Common Abdominal Histories



	Exploding symptom	Relevant system reviews	Differential diagnoses		Clues to differential
complaint			Grouping	Differentials	
Abdominal	<mark>S</mark> ite	General	Gastrointestinal	Appendicitis	Young patient
pain	<mark>O</mark> nset	•Fever, sweats			Periumbilical pain
	<mark>C</mark> haracter				Moves to RIF
	Radiation Associated symptoms Timing Exacerbating/relieving factors Severity	Gastrointestinal • Weight: loss, appetite change • Work down body: dysphagia, nausea/ vomiting, indigestion/ heartburn, bowel habit change, blood/ mucus in stool Urological • Storage: frequency, volume, urgency/ nocturia • Infection: dysuria, haematuria Gynaecological (if female) • PV Bleeding: menorrhagia, inter-menstrual bleeding, post- coital, post-menopausal bleeding • PV Discharge • Pain: pelvic/dysmenorrhoea/ dyspareunia • Chance could be pregnant			•Anorexia
				Gallstones	Biliary colic
					•Intermittent RUQ pain •Exacerbated by fatty food
					Cholecystitis
					•Continuous RUQ pain
					CBD stones
					•Jaundice
					•RUQ pain
					<u>Cholangitis</u>
					•Jaundice
					•Fever/rigors
					•RUQ pain
				Pancreatitis	Acute pancreatitis
					Severe epigastric/central pain
					Radiating to back
					 Relieved by sitting forwards Vomiting
				Gastritis/peptic	•Epigastric pain
				ulcer	•Related to meals
					•Risk factors e.g. NSAIDs, alcohol, spicy food
				Diverticulitis	•Elderly
					•LIF pain
					•Pyrexia
				Bowel obstruction	Vomiting + abdo pain + no bowel motions
			Urological	Renal colic	• Spasms of loin to groin pain (excruciating)
					Nausea and vomiting Cannot lie still
			Gynaecological	Ectopic pregnancy	Increasing iliac fossa/pelvic pain
			eynaccorogical	Letopic pregnancy	•~6 weeks pregnant/not using contraception
					May have spotting
			Other	Ruptured AAA	
			differentials	Gastroenteritis	
				Volvulus	
				Pyelonephritis	
				IBD Mesenteric ischaemia	
				Pelvic inflammatory of	
				Endometriosis	
				Non-abdominal (MI,	oneumonia, DKA)
Change in	Timing •When started •Acute/ gradual onset •Duration •Progression •Intermittent or continuous Stool •How much, how often,	Gastrointestinal • Weight: loss, appetite change • Work down body: dysphagia, nausea/ vomiting, indigestion/ heartburn, abdominal pain, blood/ mucus in stool	Gastrointestinal	Colon cancer	•Elderly
bowel habit					•Blood in stool/melaena
					Weight loss
				Gastroenteritis	•Acute diarrhoea
				Inflammatory	Nausea & vomiting Blood/ mucus in stool
				bowel disease	Abdominal pain
				Irritable bowel	•Fluctuate between diarrhoea and
				syndrome	constipation
	consistency				 Associated with stress
	consistencyColour & contents (mucus,				Anxious personality
	consistency			Coeliac disease	Anxious personality Diarrhoea, steatorrhoea
	consistencyColour & contents (mucus,			Coeliac disease	Anxious personality Diarrhoea, steatorrhoea Anaemia symptoms
	consistencyColour & contents (mucus,		Endocrinological		Anxious personality Diarrhoea, steatorrhoea Anaemia symptoms Abdominal discomfort
	consistencyColour & contents (mucus,		Endocrinological	Coeliac disease Thyrotoxicosis	Anxious personality Diarrhoea, steatorrhoea Anaemia symptoms Abdominal discomfort Diarrhoea
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	consistencyColour & contents (mucus,		Other	Thyrotoxicosis Hypothyroidism Bowel obstruction Diet and lifestyle chai Peri-anal conditions (Drugs (e.g. opiates, ir Diverticulitis	Anxious personality Diarrhoea, steatorrhoea Anaemia symptoms Abdominal discomfort Diarrhoea Heat intolerance Irritability/ restlessness Tremor Oligomenorrhoea/amenorrhoea Constipation Cold intolerance Lethargy/ tiredness Menorrhagia nges haemorrhoids, fissure) on, antacids, antibiotics)

Rectal bleeding	Timing Gastrointestinal •When started •Weight: loss, appetite change •Duration •Work down body: dysphagia, nausea/ vomiting, indigestion/ heartburn, abdominal pain, bowel habit change, mucus in stool •Intermittent or continuous Rectal bleeding •Blood: fresh/altered/melaena •When does it occur Stool •Any mucus •How much, how often, consistency •How not, how often, consistency	Weight: loss, appetite change Work down body: dysphagia,	(distal)	Anal fissure	Bleeding on defecation Bright red on tissue paper Intense anal pain Constipation history
		heartburn, abdominal pain, bowel habit change, mucus in		Haemorrhoids	Bleeding on defecation Bright red on tissue paper Constipation history
				Diverticular haemorrhage Distil polyp/cancer	 Sudden painless rectal bleeding Elderly Alternating bowel habit
				Distri polyp/cancer	•Weight loss •Urgency/ tenesmus
				Inflammatory bowel disease	Blood mixed with stool Mucus Diarrhoea Abdominal pain
				Haemorrhagic infective gastroenteritis	Acute diarrhoea and vomiting History of suspicious food intake
			Angiodysplasia	•Elderly	
				Proximal polyp/ cancer	Weight lossAnaemia symptoms
		↓ ↓	Haemorrhagic peptic ulcer/ gastritis	•Gastritis symptoms •Risk factors e.g. NSAIDs, alcohol, spicy food	
			Melaena (proximal)	Oesophageal varicies	History of liver disease/ alcoholism May be encephalopathy or alcohol withdrawal Haematemesis
					The internetion
Haematemesis	When started	• Weight: loss, appetite change te/gradual onset ation work down body: dysphagia, indigestion/ heartburn, abdominal pain, bowel habit	Gastrointestinal	Peptic ulcer haemorrhage	Previous gastritis symptoms
	Duration Progression			Oesophageal varicies	History of liver disease/ alcoholism May be encephalopathy or alcohol withdrawal
	Intermittent or continuous change, blood/ mucus in stool <u>Vomit</u>		Mallory-Weiss tear	Multiple vomits before haematemesis onset Commonly after binge drinking	
	 How much, how often, consistency Colour & contents (mucus, blood, bile if vomiting) 			Haemorrhagic gastritis/ oesophagitis	Previous gastritis symptoms Risk factors e.g. NSAIDs, alcohol, spicy food