

An Acute Abdomen denotes any sudden, spontaneous, non traumatic disorder whose chief manifestation is in the abdominal area and for which urgent operation may be necessary.

### Diagnostic Criteria

1. Pain in the abdomen-- usually sudden onset, progressively worsen, either localised or generalised. Pain may be shifted to other area or may be referred to particular area. Frequently pain is associated with abdominal cramp.
2. Vomiting--- on several occasions. may be followed by nausea. Sometimes the vomiting may be associated with abdominal cramp.
3. Distension--- usually distension is generalised. may be localised. It is usually associated with progression of pain.
4. Constipation---Less important feature. But whenever present signifies serious form of acute abdomen.
5. Diarrhoea--- not a cause of gastro enteritis. If the nature of stool varies, then it signifies some serious condition.
6. Rebound tenderness---May be either localised or generalised. Presence of this sign indicates underlying peritonitis.
7. Reduce urine output.
8. Other Features:-- cullens sign, Rovsing sign, Grey Turners sign, tachycardia, hypotension etc.

## Initial management

1. Patient should be immediately kept nil by mouth. No solid or liquid is allowed.
2. Intravenous fluid and electrolytes—Immediately start electrolyte containing fluid.
3. Analgesics--- in the form of injectable analgesic.
4. Antispasmodics--- better start as intramuscular form.
5. Antibiotics---Intravenous, broad spectrum, if diagnosis of peritonitis, cholecystitis, pancreatitis or UTI is suggestive.

## Further management

### Decision for hospitalisation-----

- a. Progressing pain.
- b. Needs observation.
- c. Needs immediate operation.
- d. Where facility for resuscitation is not available.

## Investigation

- a. Goal is as minimum intervention . If for investigation patient needs to be transfer to another place—no need of doing urgent investigation .
- b. Draw at least 10 cc of blood at a time to do a good number of investigation can be done at a time. Hierarchy of Haematological requisition are as follows:--I.Blood sugar, II. CBC II. Electrolytes. IV. S. Lipase. V. Bl. grouping. VI. PBF. VII.Culture.
- c. X-ray:-- Chest P-A view and Abdomen in Erect Posture at time or in same film.

d. Ultrasonogram:- If facility available in the same premises.

### **Definitive Management**

1. Appendicitis–appendicectomy within 4 hours. Should be done in at least District level Hospital.
2. UTI--- Treat non operatively.
3. Pneumoperitoneum---If associated with peritonitis, immediate laparotomy, should be done in a centre where facility for laparotomy is available.
4. Ruptured Ectopic pregnancy--- Immediate operation.Blood Transfusion.
5. Intestinal Obstruction---may need operation. Decision for operation should be taken by a competent specialist.
6. Intra abdominal malignancy---sought or specialised help.
7. Acute Cholecystitis---conservative treatment.
8. Diabetic abdomen---seek help from medicine colleague.

# Flow Chart

- Tachycardia ,pulse rate>90/m
- Blood pressure<90mmHg systolic
- Rebound tenderness –peritonitis
- Absent bowel sound—paralytic ileus
- Tender abdomen, Look for signs and cl.test
- Reduce urine output-<.5ml/kg/hr

Look for Danger sign- if present, immediately refer the patient to specialised centre

- Nothing by mouth
- Intravenous fluids (Hartsol)
- Injectable analgesics
- Injectable antispasmodics

Pain in the abdomen

(more than 6 hours)

## Indications for Hospitalization (Referral to specialized center)

1. Pain persist after 4 hrs of treatment
2. Abdominal distension (Recent, progressive)
3. Progressive worsening .

**Vomiting**  
(several episode, accompanied with pain)

- Danger signs**
1. Rigidity- localised
  2. Rigidity- generalised  
**Constipation**
  3. Obliterated liver dullness (may be absent or present for other reason)

**Fever**

- High grade
- With chill

## Flow Chart for Management of Acute Abdomen