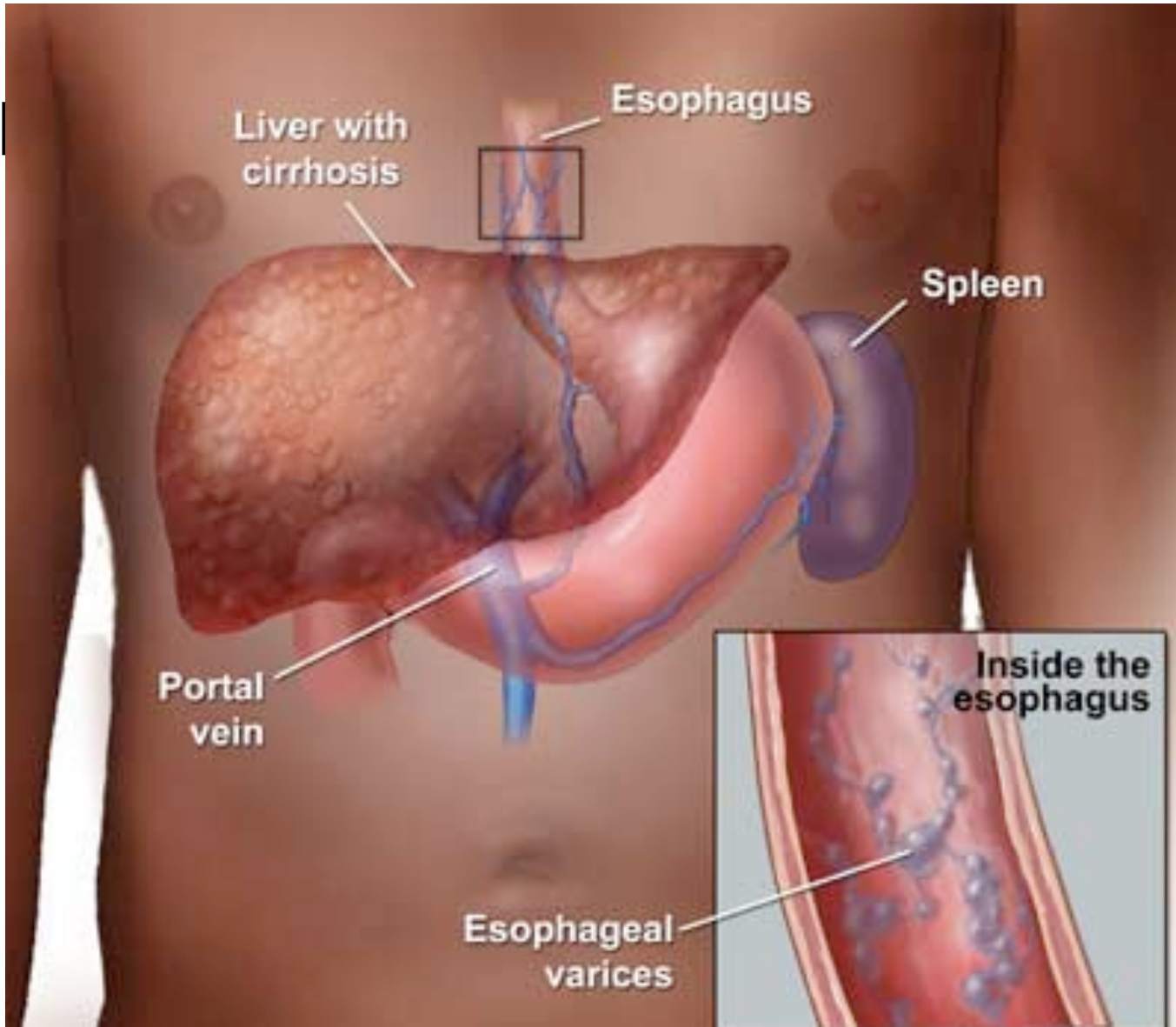


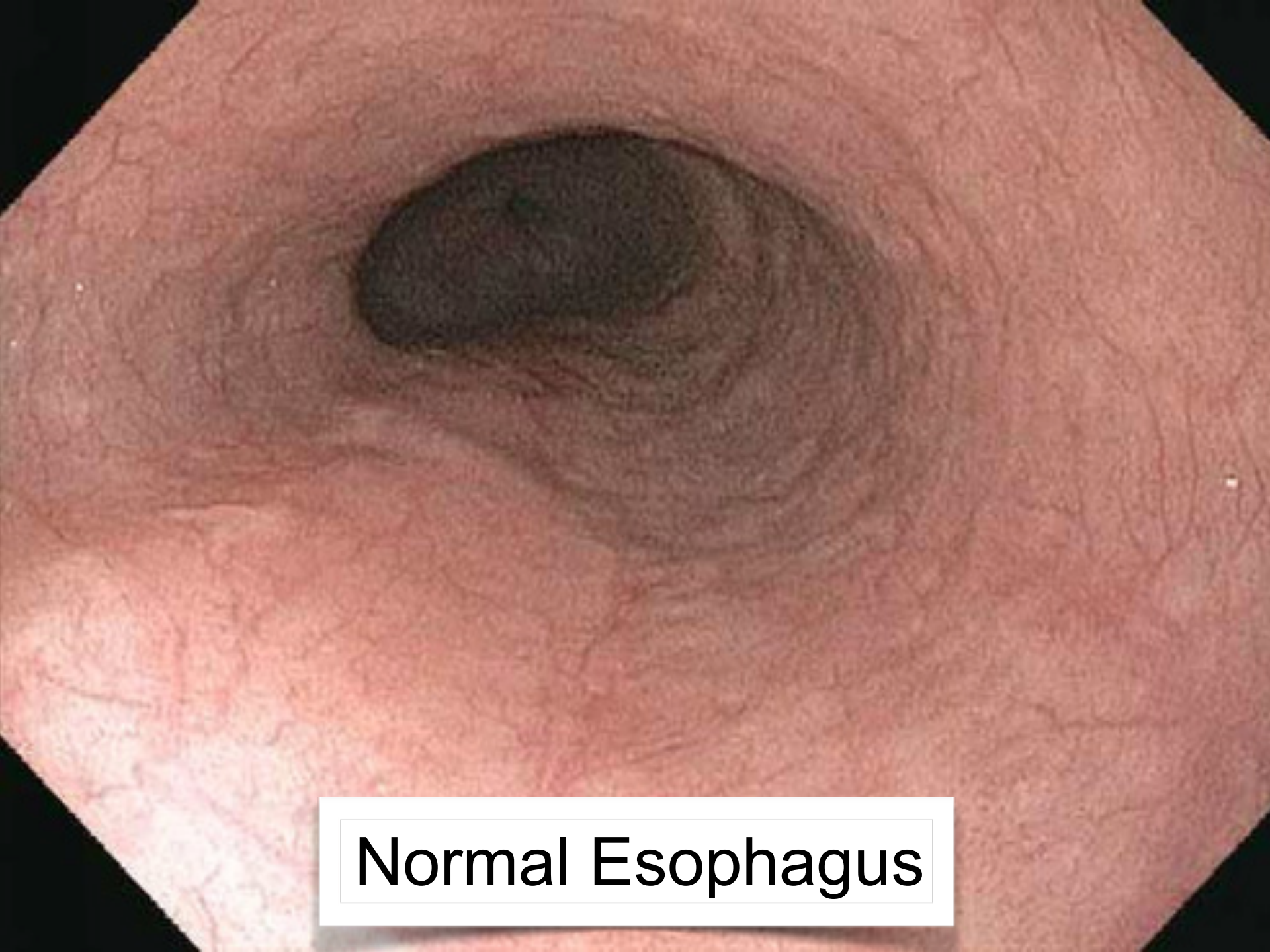
Acute Abdominal Pain

Scott R Snyder

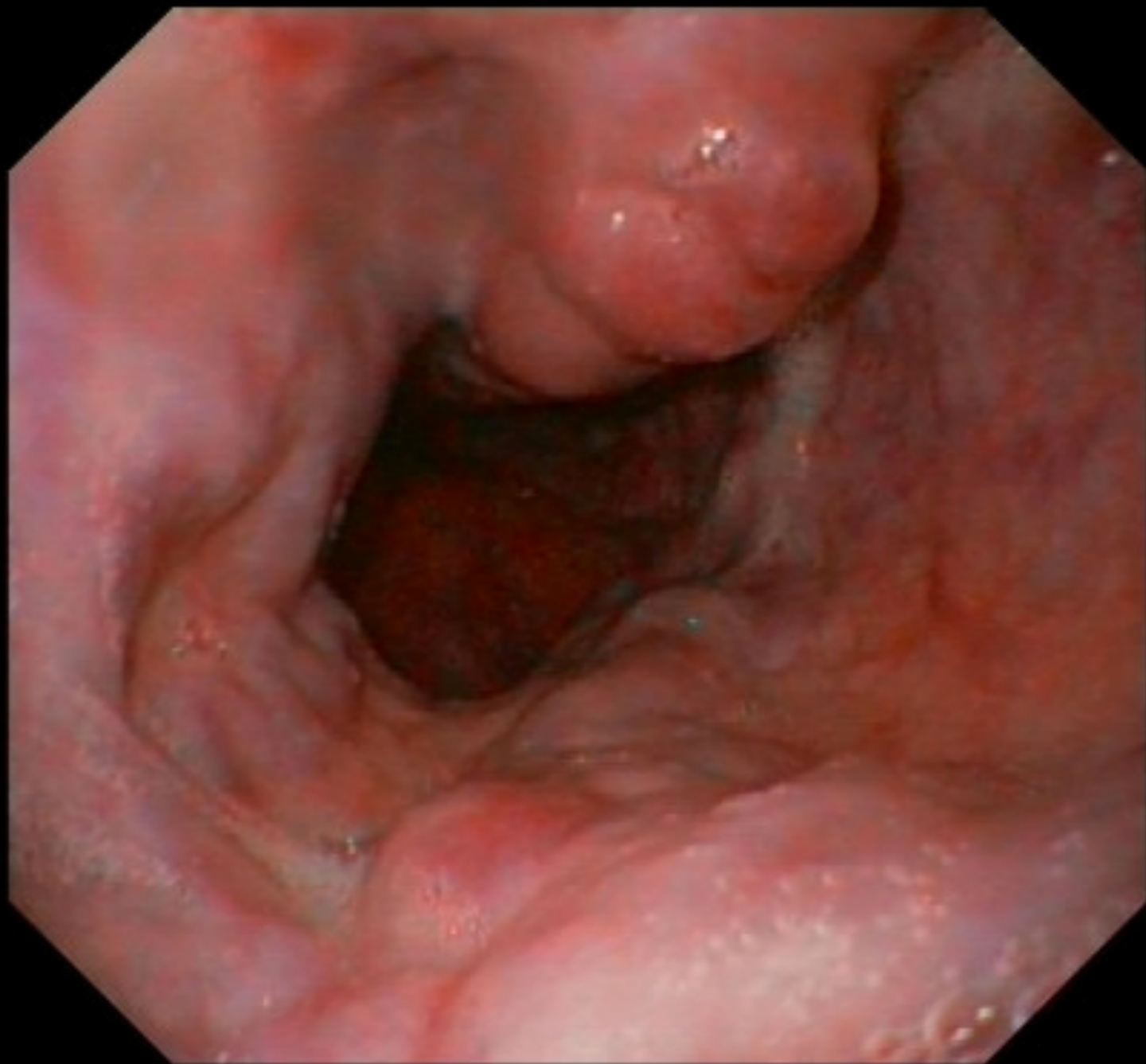
Quick Case 1

