DOWNLOAD PDF DIAGNOSIS OF ACUTE ABDOMINAL DISEASE

Chapter 1 : Common Causes of Acute Abdominal Pain

Acute abdominal syndrome: Abdominal symptoms similar to that observed in acute abdominal disease. The symptoms start gradually and reach a peak after a few hours. The symptoms start gradually and reach a peak after a few hours.

How is fatty liver diagnosed? Physical exam If your liver is inflamed, your doctor may be able to detect it by examining your abdomen for an enlarged liver. However, your liver can be inflamed without being enlarged. Also, tell your doctor about any history of alcohol, medication, and supplement use. Blood tests Your doctor may find that liver enzymes are higher than normal during a routine blood test. Further analysis is necessary to find the cause of the inflammation. Imaging studies Your doctor may use an ultrasound to detect fat in your liver. Another imaging test similar to ultrasound is a FibroScan. Like an ultrasound, a FibroScan utilizes sound waves to determine the density of the liver and the corresponding areas of fat and normal liver tissue. Imaging studies can detect fat in the liver, but they cannot help your doctor confirm the extent of damage. Liver biopsy A liver biopsy is still considered the best way to determine the severity of liver disease. During a liver biopsy , your doctor will insert a needle into the liver and remove a piece of tissue for examination. They will give you a local anesthetic to lessen the pain. A liver biopsy is the only way to know for certain the severity of fatty liver or other liver diseases. The biopsy can also help your doctor determine the exact cause. Research is ongoing into medications that may help treat fatty liver. The first-line of treatment continues to be following recommendations to reduce your risk factors. These recommendations typically include: Reducing the number of calories you eat each day can help you lose weight and heal your liver. In the early stages, you can improve and reverse fatty liver disease by reducing or eliminating fatty foods and foods high in sugar from your diet. Choose a balanced diet with healthier foods such as fresh fruits, fresh vegetables, whole grains, and healthy fats like those in nuts and avocados. Replace red meats with lean proteins such as soy, chicken, turkey, and fish. Sweetened drinks, juices, and sodas should be avoided. What is the long-term outlook for fatty liver? The liver can repair itself, so if you take the necessary steps to treat high cholesterol, diabetes, an unhealthy diet, and obesity, you can reverse fatty liver. A liver biopsy can help your doctor identify permanent liver damage, and determine the severity of damage. If fatty liver persists and is not reversed, it can progress into liver disease, cirrhosis, or cancer. The progression to cirrhosis is dependent on the cause. In alcoholic fatty liver, continuing to drink alcohol in excess can lead to liver failure. The progression of nonalcoholic fatty liver disease varies, but in most people it does not lead to liver scarring and cirrhosis. Twenty percent of people with steatohepatitis will go on to develop worsening liver disease. If fatty liver progresses to cirrhosis, the risk of liver failure and death rises significantly. There is also a higher risk for liver cancer and death from heart disease. Protecting your liver is one of the best ways to prevent fatty liver and its complications. You can start by taking several steps:

Chapter 2 : Evaluation of Acute Abdominal Pain in Adults - - American Family Physician

