Errors and mistakes in the diagnosis of sudden abdominal attack

Sudden abdominal events are very serious conditions that often arise from the patient's full health, have significant symptoms and can even threaten the life of the affected person. Therefore, their diagnosis is essential knowledge of doctors and it is necessary to avoid basic mistakes.

Errors and mistakes in the diagnosis of NPB

Ignorance of the basic symptoms of NPB [edit | edit source]

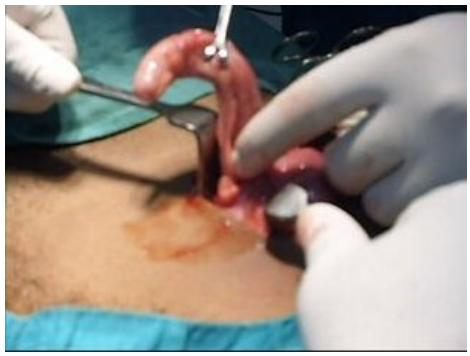
- objective symptoms : position of the patient, facial expression, temperature, pulse, breathing, physical examination 5P
- subjective symptoms : pain (somatic or visceral), vomiting, stoppage of stool and gases

However, there are situations that stand out from the typical picture of NPB. For example, vomiting may not be initially present in low-lying (aboral) ileus conditions. Likewise, a patient with a high-lying ileus condition (orally) may initially pass both stool and wind.

The temperature may not be typical for NPB. The so-called *Lenander's sign* is important (the difference between the temperature in the axilla and the rectum is more than 1.1 °C). It is also important to note the dissociation between the increasing pulse rate, which rises more than would correspond to the temperature (1 °C ± 10 beats). Increasing pulsation may indicate an attempt to stabilize circulation during bleeding.

Ignorance of differences between individual patients

Especially **old people** usually have milder symptoms of NPB, which are quite unnoticeable to doctors. They have a greater tendency to limit inflammatory processes and stick around the inflammation. Covered perforations and circumscribed peritonitis then occur, which, however, can secondarily infect the entire abdominal cavity. The course is also often different **in children** , where, on the contrary, there is a greater tendency to perforation of inflammation. This is due to the more fragile and more blood-filled intestinal wall. Appendicitis in **pregnant women** can give the impression of inflammation of the gallbladder or other conditions due to the change in anatomical positions affected by the enlarging uterus.



Surgery for inflamed appendix.

Underestimating the severity of symptoms

Even in an apparently calm patient, a very rapid deterioration can occur in a short period of time. This may be due, for example, to a perforation, an ileus condition , or a developing peritonitis . Therefore, it is necessary to regularly check a patient with suspected NPB - approximately every hour . Early detection of deterioration and operative treatment is often essential.

Excessive hesitancy to surgical treatment

Although conservative or wait-and-see tactics are often chosen when in doubt (periappendicular infiltrates, cholecystitis), developing NPB should be treated within 3 hours of the first clinically certain manifestation.

Neglecting examination per rectum

A rectal examination is an integral part of the diagnosis of NPB. The finding of blood or mucus in the stool often helps us to make a diagnosis. Also, palpation of the space of Douglas, which may be bulging and painful under the pressure of accumulating blood or other fluid, will tell a lot. In children with acute pelvic inflammatory disease, we also assess the tension of the anal sphincter.

Links

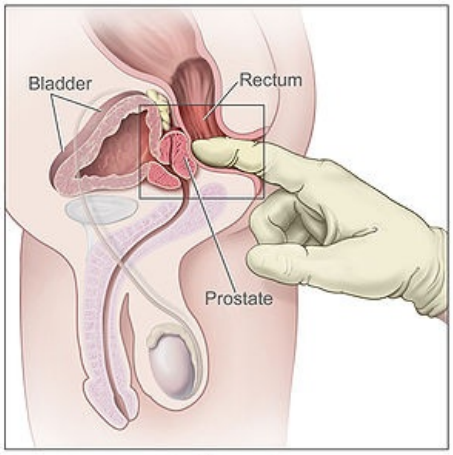
Related Articles

- Objective symptoms of sudden abdominal events
- Subjective symptoms of sudden abdominal events
- Differential diagnosis of inflammatory and ileous NPB
- Sudden abdominal events in gynecology
- Sudden abdominal events in children
- Differential diagnosis of ileous conditions

- Peritonitis
- Physical exam
- Inflammatory diseases of the gallbladder and bile ducts

References

- ZEMAN, Miroslav. *Speciální chirurgie.* 2. edition. Galén, 2006. 575 pp. ISBN 80-7262-260-9.



Rectal examination.