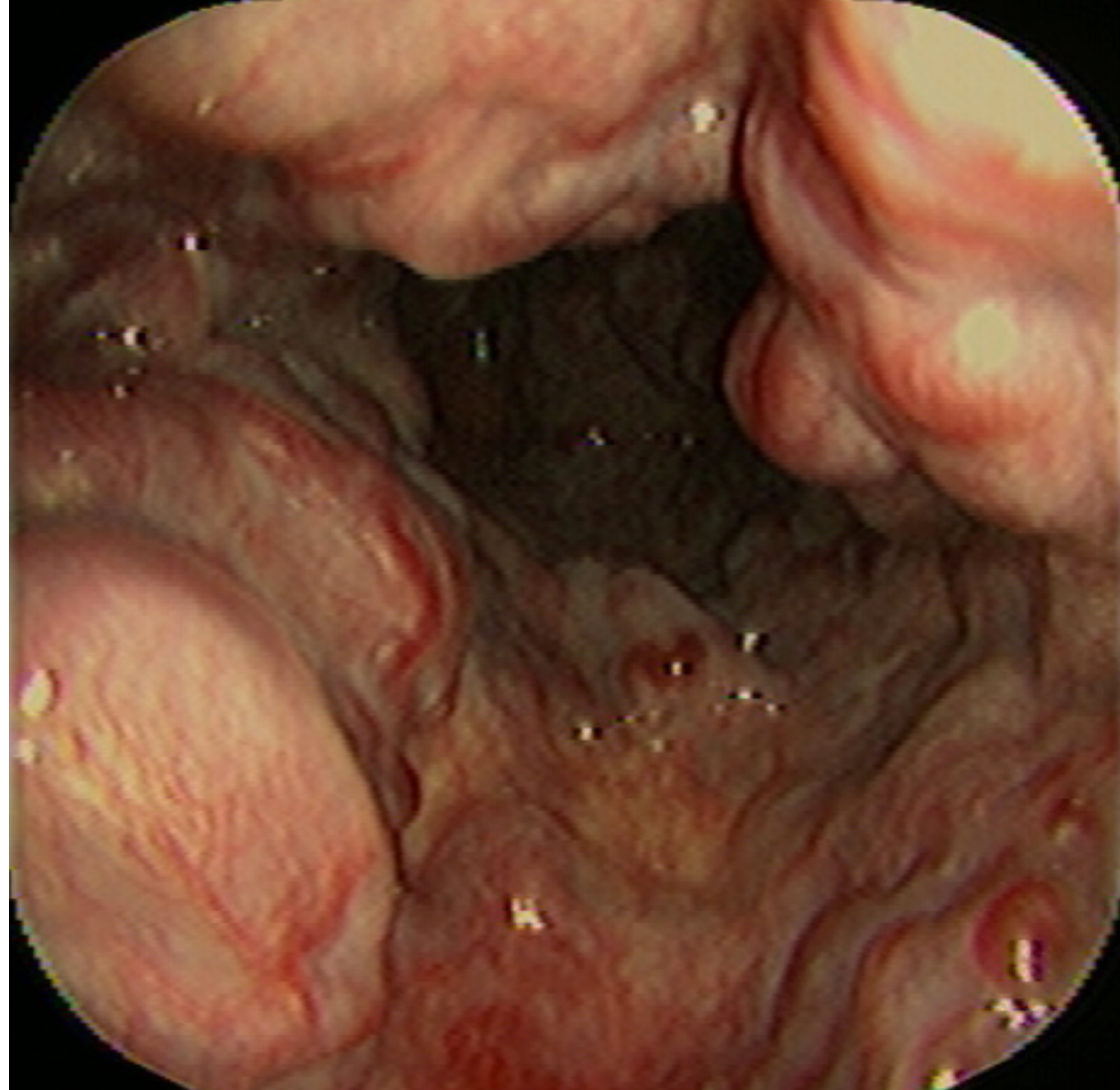
Esophageal Varices

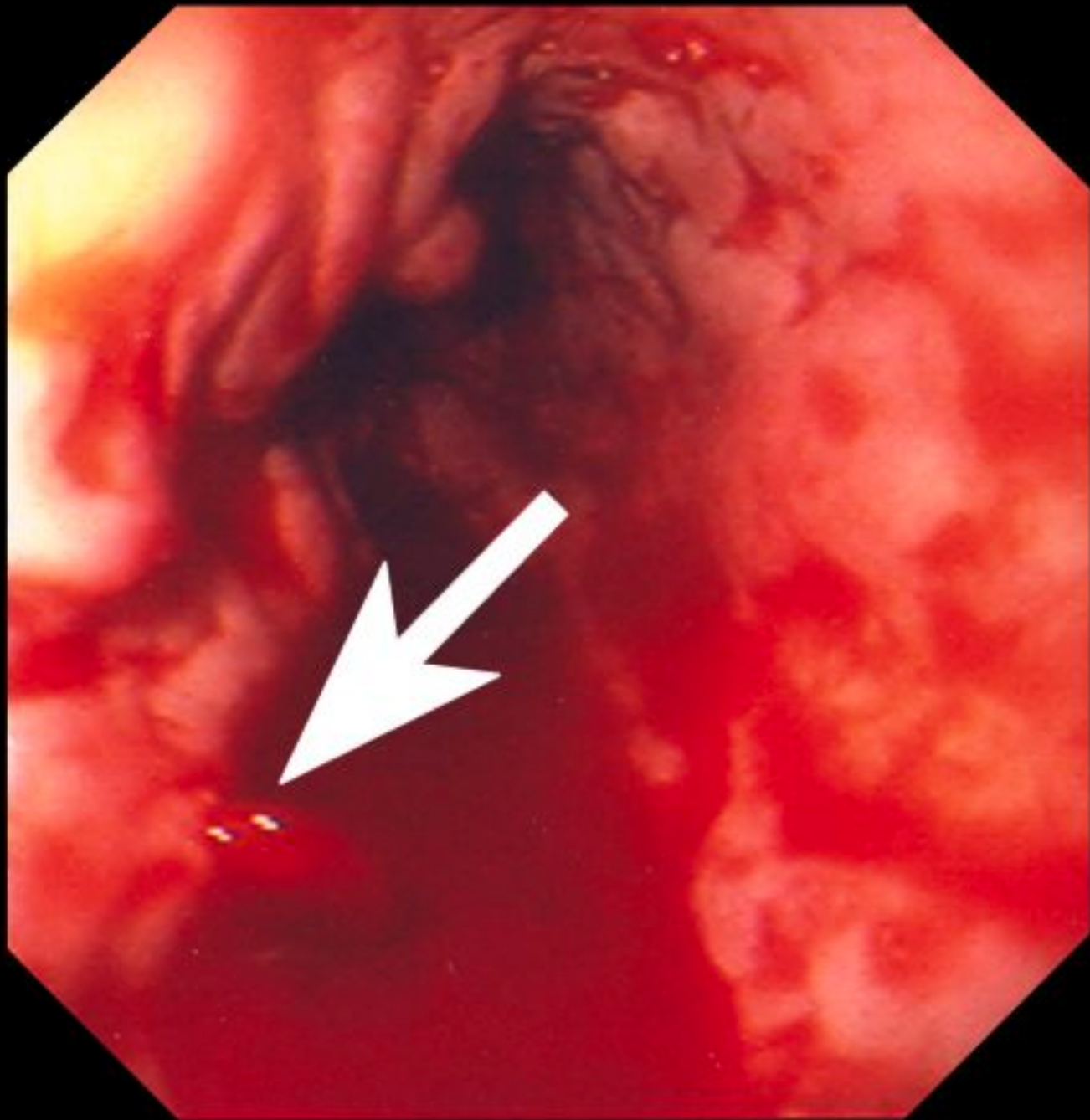


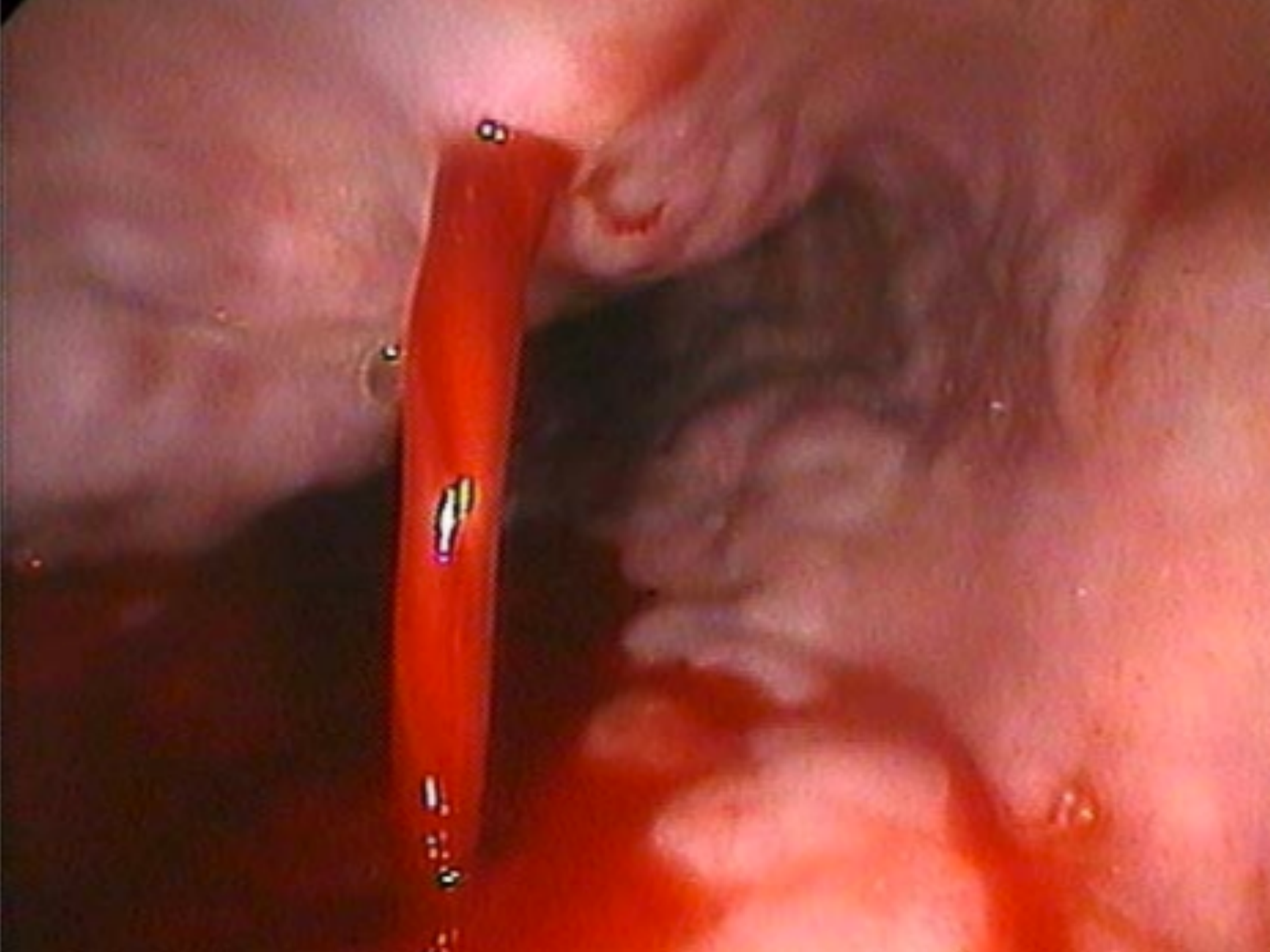


Normal Esophagus









