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FREQUENCY OF ABDOMINAL PAIN AMONG THE PATIENTS PRESENTING IN THE OUTDOOR DEPARTMENT

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ABSTRACT:
Abdominal pain, also known as a stomachache, is a symptom associated with both non-serious and serious medical issues. Common causes of pain in the abdomen include gastroenteritis and irritable bowel syndrome. This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender, symptoms and history of pain abdomen and severity were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. A total of 110 patients presenting in the emergency department were included in this study i.e., 55 males (50%) and 55 females (50%). The mean age of the patients was 35.23±3.23 years. Out of these one hundred ten patients, fifteen patients had history of pain abdomen and severity were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. A total of 110 patients presenting in the emergency department were included in this study i.e., 55 males (50%) and 55 females (50%). The mean age of the patients was 35.23±3.23 years. Out of these one hundred ten patients, fifteen patients had history of pain abdomen, three of them were referred to emergency department and rest were managed in outdoor department.

Keyword: Pain Abdomen
INTRODUCTION:
Abdominal pain, also known as a stomachache, is a symptom associated with both non-serious and serious medical issues. Common causes of pain in the abdomen include gastroenteritis and irritable bowel syndrome. About 15% of people have a more serious underlying condition such as appendicitis, leaking or ruptured abdominal aortic aneurysm, diverticulitis, or ectopic pregnancy. In a third of cases the exact cause is unclear. Given that a variety of diseases can cause some form of abdominal pain, a systematic approach to the examination of a person and the formulation of a differential diagnosis remains important. The most frequent reasons for abdominal pain are gastroenteritis (13%), irritable bowel syndrome (8%), urinary tract problems (5%), inflammation of the stomach (5%) and constipation (5%). In about 30% of cases, the cause is not determined. About 10% of cases have a more serious cause including gallbladder (gallstones or biliary dyskinesia) or pancreas problems (4%), diverticulitis (3%), appendicitis (2%) and cancer (1%). More common in those who are older, mesenteric ischemia and abdominal aortic aneurysms are other serious causes.

Acute abdomen can be defined as severe, persistent abdominal pain of sudden onset that is likely to require surgical intervention to treat its cause. The pain may frequently be associated with nausea and vomiting, abdominal distention, fever and signs of shock. One of the most common conditions associated with acute abdominal pain is acute appendicitis. Abdominal pain can be referred to as visceral pain or peritoneal pain. The contents of the abdomen can be divided into the foregut, midgut, and hindgut. The foregut contains the pharynx, lower respiratory tract, portions of the esophagus, stomach, portions of the duodenum (proximal), liver, biliary tract (including the gallbladder and bile ducts), and the pancreas. The midgut contains portions of the duodenum (distal), cecum, appendix, ascending colon, and first half of the transverse colon. The hindgut contains the distal half of the transverse colon, descending colon, sigmoid colon, rectum, and superior anal canal. Each subsection of the gut has an associated visceral afferent nerve.
that transmits sensory information from the viscera to the spinal cord, traveling with the autonomic sympathetic nerves. The visceral sensory information from the gut traveling to the spinal cord, termed the visceral afferent, is non-specific and overlaps with the somatic afferent nerves, which are very specific. Therefore, visceral afferent information traveling to the spinal cord can present in the distribution of the somatic afferent nerve; this is why appendicitis initially presents with T10 periumbilical pain when it first begins and becomes T12 pain as the abdominal wall peritoneum (which is rich with somatic afferent nerves) is involved (1-3).

MATERIAL AND METHODS:
This cross-sectional study was conducted among the patients presenting in the outdoor department of different hospitals. Name, age, gender, symptoms and history of pain abdomen and severity were noted on a predefined proforma. All the data was entered and analyzed with SPSS Ver. 23.0. The quantitative variables were presented as mean and standard deviation. The qualitative variables were presented as frequency and percentages.

RESULTS:
A total of 110 patients presenting in the emergency department were included in this study i.e., 55 males (50%) and 55 females (50%). The mean age of the patients was 35.23±3.23 years. Out of these one hundred ten patients, fifteen patients had history of pain abdomen, three of them were referred to emergency department and rest were managed in outdoor department.

DISCUSSION:
Abdominal pain is the reason about 3% of adults see their family physician. Rates of emergency department visits in the United States for abdominal pain increased 18% from 2006 through 2011. This was the largest increase out of 20 common conditions seen in the ED. The rate of ED use for nausea and vomiting also increased 18%. The management of abdominal pain depends on
many factors, including the etiology of the pain. In the emergency department, a person presenting with abdominal pain may initially require IV fluids due to decreased intake secondary to abdominal pain and possible emesis or vomiting. Treatment for abdominal pain includes analgesia, such as non-opioid (ketorolac) and opioid medications (morphine, fentanyl). Choice of analgesia is dependent on the cause of the pain, as ketorolac can worsen some intra-abdominal processes. Patients presenting to the emergency department with abdominal pain may receive a "GI cocktail" that includes an antacid (examples include omeprazole, ranitidine, magnesium hydroxide, and calcium chloride) and lidocaine. After addressing pain, there may be a role for antimicrobial treatment in some cases of abdominal pain. Butylscopolamine (Buscopan) is used to treat cramping abdominal pain with some success. Surgical management for causes of abdominal pain includes but is not limited to cholecystectomy, appendectomy, and exploratory laparotomy (4-6).

REFERENCES:


