

# Painful syndrome of the right lower abdomen

This article has been translated from WikiSkripta; ready for the **editor's review**.

Painful syndrome of the left lower abdomen has many causes

## Pancreatitis acuta

- The most common cause of pain in the right lower abdomen.
- It typically manifests itself as a 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** (Plénies' sign, Rousing's sign, Blumberg's sign), aggravation of pain during movement and coughing, pain per rectum during palpation in the Douglas space.
- Diagnostics:
  - By monitoring the clinical development and findings on the abdomen;
  - USG has a high percentage of false negative results (depends on the experience of the examiner);
  - in the laboratory finding, **leukocytosis is between 10-20,000**

## Right sided renal colic

- It is characterized by severe colic pains at the back in the lumbar region (along the ureter).
- The pain radiates to the groin, thigh, testicle or labia and is accompanied by hematuria and difficulty urinating.
- Similar symptoms; colic from irritation of the ureters and hematuria are also common in retrocecal appendicitis. The appendix presses on the P ureter.
- Colic is most often caused by a stone.
- Rarely, it arises from the bending of the ureter during ren migrans (clinically, the impossibility of urinating and the disappearance of pain immediately after urination, the kidney palpable as a smooth formation in the P iliac fossa and demonstrated here during urography).
- In case of inflammation of the urinary tract (cystopyelitis, pyelonephritis) there is colic pain with high temperature and chills, a significant finding of leukocytes in the urine.
- **Diagnostics:**
  - X-ray of the kidneys and small pelvis (supine, native);
  - USG will show enlargement of the hollow system;
  - urography;
  - laboratory finding of erythrocytes in the urine

*You can find more information in the article renal colic.*

## Acute gastroenteritis

- A diet error is often present in the anamnesis.
- Manifestations include:
  - profuse vomiting with a feeling of relief (no relief in appendicitis), which precedes pain (in appendicitis first pain and then reflex vomiting);
  - diarrhea
  - high temperatures (up to 38 °C in appendicitis) and sweating;
  - pain does not worsen when pressure is applied to the right lower abdomen

*You can find more information at the article Diarrheal diseases*

## Cholecystitis acuta

- Symptoms occurs with low storage of the gallbladder, large hydrops or pericholecystitis. The pain spreads to the lower abdomen and gives the appearance of appendicitis. It occurs in middle-aged women with a history of biliary problems.
- Diagnosis: **USG..**

## Perforation of gastroduodenal ulcer

- Perforation typically begins in the epigastrium with sudden, severe pain and muscle contraction (in appendicitis, the pain worsens gradually).
- The content of the stomach flows into the P iliac fossa, where it irritates the peritoneum and thereby transfers the pain.
- In the anamnesis, we find stomach problems or already detected and treated gastroduodenal ulcer disease, abuse of non-steroidal antiphlogistics or ulcer disease in the family history.
- **Diagnosis:** X-ray showing pneumoperitoneum. It has a high percentage of false negative results. If X-ray is negative, pneumoperitoneum can be detected on CT.

*You can find more information at the article Gastroduodenal ulcer disease*

## Lymphadenitis mesenterialis

- Symptoms resemble acute appendicitis.
- It is manifested by pain in the P lower abdomen.
- It occurs mainly in children after respiratory infections.
- Symptoms are nonspecific; pain, increased temperature and general condition not worsening.
- Enlarged nodes can be demonstrated on USG.

## Adnexitidis

- It usually starts after menstruation.
- It is manifested by pain in the right lower abdomen radiating to the thigh. It is accompanied by vaginal discharge and high temperature. Muscle contractions, vomiting and loss of appetite do not occur.
- During the examination per vaginam, there is pain when moving the suppository and an inflammatory tumor of the adnexa can be palpable.
- **Diagnosis** by gynecological USG (a small amount of fluid in the Douglas space).

## Extrauterine pregnancy

- There is a history of last menstrual disorder.
- Most often, the fallopian tube ruptures at the time of the next ovulation, which is manifested by significant bleeding into the abdominal cavity.
- It presents with pain in the P (or L) lower abdomen, discharge, light vaginal bleeding, rectal tenesmus, and hemorrhagic shock (pallor, tachycardia, hypotension).
- **Diagnosis** by gynecological USG and hCG level determination.

## Ovarian torsion (with cyst, cystadenoma) or uterine myoma

- It is manifested by sharp pains in the lower abdomen (often colicky), which shoot to the sacrum (similar pains are also present in the testicle torsion).
- Diagnosis by **gynecological USG**.

## Chrohn´s disease

- Typical for its anamnesis of a chronic disease accompanied by diarrhea.
- In an acute attack, it is manifested by high temperatures, diarrhea with blood and mucus, and high leukocytosis.
- In ileocecal localization, acute exacerbation gives the impression of appendicitis.

## Ulcerative colitis

- Similar to Crohn's disease, there is a history of chronic disease accompanied by diarrhea.

*You can find more information at the article Ulcerative colitis*

## Colorectal cancer

- It can be manifested by pain in the right lower abdomen. In older patients, there may be a palpable tumor, which must be distinguished from a periappendiceal infiltrate or abscess (in contrast to a tumor, pain on palpation).
- Anamnestically we find digestive problems and further anemization.

*You can find more information at the article Colorectal cancer*

## Other causes

- Mechanical ileus in the lower part of the colon with closed Bauhin valve - distension of the cecum and pain in the P abdomen;
- tuberculosis and actinomycosis of the ileocecal landscape;
- Torso omentum;
- inflammation of Meckel's diverticulum (clinically indistinguishable from appendicitis);
- pleuritis and pneumonia (when there may also be muscle contractions).

## References

### Following articles

- Painful syndrome of the left lower abdomen
- Painful syndrome of the upper abdomen

## Sources

- PASTOR, Jan. *Langenbeck's medical web page* [online]. [cit. 2009]. <langenbeck.webs.com>.
- ZEMAN, Miroslav, et al. *Speciální chirurgie*. 2. vydání. Praha : Galén, 2006. 575 s. ISBN 80-7262-260-9.