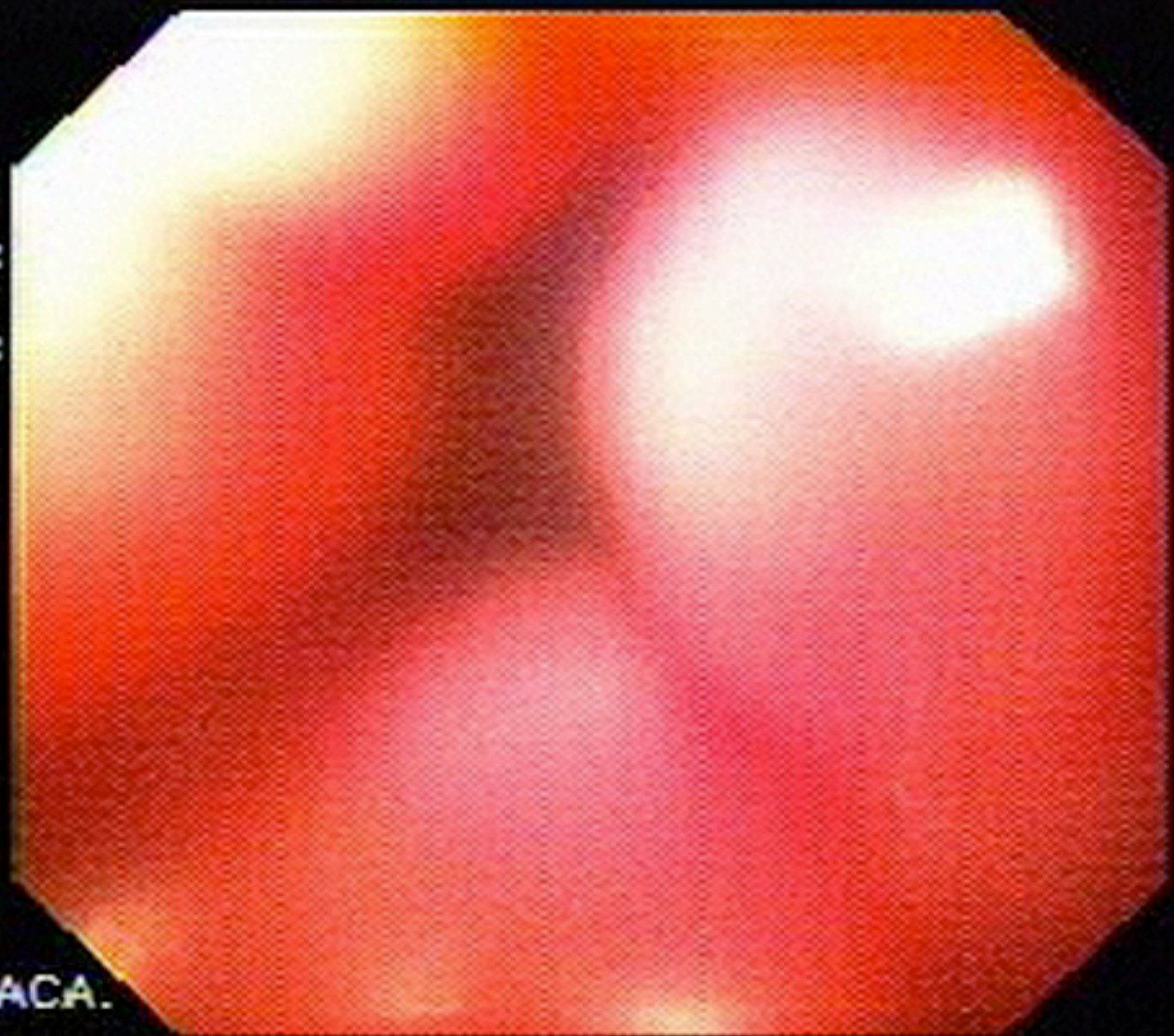
VE 552003

M 40
07/12/1953

09/25/2003
19:34:18

CVP:
D. F:
En:8 Q:H

DR. MURRA SACA.



And this is how it looks on our
end.....