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An abdominal aortic aneurysm is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body. The aorta, about the thickness of a garden hose, runs from your heart through the center of your chest and abdomen. Depending on the size and the rate at which your abdominal aortic aneurysm is growing, treatment may vary from watchful waiting to emergency surgery. Emergency surgery for a ruptured abdominal aortic aneurysm can be risky. Symptoms Abdominal aortic aneurysms often grow slowly and usually without symptoms, making them difficult to detect. Some aneurysms will never rupture. Many start small and stay small, although many expand over time. Predicting how fast an abdominal aortic aneurysm may enlarge is difficult. As an abdominal aortic aneurysm enlarges, some people may notice: A pulsating feeling near the navel Deep, constant pain in your abdomen or on the side of your abdomen Back pain If you have any of these signs and symptoms, such as sudden severe back or abdominal pain, get immediate emergency help. When to see a doctor You should see your doctor if you have any of the symptoms listed above. The recommendations below are for those who have no symptoms. Because being male and smoking significantly increase the risk of abdominal aortic aneurysm, men ages 65 to 75 who have ever smoked cigarettes should have a screening for abdominal aortic aneurysms using abdominal ultrasound. If you are a man between ages 65 and 75 and you have never smoked, your doctor will decide on the need for an abdominal ultrasound, usually based on other risk factors, such as a family history of aneurysm. Those with a family history of aneurysm may have an ultrasound at age Ask your doctor if you need to have an ultrasound screening based on your risk factors. Although the exact cause of abdominal aortic aneurysms is unknown, a number of factors may play a role, including: Cigarette smoking and other forms of tobacco use appear to increase your risk of aortic aneurysms. Hardening of the arteries atherosclerosis. Atherosclerosis occurs when fat and other substances build up on the lining of a blood vessel. This condition may increase your risk of an aneurysm. Blood vessel diseases in the aorta. Abdominal aortic aneurysms can be caused by diseases that cause blood vessels to become inflamed. Infection in the aorta. Infections, such as a bacterial or fungal infection, may rarely cause abdominal aortic aneurysms. Trauma, such as being in a car accident, can cause abdominal aortic aneurysms. In some cases, abdominal aortic aneurysms could be hereditary. Aneurysms can develop anywhere along the aorta, but when they occur in the upper part of the aorta, in the chest, they are called thoracic aortic aneurysms. More commonly, aneurysms form in the lower part of your aorta and are called abdominal aortic aneurysms. These aneurysms may also be referred to as AAA. Risk factors Abdominal aortic aneurysm risk factors include: Abdominal aortic aneurysms occur most often in people age 65 and older. Tobacco use is a strong risk factor for the development of an abdominal aortic aneurysm and a higher risk of rupture. Men develop abdominal aortic aneurysms much more often than women do. People who are white are at higher risk of abdominal aortic aneurysms. People who have a family history of abdominal aortic aneurysms are at increased risk of having the condition. Atherosclerosis â€” the buildup of fat and other substances that can damage the lining of a blood vessel â€” increases your risk of an aneurysm. People who have an aneurysm in another large blood vessel, such as the artery behind the knee or the thoracic aorta in the chest, may have a higher risk of developing an abdominal aortic aneurysm. High blood pressure may increase your risk of developing an abdominal aortic aneurysm. Complications Tears in one or more of the layers of the wall of the aorta aortic dissection or a ruptured aortic aneurysm are the main complications of abdominal aortic aneurysms. A ruptured aortic aneurysm can lead to life-threatening internal bleeding. In general, the larger the aneurysm and the faster the aneurysm grows, the greater the risk of rupture. Signs and symptoms that your aortic aneurysm has ruptured may include: Sudden, intense and persistent abdominal or back pain, which can be described as a tearing sensation Pain that radiates to your back or legs Sweatiness.

Chapter 3 : Acute abdomen - Wikipedia

Diagnosis of Acute Abdominal Disease begins with several introductory chapters that include an excellent summary of visceral anatomy and a thoughtful neurological explanation of the vagaries of abdominal pain.

Request an Appointment at Mayo Clinic Causes Infection of the peritoneum can happen for a variety of reasons. In most cases, the cause is a rupture perforation within the abdominal wall. This type of peritonitis is called spontaneous peritonitis. Common causes of ruptures that lead to peritonitis include: Medical procedures, such as peritoneal dialysis. Peritoneal dialysis uses tubes catheters to remove waste products from your blood when your kidneys can no longer adequately do so. An infection may occur during peritoneal dialysis due to unclean surroundings, poor hygiene or contaminated equipment. Peritonitis also may develop as a complication of gastrointestinal surgery, the use of feeding tubes or a procedure to withdraw fluid from your abdomen paracentesis and rarely as a complication of colonoscopy or endoscopy. A ruptured appendix, stomach ulcer or perforated colon. Any of these conditions can allow bacteria to get into the peritoneum through a hole in your gastrointestinal tract. Inflammation of your pancreas pancreatitis complicated by infection may lead to peritonitis if the bacteria spread outside the pancreas. Infection of small, bulging pouches in your digestive tract diverticulitis may cause peritonitis if one of the pouches ruptures, spilling intestinal waste into your abdominal cavity. Injury or trauma may cause peritonitis by allowing bacteria or chemicals from other parts of your body to enter the peritoneum. Peritonitis that develops without an abdominal rupture spontaneous peritonitis is usually a complication of liver disease, such as cirrhosis. Advanced cirrhosis causes a large amount of fluid buildup in your abdominal cavity ascites. That fluid buildup is susceptible to bacterial infection. Risk factors Factors that increase your risk of peritonitis include: Peritonitis is common among people undergoing peritoneal dialysis therapy. The following medical conditions increase your risk of developing peritonitis: Complications Left untreated, peritonitis can extend beyond your peritoneum, where it may cause: A bloodstream infection bacteremia. An infection throughout your body sepsis. Sepsis is a rapidly progressing, life-threatening condition that can cause shock and organ failure. Prevention Often, peritonitis associated with peritoneal dialysis is caused by germs around the catheter. Wash your hands, including underneath your fingernails and between your fingers, before touching the catheter. Clean the skin around the catheter with an antiseptic every day. Store your supplies in a sanitary area. Wear a surgical mask during your dialysis fluid exchanges. Talk with your dialysis care team about proper care for your peritoneal dialysis catheter. If you develop new abdominal pain or have a new injury Peritonitis may result from a burst appendix or trauma-related abdominal injury. Call or emergency medical assistance if you have severe abdominal pain following an accident or injury.

