syndromes can be divided to:

- Painful right lower abdomen syndrome.
- Painful left lower abdomen syndrome.

Acute appendicitis

- The most common cause of pain in the right lower abdomen.
- It typically manifests as pain starting around the navel, which moves to the P lower abdomen and gradually increases in intensity.
- With the transition of inflammation to the peritoneum, peritoneal symptoms appear (Plénes sign, Rowsing sign, Blumberg sign), worsening pain when moving and coughing, pain per rectum when palpated in Douglas space.
- Diagnostics
 - Monitoring clinical development and abdominal findings;
 - USG has a large percentage of false negative results (depending on the investigator's experience);
 - In the laboratory findings, the leukocytosis is between 10-20 000.

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Right-sided renal colic

- It is characterized by severe colic-like pain in the back of the lumbar region (along the ureter).
- The pain radiates to the groin, testicle or labia and is often accompanied by hematuria, difficulty urinating.
 - Similar symptoms; How many irritation ureters and hematuria are also in retrocaecal appendicitis. The appendix urges the P ureter.
- How much is usually caused by concretion
- It rarely arises by bending of the ureter in ren migrans (clinically impossible to urinate and the pain disappears immediately after urination, the kidney palpable as a smooth formation in the uterine hip and proven here in urography).
- In inflammation of the urinary tract (cystopyelitis, pyelonephritis) there is colic-like pain with high temperature and chills, a significant finding of leukocytes in urine.
- Diagnostiks:
 - X-ray of kidney and small pelvis (lying down, native);
 - The USG shows the expansion of the hollow system;
 - urography;
 - Laboratory findings of erythrocytes in urine.

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Acute gastroenteritis

- There is often a history of dietary error.
- Manifestations include
 - Abundant vomiting with a feeling of relief (in appendicitis it does not relieve), which precedes pain (in appendicitis first pain and then reflex vomiting);
 - Diarrhea (rather constipation in appendicitis);
 - High temperatures (for appendicitis up to 38 °C) and sweating;
 - With pressure on the right low abdomen, the pain does not worsen.

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Acute cholecystitis

- It occurs with low gallbladder deposition, large hydrops or pericholecystitis. The pain spreads to the P lower abdomen and gives the appearance of appendicitis. It is usually used in middle-aged women with a history of biliary problems.
- Diagnostiks: USG.

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GD ulcer perforation

- Perforation typically begins in the abdomen with sudden severe pain and muscle contraction (in appendicitis, the worsening of pain is gradual).
- The contents of the stomach run down to the P pit of the hip, where the peritoneum is irritated and the pain shifts.
- In the anamnesis we find stomach problems or already detected and treated gastroduodenal ulcer disease, abuse of nonsteroidal antiphlogistics or ulcer disease in the family history.
- Diagnosis: X-ray on which is pneumoperitoneum. It has a high percentage of false negative results. If the X-ray is negative, the pneumoperitoneum can be detected on CT.

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Lymphadenitis mesenterialis

- The symptoms resemble acute appendicitis.
- It is manifested by pain in the P lower abdomen.
- It occurs mainly in children after respiratory infections.
- Symptoms are non-specific; Pain, fever and non-deteriorating general condition.
- Enlarged nodules may be evident on the USG.

Adnexitis

- It usually starts after menstruation.
- It is manifested by pain in the P lower abdomen radiating to the thigh. It is usually accompanied by discharge from the vagina and high temperature. There is no muscle contraction, vomiting and loss of appetite.
- Examination by the vagina shows pain when moving the cervix and there may be a palpable inflammatory tumor adnexa.
- Diagnosis of gynecological ultrasound (small amount of fluid in Douglas space).

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Ectopic pregnancy

- The history of the last menstrual disorder.
- Ovarian rupture most often occurs at the time of subsequent ovulation, which results in significant bleeding into the abdominal cavity.
- It is manifested by pain in the P (or L) lower abdomen, discharge, light vaginal bleeding, rectal tenesmas and hemorrhagic shock (pallor, tachycardia, hypotension).
- Diagnosis by gynecological USG and determination of hCG levels.

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Ovarian torsion (a cyst, cystadenoma) or uterine myoma

- It is manifested by severe pain in the lower abdomen (often-colic like), which shoots into the crural ligament (similar pain is also present in the torsion of the testes).
- Diagnosis of gynecological ultrasound.

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Crohn's disease

- Typical with its history of chronic diarrhea.
- In an acute attack, it is manifested by high temperatures, diarrhea with blood and mucus with high leukocytosis.
- In the ileocecal localization, it gives the expression of appendicitis during acute exacerbation.

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Ulcerative colitis

- As with Crohn's disease, there is a history of chronic diarrhea.

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Carcinoma of the cecum

- It may be manifested by pain in the P lower abdomen. In elderly patients, there may be a palpable tumor that needs to be distinguished from a periapendical infiltrate or abscess (as opposed to a palpable pain).
- Anamnestically, we find digestive problems and anemia.

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Other

- **Mechanical ileus** in the lower part of the colon in the resting Bauhin valve- cecal distention and pain in the P abdomen;
- **Tuberculosis a actinomycosis of the** ileocecal landscape;
- **Torso omenta**;
- **Inflammation of Meckel's diverticulum** (clinically indistinguishable from appendicitis);
- **pleurisy a pneumonia** (when there maybe be muscle contraction).

References

Related articles

- Painful left lower abdomen syndrome
- Abdominal pain syndrome

Sources

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