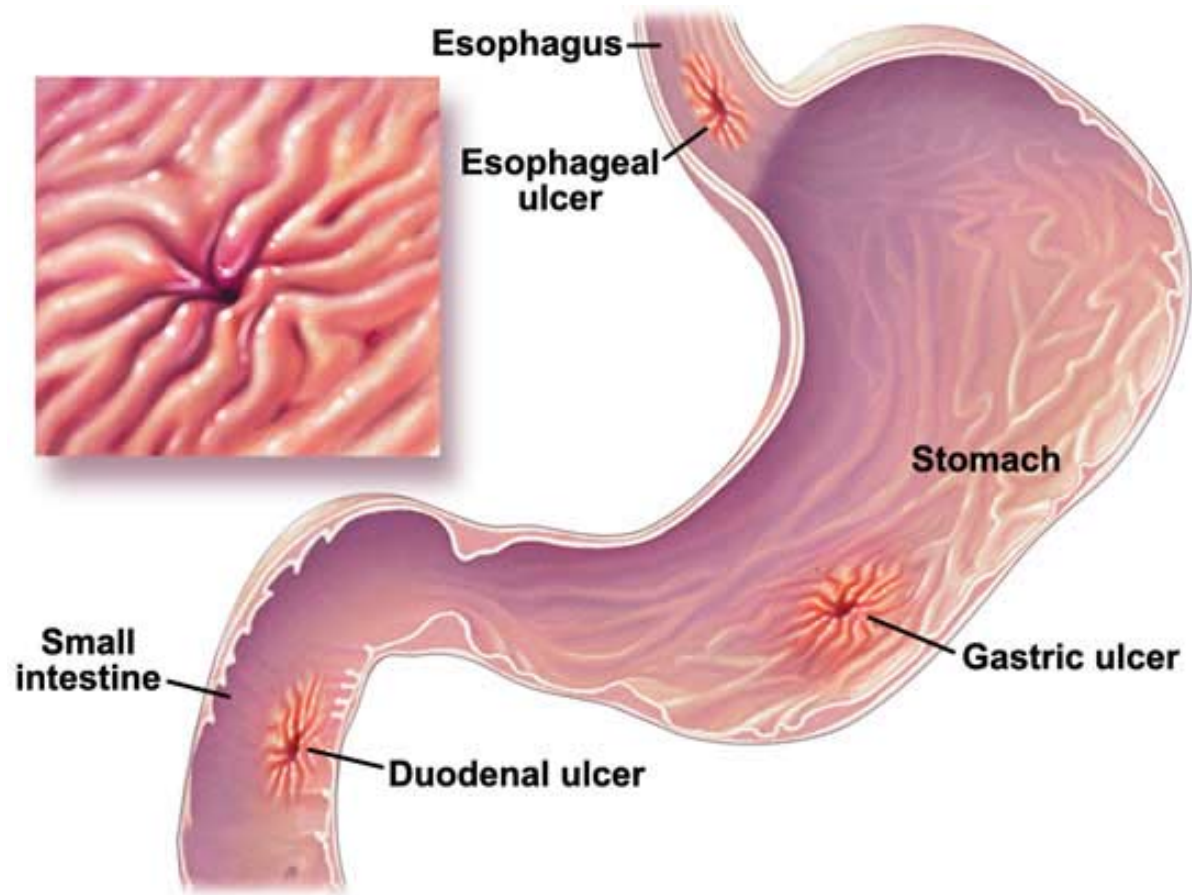
Treatment

- ABC's
 - Suction
 - 100% oxygen via appropriate device
 - PPV if necessary
- Treat for shock
- ALS/rapid transport

