

Acute abdomen

Acute Abdomen are serious conditions that arise suddenly, from full health, and have a very rapid course. Without timely treatment, they can be life-threatening. An important criterion for subsequent treatment is a quick but accurate determination of the underlying diagnosis. All examinations must be carried out thoroughly and systematically.

Distribution of acute abdomen

Accidental acute abdomen

- rupture of parenchymal organs (hemoperitoneum)
- perforation of hollow organs
- mixed form

Non-accidental acute abdomen

- inflammatory (limited to the organ/with transition to the surroundings, diffuse peritonitis)
- ileus (mechanical/ neurogenic/ vascular ileus)
- vascular - venous thrombosis, arterial embolization, bleeding into the GIT

Symptomatology

- pain
- subfebrile, or febrile
- tachycardia, tachypnea
- nausea, vomiting
- abdominal distension
- stiff, tense abdominal wall
- patient position
- gas and stool disorders

Basic examination

Anamnesis

- CC (chief complaint) – development and nature of difficulties, time of onset of difficulties
- Illnesses, operations, traumas
- Allergies
- Family diseases
- Past medical history
- Social history (medicine), including living arrangements, occupation, marital status, number of children, drug use (including tobacco, alcohol, other recreational drug use), working conditions
- GA – in woman (Sexual history, obstetric/gynecological)

1. direct - taken from the patient
2. indirect - taken from family, paramedics, friends...

 For more information see Anamnesis.

Clinical examination

View

- we always examine the entire abdomen, from the nipples to the inguinal ligaments (signs of a hernia)
- we observe the level of the abdomen - whether it is raised or sunken
- we notice wounds, bruises, scars
- we observe peristaltic waves
- we observe the breath wave
- abdominal configuration

Feel

- we start the investigation on the opposite side from the pain
- we detect muscle contraction, resistance and soreness
- border of liver and spleen
- surface palpation with the whole hand, palpation with 1 or 2 fingers, deep palpation

Percussion

- differentiated tympanic
- tympanic
- dark
- we notice a painful tap

Listening

- silence
- irregular sounds
- strenuous peristalsis
- the sound of a drop falling
- splash

 For more information see *Abdominal Examination*.

Examination per rectum

- surroundings of anus
- pain
- sphincter tone
- stool
- bleeding

 For more information see *Examination per rectum*.

Paraclinical examination

- X-ray – use of contrast material / native image of the abdomen (standing)
- USG
- CT
- colonoscopy
- ECG
- laboratory examination – urine, blood count, hematocrit, sedimentation, biochemical blood analysis

Links

Related Articles

- Objective symptoms of acute abdomen
- Subjective signs of acute abdomen
- Differential diagnosis of inflammatory and ileal acute abdomen
- Acute abdomen in gynecology
- Acute abdomen in children
- Differential diagnosis of ileous conditions
- Types of pain in acute abdomen
- Diagnostic imaging of the acute abdomen

Resources

- ZEMAN, Miroslav – KRŠKA, Zdeněk. *Chirurgická propedeutika*. 3. edition. Grada, 2011. ISBN 978-80-247-3770-6.
- SLEZÁKOVÁ, Lenka. *Ošetřovatelství v chirurgii II*. 1. edition. Grada, 2010. ISBN 978-80-247-3130-8.
- KELNAROVÁ, Jarmila. *První pomoc II*. 1. edition. Grada Publishing, 2007. 184 pp. ISBN 9788024721835.