

## Acute Abdomen in Sree Balaji Medical College and Hospital

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### Abstract

Acute abdomen necessitates immediate attention and treatment. Acute abdominal pain (AAP) is responsible for 7-10% of all ED visits. Nonetheless, the epidemiology of AAP in the ED is poorly understood. The purpose of this study was to look into the epidemiology and consequences of AAP in an adult population referred to an urban emergency department. An institution-based, cross-sectional study was done among patients admitted with abdominal discomfort from January 1<sup>st</sup> to January 31<sup>st</sup>, 2022. This research concluded with. Gall bladder pathology was the most common cause of acute abdomen. It was present in 30% of cases, followed by gall bladder pathology, acute gastritis, pancreatitis, ureteric calculi, mesenteric lymphadenitis, acute appendicitis, and pelvic inflammatory disease.

### Introduction

Acute abdomen necessitates immediate attention and treatment. An infection, inflammation, vascular blockage, or obstruction can all produce an acute abdomen. The patient will typically come with severe stomach discomfort, nausea, and vomiting. The majority of people with an acute abdomen appear sick.

A comprehensive history and physical exam should be performed on a patient with an acute abdomen. The location of pain is important since it may indicate a confined process. It may, however, appear with diffuse abdominal pain in patients with free air. Palpation may reveal rebound discomfort and guarding, indicating peritonitis, if bowel sounds are missing. Appendicitis, perforated peptic ulcer, acute pancreatitis, ruptured sigmoid diverticulum, and other conditions can produce an acute abdomen.

### Etiology

Acute appendicitis, cholecystitis, pancreatitis, and diverticulitis are all common causes of an acute abdomen. Acute peritonitis is a cause of acute abdomen that can occur as a result of a hollow viscus rupture or as a complication of inflammatory bowel illness or cancer. Mesenteric ischemia and a ruptured abdominal aortic aneurysm are two vascular events that can cause an acute abdomen. The most common obstetric and gynecologic causes are ruptured ectopic pregnancy and ovarian torsion. Urologic disorders, such as ureteral colic and pyelonephritis, can cause acute abdominal pain. Small intestinal blockage is listed as a cause of acute abdomen by many writers. Necrotizing enterocolitis can occur in newborns. In the first week, midgut volvulus occurs 40% of the time.

### Epidemiology

Acute abdominal pain (AAP) is responsible for 7-10% of all ED visits. Nonetheless, the epidemiology of AAP in the ED is poorly understood. The purpose of this study was to look into the epidemiology and consequences of AAP in an adult population referred

to an urban emergency department.

## Methods

An institution based, cross-sectional study was conducted from 1<sup>st</sup> January 2022 - 31<sup>st</sup> January 2022, among patients admitted with pain abdomen in Sree Balaji Medical College and Hospital, Chromepet, Chennai-600044. Tamil Nadu, India.

## Data

<i>Name</i>	<i>Age</i>	<i>Sex</i>	<i>Diagnosis</i>
Mani	67	M	Gastritis
Vasudevan	40	M	Gastritis
Divya	23	F	Pelvic Inflammatory Disease
Anju Rana	30	F	Mesentric Lymphadenitis
Amul Pandiyan	25	M	Acute Appendicitis
Shanthi	40	F	Acute A Calculous Cholecystitis
Nivedha	63	F	Gastritis
Suganthi	27	F	Cholelithiasis
Suresh	35	M	Acute Pancreatitis
Rakesh Kumar	35	M	Gastritis
Ashwini	23	F	Calculous Cholecystitis
Jency	15	F	Mysentric Lymphadenitis
Sridhya	29	F	Cholelithiasis
Thirumurugan	32	M	Acute on Chronic Pancreatitis
Venkatesh	38	M	Acute on Chronic Pancreatitis
Sudha	40	F	Gastritis
Sairasee	60	F	Calculous Cholecystitis
Cecelia	59	F	Pelvic Inflammatory Disease
Kumar	40	M	Acute Pancreatitis
Palaniswamy	68	M	Gastritis
Ismail Basha	66	M	Acute Retension of Urine
Sarath Kumar	18	M	Acute Pancreatitis
Kanniyammal	15	F	Cholelithiasis
Ethirajammal	67	F	Calculous Cholecystitis
Lavanya	43	F	Calculous Cholecystitis
Suryaraja	22	M	L Ureteric Calculi
Kausalya	24	F	Calculous Cholecystitis
Santhosh	26	M	L Ureteric Calculi
Suganya	44	F	B/L Ureteric Calculi

## Result

During the data collection period, a total of 30 patients were admitted via emergency with abdominal pain. Abdominal pain from surgery and other causes occurred more frequently, at 33.34% and 66.67%, respectively. Abdominal discomfort and abdominal soreness were the most frequent symptoms and signs, respectively. Gall bladder pathology was the most frequent cause of acute abdominal pain. Gall bladder pathology, acute gastritis, pancreatitis, ureteric calculi, mesenteric lymphadenitis, acute appendicitis, pelvic inflammatory illness, and acute retention of urine were all present in 30% of cases, respectively.

## Conclusion

It is critical to learn how to diagnose individuals with acute abdomens that require prompt surgical intervention. Acute abdominal pain is typical in the second and third decades of life. Gall bladder pathology was the most common cause of acute abdomen in our investigation, followed by acute gastritis. The causes of acute abdominal pain are diverse, and their prevalence varies among populations.

## References

1. Elhardello OA and MacFie J. "Digital rectal examination in patients with acute abdominal pain". *Emerg Med J* 35.9 (2018): 579-580.
2. Maleki Verki M and Motamed H. "Rectus Muscle Hematoma as a Rare Differential Diagnosis of Acute Abdomen; a Case Report". *Emerg (Tehran)* 6.1 (2018): e28.
3. Kaushal-Deep SM., et al. "Primary cecal pathologies presenting as acute abdomen and critical appraisal of their current management strategies in emergency settings with review of literature". *Int J Crit Illn Inj Sci* 8.2 (2018): 90-99.
4. Li PH., et al. "The Role of Noncontrast CT in the Evaluation of Surgical Abdomen Patients". *Am Surg* 6 (2018): 1015-1021.
5. De Burlet K., et al. "Acute abdominal pain-changes in the way we assess it over a decade". *N Z Med J* 130.1463 (2017): 39-44.
6. Geng WZM., et al. "The value of the erect abdominal radiograph for the diagnosis of mechanical bowel obstruction and paralytic ileus in adults presenting with acute abdominal pain". *J Med Radiat Sci* 65.4 (2018): 259-266.
7. Mohammed MF., et al. "Practical Applications of Dual-Energy Computed Tomography in the Acute Abdomen". *Radiol Clin North Am* 56.4 (2018): 549-563.
8. Nakashima T., et al. "The Association Between Sequential Organ Failure Assessment Scores and Mortality in Patients with Sepsis During the First Week: The JSEPTIC DIC Study". *J Intensive Care Med* 35.7 (2020): 656-662.
9. Pucher PH., et al. "Impact of laparoscopic approach in emergency major abdominal surgery: single-centre analysis of 748 consecutive cases". *Ann R Coll Surg Engl* 100.4 (2018): 279-284.
10. Bhosale PR., et al. "ACR Appropriateness Criteria® Acute Pelvic Pain in the Reproductive Age Group". *Ultrasound Q* 32.2 (2016): 108-15.

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