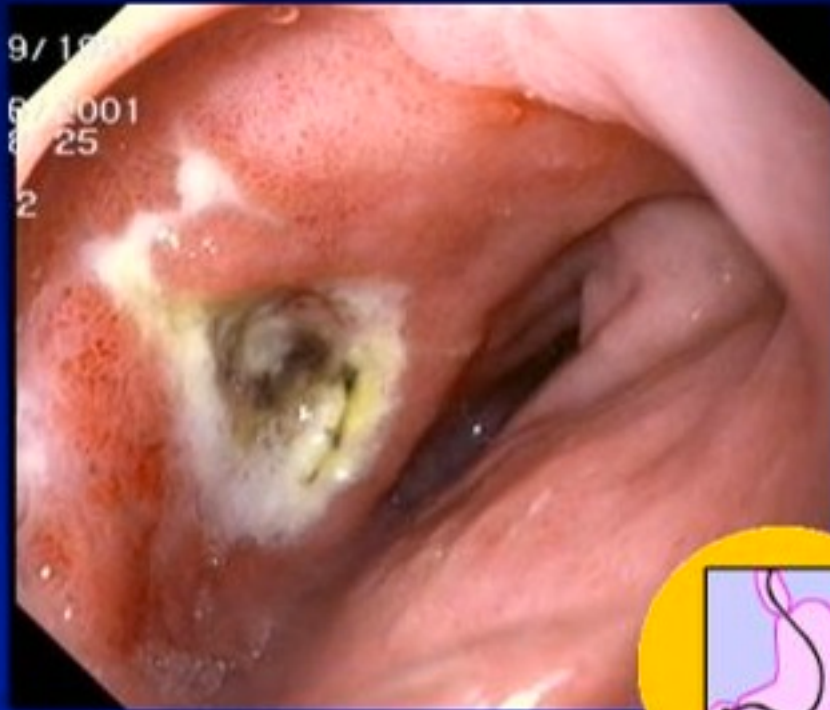
Quick Case 2

Gastric Ulcer

- Aka peptic ulcer disease
- Upper GI bleed



Duodenal Ulcer (DU)



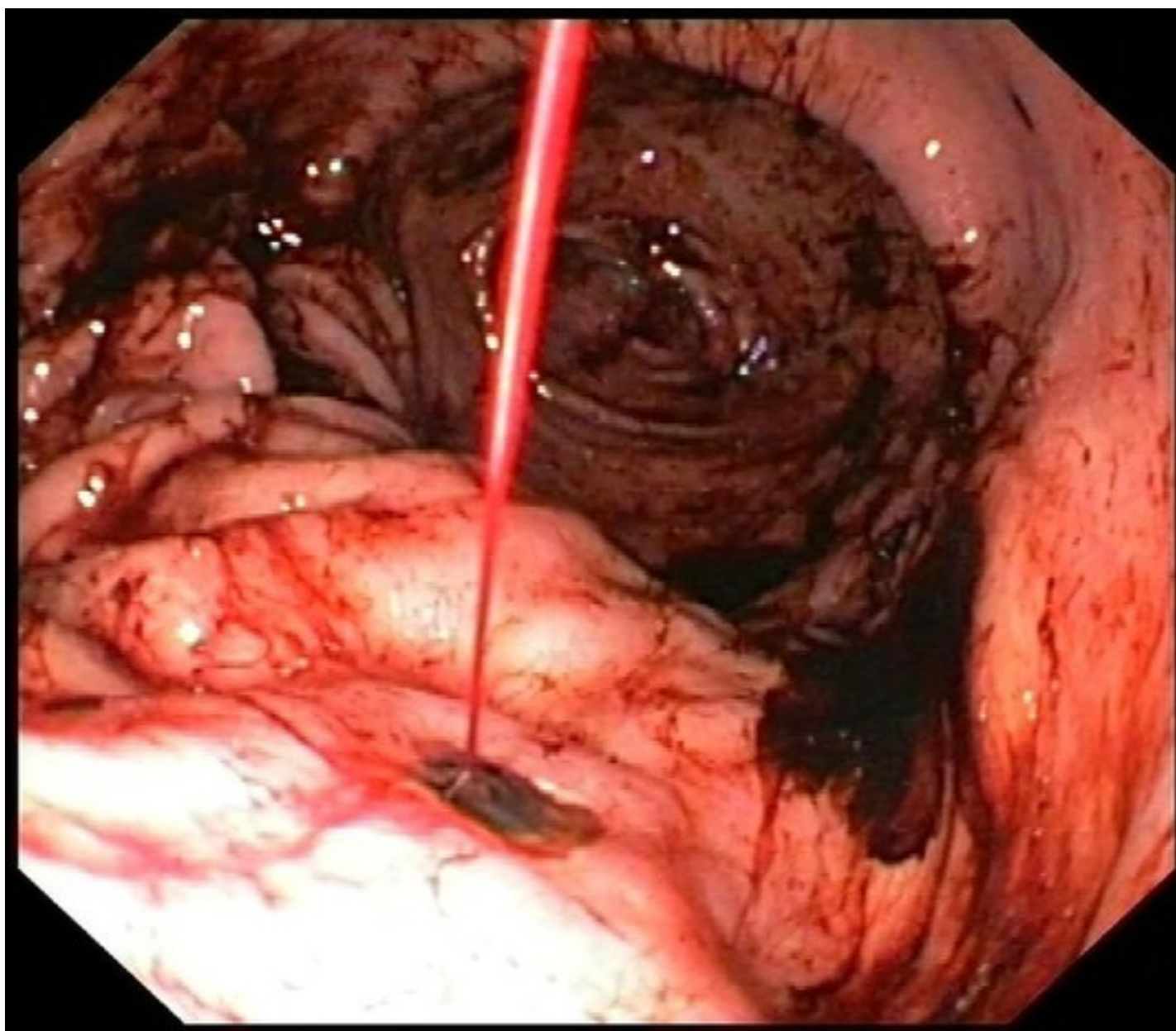
Gastric Ulcer (GU)



