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Canadian Family Medicine Clinical Card

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Abdominal Pain

Common Diagnoses

“Abdominal pain NYD” is the most common diagnosis in all age groups

Next
most
common
diagnoses

Pediatric	Adult	Geriatric
<input type="checkbox"/> Colic (Infants)	<input type="checkbox"/> Irritable Bowel Synd. (IBS)	<input type="checkbox"/> IBS
<input type="checkbox"/> Constipation (1-4 yrs)	<input type="checkbox"/> Gastroenteritis	<input type="checkbox"/> Diverticular Dz
<input type="checkbox"/> Recurrent Abdo. Pain (4-9 yrs)	<input type="checkbox"/> Constipation	<input type="checkbox"/> Constipation
<input type="checkbox"/> IBS (9-12 yrs)	<input type="checkbox"/> Other viral infection	<input type="checkbox"/> Gastroenteritis
<input type="checkbox"/> Gastroenteritis	<input type="checkbox"/> UTI	<input type="checkbox"/> GI malignancy

Diagnosing Irritable Bowel Syndrome (IBS)

Consider using Manning Criteria: 3 or more of the following:

- pain relief with bowel movement
- more frequent stools with onset of pain
- loose stools with onset of pain
- passage of mucus
- sensation of incomplete evacuation
- abdominal distention

AND no red flags or family hx of organic bowel disease. (Likelihood Ratio: 2.9)

If pt doesn't meet the above criteria and IBS is high on DDx, consider the *Kruis method* which is based on sx, sx duration, physician assessment, CBC, ESR, WBC, FOB. (Likelihood Ratio: 8.6).

• 2006 ROME III criteria has only fair to modest inter-rater reliability between experts and still needs validation.

Physical Exam/ Investigations: Beyond the Abdomen

- vitals
- cardiac rhythm
- lungs
- DRE
- Beta HCG
- consider testicular or bimanual exam
- consider endomysial testing for celiac dz in child with chronic abdo. pain

Red Flags

Finding	Typical Age/Sex	Dx To Think About
HPI		
Weight loss	A, G	GI Malignancy
Pain radiating to back	A, G	Pancreatitis, AAA
Pain central and then RLQ	Any	Appendicitis
Pain radiating to groin	Male	Testicular Torsion, Hernia, Renal Colic
Blood per rectum/melena	Any	GI bleed (PUD, Varices, Diverticulitis), Meckel's, Malignancy in elderly
Current antibiotics/steroids	Any	Can mask peritoneal symptoms
PMHx		
Cardiac hx incl Afib, HTN	G	Ischemic bowel, AAA, MI
Prev abdominal surgery	G	Obstruction
Taking antipsychotics	A, G	Ileus, Obstruction or Toxic Megacolon
Social Hx		
EtOH	A, G	Risk factor for Pancreatitis, Varices
Sexually active	Female	Ectopic Pregnancy, STIs
Physical Exam		
Change in mental status	G	Infection (particularly UTI)
TRR	P, G	Pneumonia
Shock	Any	Perforated Viscus, GI Hemorrhage, Severe Pancreatitis, MI, Sepsis (N, P)
Severe pain out of keeping with findings	A, E	Ischemic Bowel, Pancreatitis
Restless/writhing	Any	Biliary or Renal Colic, Testicular Torsion
Pulling up legs to chest	N	Volvulus, Intussusception
Lower abdominal tenderness	Female	Ectopic Pregnancy or Other Gyne
LLQ tenderness	A,G	Diverticulitis

A = adult G = geriatric N = neonate P = pediatric

Key References: Ponka D, Kirlaw M. Top 10 differential diagnoses in family medicine: generalized abdominal pain. *Can Fam Physician*. 2007;53(9):1509. Cayley WE Jr. Irritable Bowel Syndrome. *BMJ*. 2005;330(7492):632. Ford AC, et al. Will the history and physical examination help establish that irritable bowel syndrome is causing this patient's lower gastrointestinal tract symptoms? *JAMA*. 2008;300(15):1793-805. Smucny J, et al. Abdominal Pain. *Essentials of Family Medicine*, 5th Edition, 2008. Chogle A, et al. How reliable are the Rome III criteria for the assessment of functional gastrointestinal disorders in children? *Am J Gastroenterol*. 2010;105(12):2697-701.