Chapter 4 : Abdominal pain - Wikipedia

Acute and severe abdominal pain, however, is almost always a symptom of intra-abdominal disease. It may be the sole indicator of the need for surgery and must be attended to swiftly: Gangrene and perforation of the gut can occur 6 h from onset of symptoms in certain conditions (eg, interruption of the intestinal blood supply due to a.

Immediate access to this article To see the full article, log in or purchase access. She received her medical degree and completed her residency at Wake Forest University School of Medicine He received his medical degree at the University of Virginia School of Medicine, Charlottesville, and completed his residency at the University of Missouri School of Medicine, Columbia. Address correspondence to Sarah L. Reprints are not available from the authors. National Ambulatory Medical Care Survey: Pearls and pitfalls in the emergency department evaluation of abdominal pain. Emerg Med Clin North Am. Does this patient have appendicitis? Simple data from history and physical examination help to exclude bowel obstruction and to avoid radiographic studies in patients with acute abdominal pain. Does this patient have acute cholecystitis? Correlation among clinical, laboratory, and hepatobiliary scanning findings in patients with suspected acute cholecystitis. Variability in emergency physician decision making about prescribing opioid analgesics. Diagnostic tests for Helicobacter pyloriâ€”can they help select patients for endoscopy? Srinivasan R, Greenbaum DS. Chronic abdominal wall pain: Practical approach to diagnosis and management. J R Coll Surg Edinb. History and physical examination to estimate the risk of ectopic pregnancy: Frank B, Gottlieb K. Amylase normal, lipase elevated: A case series and review of the literature. Right upper quadrant pain. Accessed August 24, Right lower quadrant pain. Left lower quadrant pain. Derivation of a clinical guideline for the assessment of nonspecific abdominal pain: Am J Emerg Med. Sabiston Textbook of Surgery. Can ultrasound reliably diagnose ectopic pregnancy? Br J Obstet Gynaecol.

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Chapter 5 : The Acute Abdomen - Causes - Management - TeachMeSurgery

The term acute abdomen refers to the rapid onset of severe symptoms that may indicate potentially life-threatening intra-abdominal pathology that requires urgent surgical intervention.

Frequent, and often severe, watery stools acute phase Changes in stool color Abdominal pain ; urgency sudden painful need to defecate , cramping Desired Outcomes Report reduction in frequency of stools, return to more normal stool consistency. Rationale Ascertain onset and pattern of diarrhea To assess etiology. Chronic diarrhea caused by irritable bowel syndrome, infectious diseases affecting colon such as IBD. Observe and record stool frequency, characteristics, amount, and precipitating factors. Helps differentiate individual disease and assesses severity of episode. Observe for presence of associated factors, such as fever , chills, abdominal pain,cramping, bloody stools, emotional upset, physical exertion and so forth. To assess causative factors and etiology. Promote bedrest, provide bedside commode. Rest decreases intestinal motility and reduces the metabolic rate when infection or hemorrhage is a complication. Urge to defecate may occur without warning and be uncontrollable, increasing risk of incontinence or falls if facilities are not close at hand. Reduces noxious odors to avoid undue patient embarrassment. Avoiding intestinal irritants promote intestinal rest and reduce intestinal workload. Restart oral fluid intake gradually. Offer clear liquids hourly; avoid cold fluids. Provides colon rest by omitting or decreasing the stimulus of foods and fluids. Gradual resumption of liquids may prevent cramping and recurrence of diarrhea; however, cold fluids can increase intestinal motility. Provide opportunity to vent frustrations related to disease process. Presence of disease with unknown cause that is difficult to cure and that may require surgical intervention can lead to stress reactions that may aggravate condition. Observe for fever, tachycardia, lethargy, leukocytosis, decreased serum protein, anxiety , and prostration. May signify that toxic megacolon or perforation and peritonitis are imminent or have occurred, necessitating immediate medical intervention. Back See Also You may also like the following posts and care plans:

Chapter 6 : Crohn's disease presenting as acute abdomen: Report of two cases

Vague and ill-defined symptoms, abdominal or pelvic pain. and the absence of peristalsis are not accurate for diagnosis of acute diverticular disease, pathogenesis, diagnosis, and.