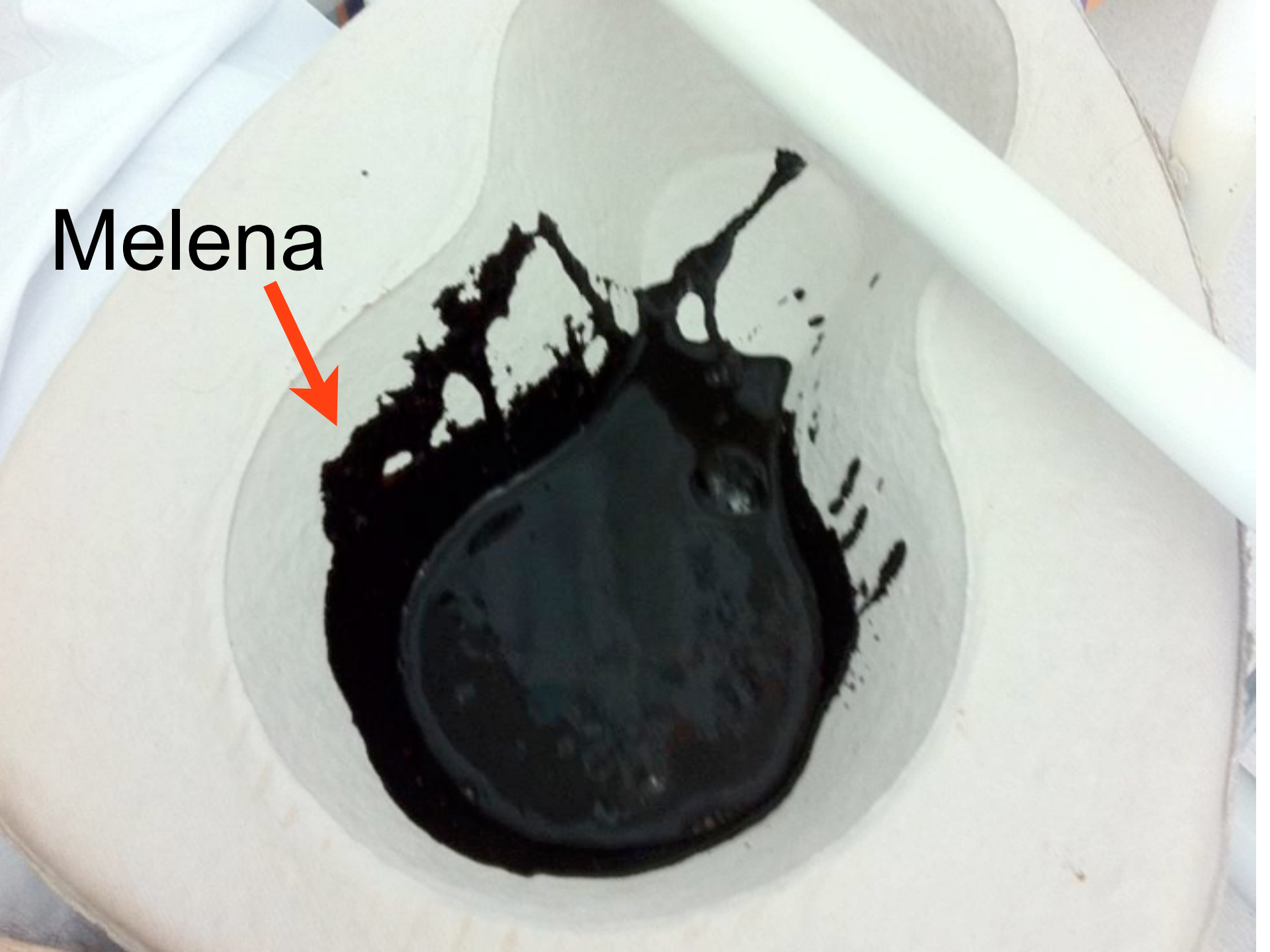


Peptic ulcers
may lead to
bleeding or
perforation,
emergency
situations





Melena



Treatment

- ABC's
 - 100% oxygen via appropriate device
- POC
- Nothing PO!
- Treat for shock if present.
- Rapid transport/ALS

