

Acute Abdomen

ECHO SESSION

Assessment of Acute Abdomen

- Primary assessment: ABCs (Airway, Breathing, Circulation)
- History-taking: Onset, location, severity, aggravating/alleviating factors
- Physical examination: Vital signs, abdominal tenderness, guarding, rebound tenderness
- Diagnostic investigations: Lab tests, imaging (ultrasound, CT scan), urine analysis

Differential Diagnosis of Acute Abdomen

- Surgical causes: Appendicitis, cholecystitis, bowel obstruction, perforated peptic ulcer, acute pancreatitis, gynecological emergencies, acute mesenteric ischemia
- Non-surgical causes: Gastroenteritis, urinary tract infections, renal colic, diverticulitis, acute hepatitis, pelvic inflammatory disease, abdominal aortic aneurysm

Emergency Management of Acute Abdomen

- Immediate pain control: Analgesics, opioids
- Intravenous fluid resuscitation: Correcting dehydration, maintaining hemodynamic stability
- NPO (Nil per os) status: Withhold oral intake to prepare for potential surgery
- Antibiotic therapy: Consider empiric coverage for intra-abdominal infections
- Surgical consultation: Urgent evaluation for surgical causes
- Medical management: Tailored treatment for non-surgical causes based on diagnosis

Disposition of Acute Abdomen Patients

- Surgical intervention: Patients requiring urgent surgical exploration or intervention
- Observation: Stable patients with non-specific findings or initial inconclusive investigations
- Admit to a specialized unit: Patients requiring further diagnostic workup or close monitoring
- Discharge: Patients with a clear non-surgical diagnosis and low-risk presentation, with appropriate follow-up instructions