Clinical features Abdominal pain is usually a feature, but a pain-free acute abdomen can occur, particularly in older people, children, and the immunocompromised, and in the last trimester of pregnancy. Acute abdominal symptoms are common. Gastroenterol Clin North Am. Prevalence of upper gastrointestinal symptoms in the general population: Scand J Gastroenterol Suppl. Prevalence and socioeconomic impact of upper gastrointestinal disorders in the United States: Be located in any quadrant of the abdomen Be intermittent, sharp or dull, achy, or piercing Radiate from a focal site Be accompanied by nausea and vomiting. Immediate assessment should focus on distinguishing patients with true acute abdomen that requires urgent surgical intervention from patients who can initially be managed conservatively. Data from the UK suggest that access to an experienced surgeon reduces unnecessary admissions. April [internet publication]. Diagnostic work-up An acute abdomen is diagnosed by a combination of history, physical examination, radiography, and laboratory results. When symptoms do not necessitate immediate surgery and when imaging has not led to a definitive diagnosis, further abdominal examination by an experienced physician may help to determine the underlying cause. The role of diagnostic laparoscopy for acute abdominal conditions: Early laparoscopy versus active observation in acute abdominal pain: Guidelines for Diagnostic Laparoscopy. Diagnostic accuracy may be improved by using algorithms or decision tools. For example, the Appendicitis Inflammatory Response AIR score has been shown to help stratify risk of appendicitis in patients presenting with acute abdominal pain. Risk stratification by the Appendicitis Inflammatory Response score to guide decision-making in patients with suspected appendicitis. Analgesia in patients with acute abdominal pain. Cochrane Database Syst Rev. Assessment and management of acute pain in adult medical inpatients: Recent reviews, however, suggest that narcotic analgesia does not hinder management and improves patient comfort. Special groups Abdominal pain in older people, the immunocompromised, and pregnant women often presents atypically. Abdominal pain in special populations. Emerg Med Clin North Am. Older patients are also at higher risk for more severe disease due to decreased immune function. Acute abdominal pain in the older adult. A prompt and thorough evaluation is essential, as a delay in diagnosis and treatment can lead to poor outcomes for both mother and fetus. Approach to the acute abdomen in pregnancy. Obstet Gynecol Clin North Am. If there is a high index of suspicion for intra-abdominal pathology, further studies are warranted. There is a lot of concern among healthcare providers and patients around the issue of obtaining radiographs on pregnant patients. Although it is known that ionising radiation exposure can lead to cell death, mutation of germ cells, and carcinogenesis, there is no modern radiographic procedure that results in radiation exposure to a level that threatens embryo or fetal well-being. Importantly, the use of ultrasound for diagnosis is clearly safe in pregnancy, although it should be used to evaluate and answer a defined clinical problem. Any risk must be carefully balanced against the increased risk of fetal and maternal death resulting from a delay in diagnosis and treatment. Alternatives to ionising radiation imaging, such as ultrasound and magnetic resonance imaging, may also have important roles in these patients.

Chapter 7 : Assessment of acute abdomen - Differential diagnosis of symptoms | BMJ Best Practice

Conclusion: Crohn's Disease should be kept as a differential diagnosis in patients presenting with acute abdomen especially with a long history of vague abdominal complaints.

Chapter 8 : Abdominal aortic aneurysm - Symptoms and causes - Mayo Clinic

Symptoms of acute pancreatitis: In more advanced stages of the disease, doctors may use blood, Surgery may be done in some cases to help relieve abdominal pain, restore drainage of.

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Chapter 9 : 7 Inflammatory Bowel Disease (IBD) Nursing Care Plans â€¢ Nurseslabs

The 'acute abdomen' is defined as a sudden onset of severe abdominal pain of less than 24 hours www.nxgvision.com has a large number of possible causes and so a structured approach is required.