Quick Case 3

Diverticulitis

- Lower GI Bleed

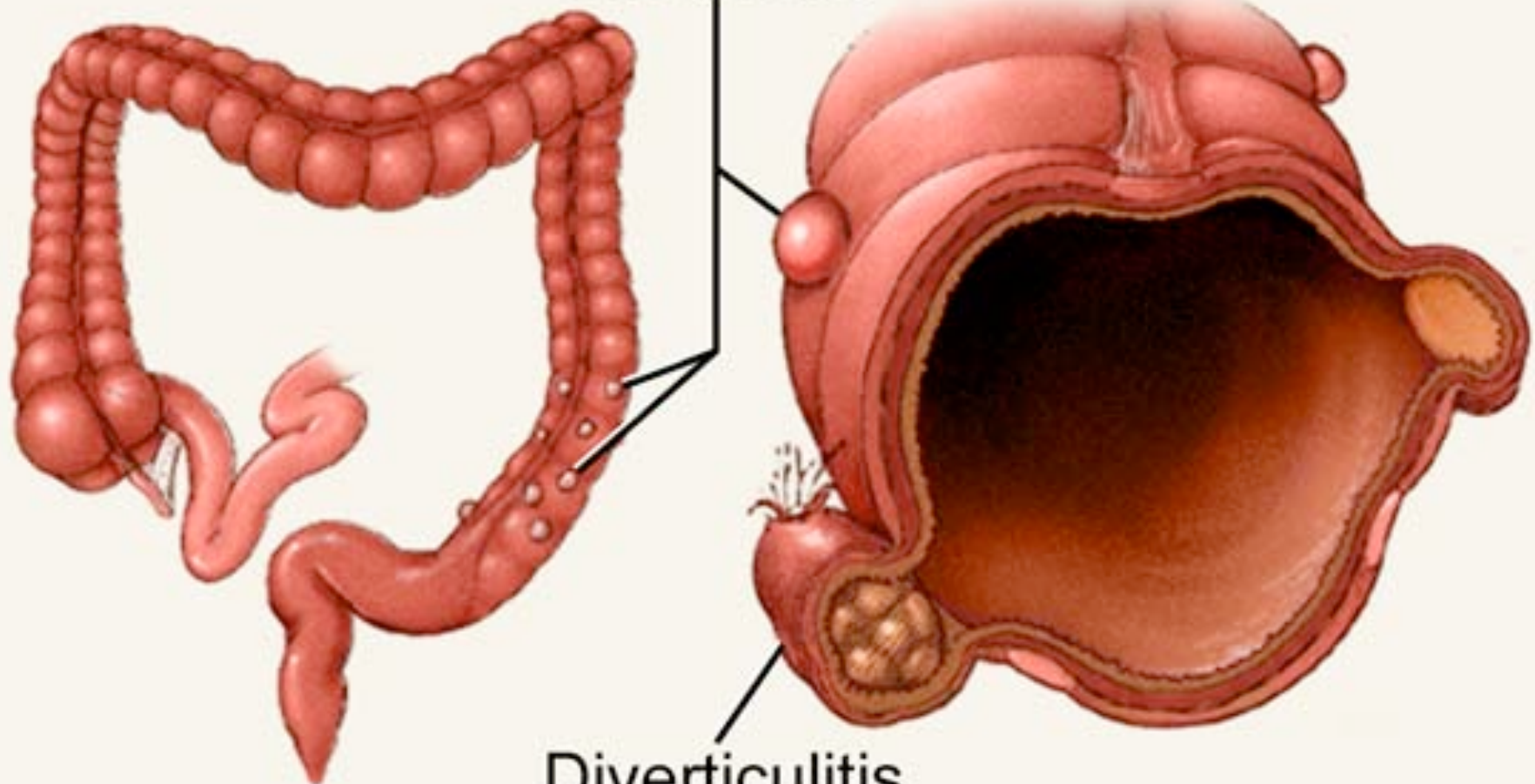
Diverticulosis



Diverticulitis



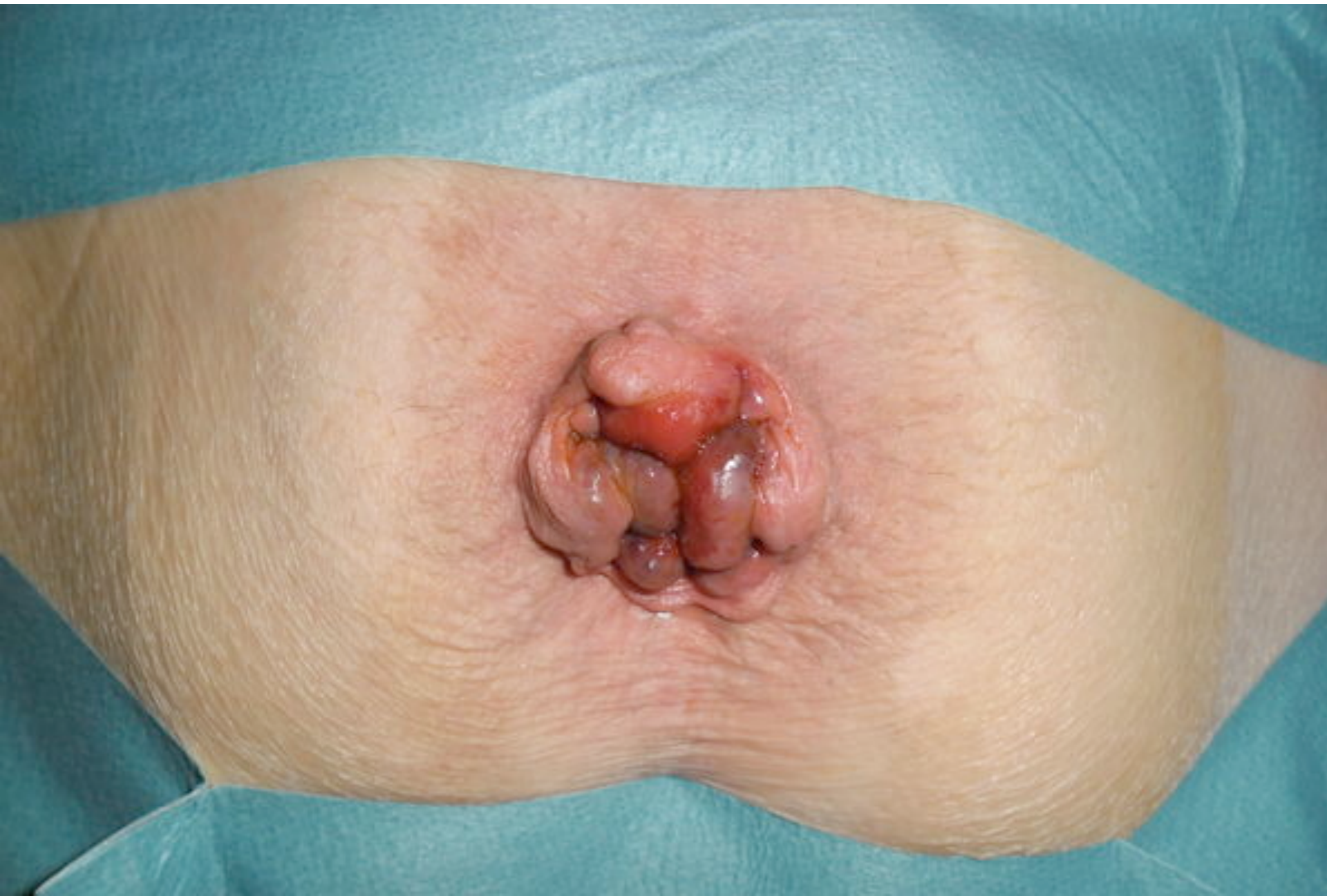
Diverticula



Diverticulitis
with rupture







Hematochezia

- Blood-streaked stool

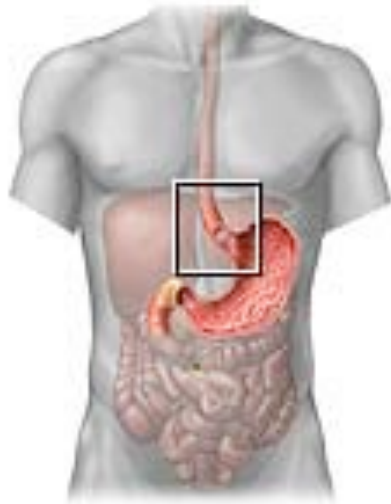


Treatment

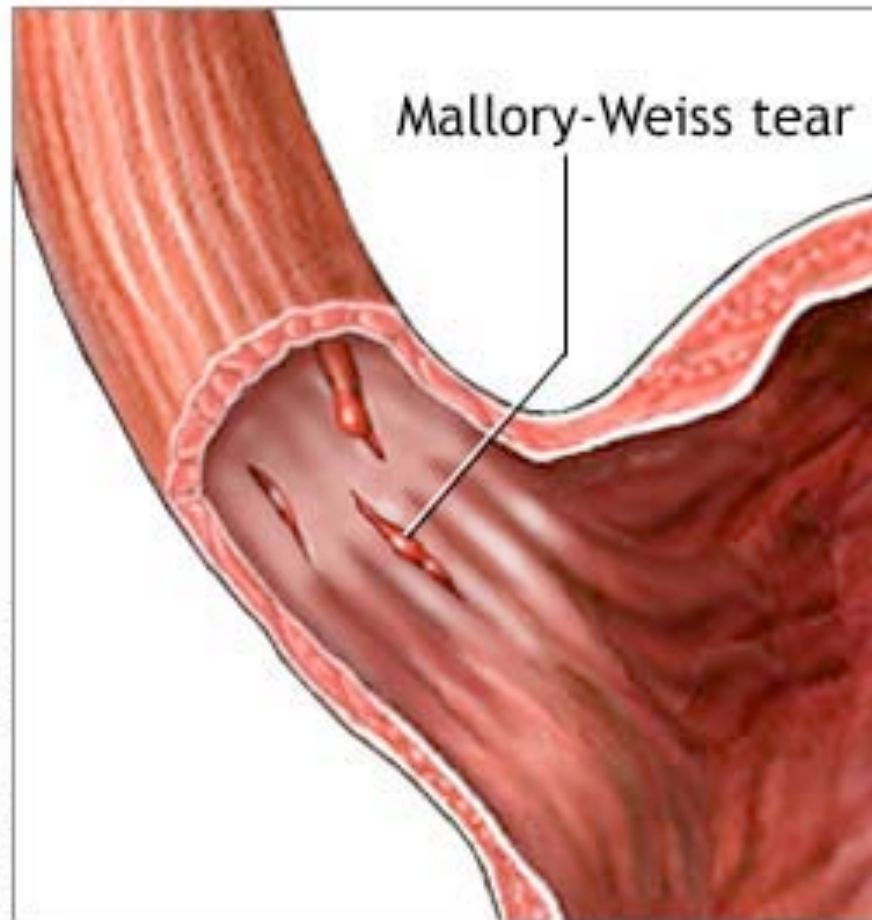
- ABC's
 - 100% oxygen via appropriate device
- POC
- Nothing PO!
- Treat for shock if present.
- Rapid transport/ALS if unstable

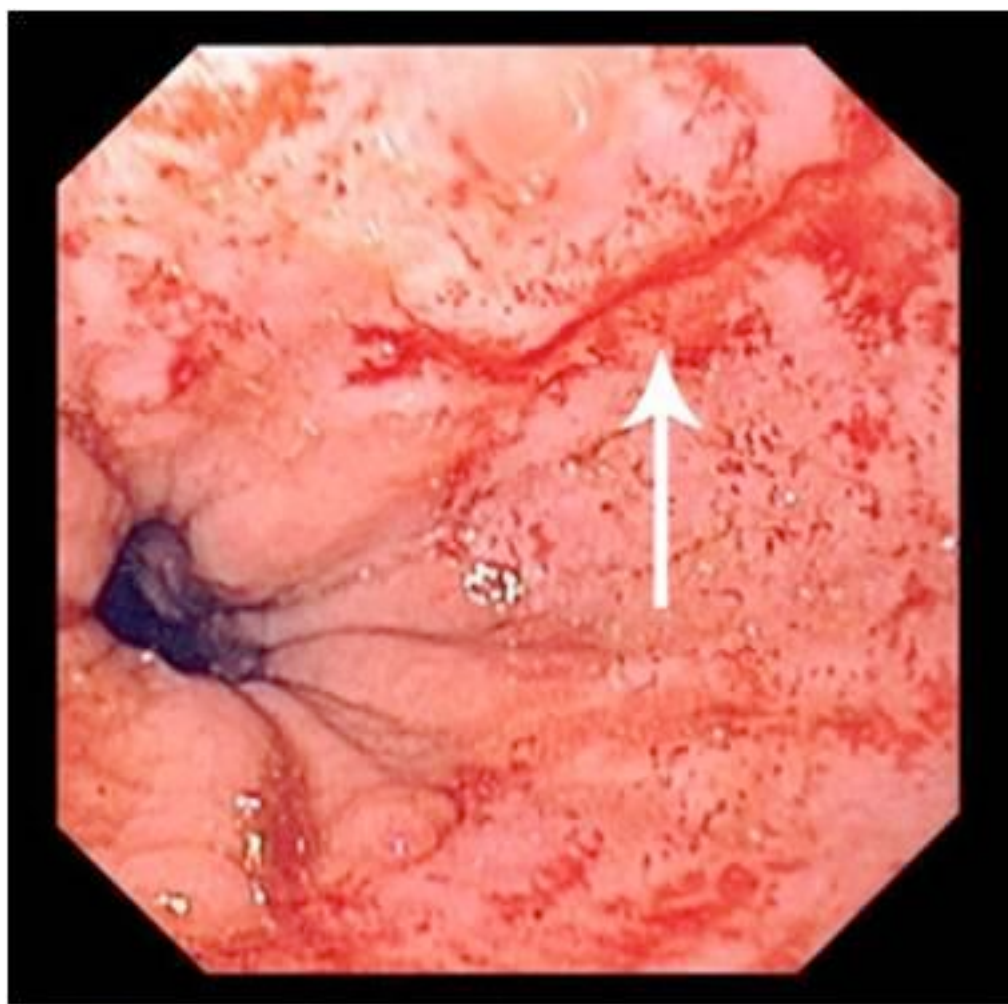
Quick Case 4

Upper GI Bleed



A Mallory-Weiss tear is a tear in the mucosal layer at the junction of the esophagus and stomach





