

Painful syndrome of the upper abdomen

Painful syndrome of the upper abdomen has a lot of causes.

1. Appendicitis acuta

Acute appendicitis begins with visceral pain in the middle epigastrium (which at this stage increases when pressing on the right lower abdomen - **Zelenka's sign**), moves to the right iliac fossa, where it acquires a somatic character, the difficulty is caused by the high (subhepatic) position of the worm, which can imitate an acute cholecystitis – here we mean appendicitis mainly in younger individuals.

2. Cholecystitis acuta

In acute cholecystitis, there are pains under the right costal arch, radiating under the right shoulder scapula (they usually start as colic, the transition to inflammation is manifested by pain lasting more than 6 hours and a change in its character to constant pain), usually elevated temperature, objectively defined 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.
- Ultrasound diagnostics, increased leu and CRP in the laboratory.

3. Perforation of gastroduodenal ulcer

Perforation of the ulcer manifests itself as a sudden onset of very strong pain in the epigastrium (as if "stabbing a dagger") from the beginning of a somatic nature with a plank-like contraction of the abdominal wall and without vomiting, after the stage of deceptive improvement it moves to the right iliac fossa (draining of contents), affects almost exclusively men, 80% have a history of ulcer disease.

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

4. Pancreatitis acuta

Acute pancreatitis appears as a shock state with strong belt-like pains in the epigastrium, radiating to the left, accompanied by a high paralytic ileum (profuse vomiting without a feeling of relief), stoppage of peristalsis when listening, tympanic percussion, in the necrotizing form with muscle contraction (exudation with the formation of pancreatogenic ascites), in edematous, withdrawal is not expressed (the process is limited to the retroperitoneum).

History of biliary problems or dietary error (combination of alcohol with fatty food), previous pancreatitis.

- Ultrasound diagnosis (cholecysto- or choledocholithiasis, pancreatic edema), increase in s-AMS, u-AMS, LPS, cholesterol, CRP + hematocrit (severity of involvement – edematous or hemorrhagic form of pancreatitis).

5. Ileus conditions

Ileus conditions due to an obstruction in the duodenum or jejunum (colic pain, vomiting, visible peristaltic waves), or volvulus of the stomach (elastic resistance disappearing under the L rib arch), there is no swelling of the abdomen due to the high location.

- X-ray diagnostics of the standing abdomen.

6. Torsion on the spleen

It occurs as severe pain in the left subcostal region with left phrenic symptom, torsion is common in women with splachnoptosis after weight loss, splenic infarction is common in endocarditis.

7. Acute heart attack

- An acute heart attack often begins as severe pain in the epigastrium with muscle contraction
- it may mimics acute pancreatitis and perforation of a GD ulcer
- concurrent pain in the chest, behind the sternum and in the upper left limb, tachyarrhythmias and hypotension, palpable pain in the epigastrium changes its localization.
- ECG diagnosis + cardiomarkers (TnI, myoglobin).

8. Pneumonia and pleuritis

- Pneumonia and pleuritis also cause pain and muscle contraction in the epigastrium (and in the lower abdomen) by irritating the intercostal nerves
- rapid breathing, high temperature (up to 40 °C), cyanosis of the lips, physical findings on the lungs by

listening and percussion are typical.

- **Diagnosis:** Chest X-ray .

9. Other

Gastritis acuta, VCHGD, upper dyspeptic syndrome (dependent on the food consupcion).

References

Following articles

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

Sources

- PASTOR, Jan. *Langenbeck's medical web page* [online]. [cit. 2009]. <langenbeck.webs.com>.