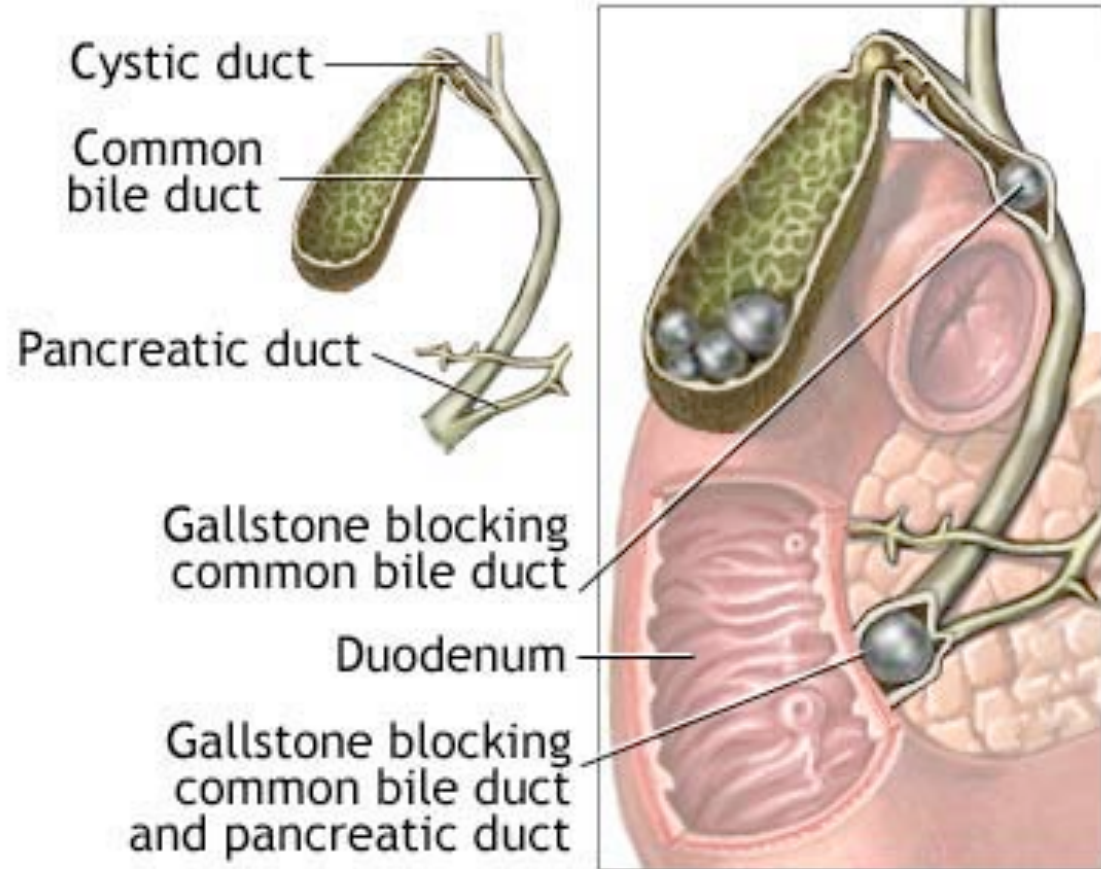
Treatment

- ABC's
 - 100% oxygen via appropriate device
- POC
- Nothing PO!
- Treat for shock if present.
 - not likely. If shock present, look for other cause!
- Rapid transport/ALS if unstable

Quick Case 5

Cholecystitis

- Inflammation of the gallbladder
 - often associated with gallstones
 - blockage of cystic duct
 - acalculous cholecystitis



Cholecystitis

- Murphy's sign
 - 97% sensitivity
 - 48% specificity
- Ask pt to inhale deeply while you palpate just beneath the liver's edge @ gallbladder fossa



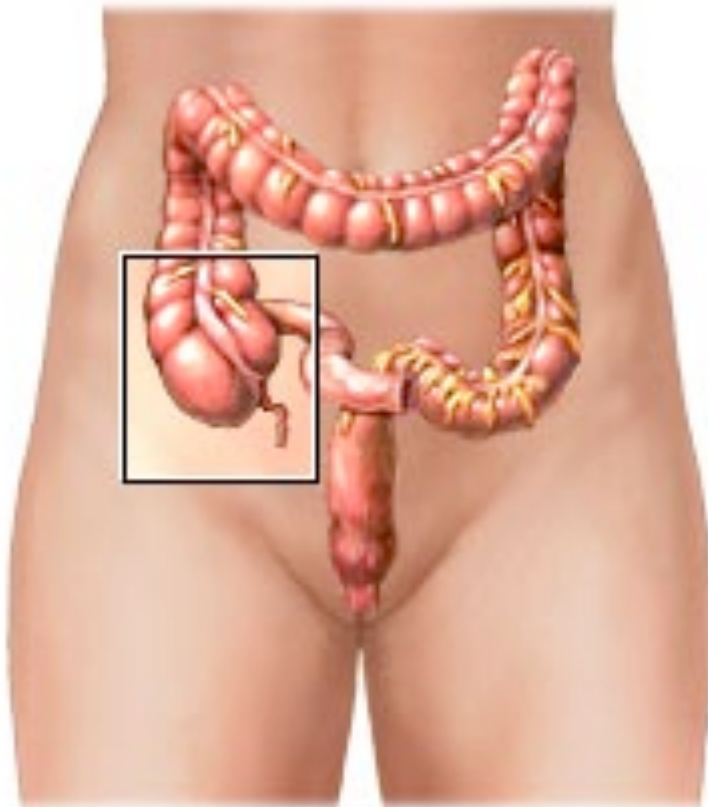


Treatment

- ABC's
 - 100% oxygen via NRM 15 lpm.
- POC
- Nothing PO!
- Treat for shock if present.
 - not likely. If shock present, look for other cause!
- Rapid transport/ALS if unstable

Quick Case 6

Appendicitis



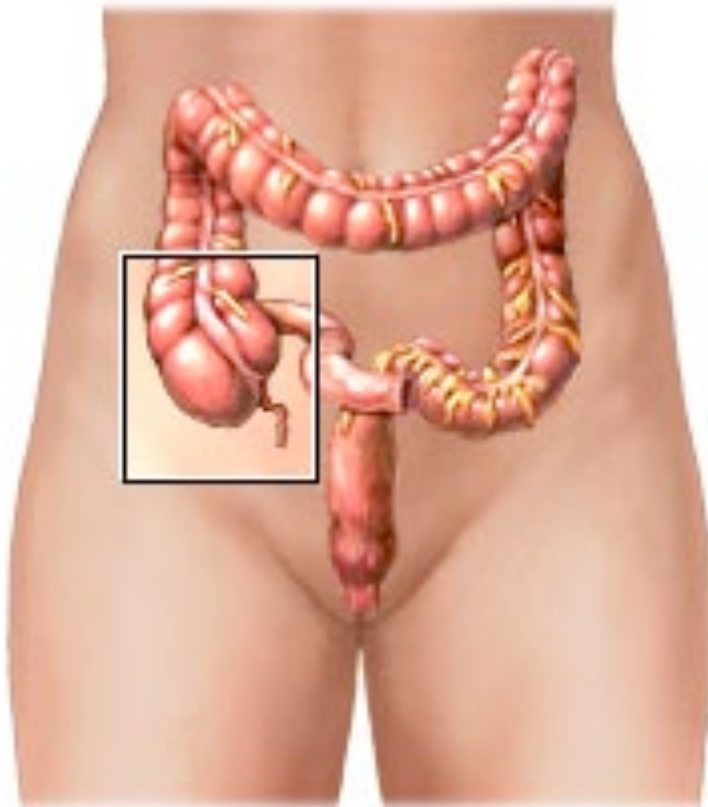
Inflamed appendix



© Di



Waddya Think?



Inflamed appendix



© Di



Appendicitis

- Obstruction leads to increased intraluminal pressure, ischemia, and necrosis
 - visceral afferent nerves entering spinal cord at T8-T10 stimulated
 - results in periumbilical pain
- Perforation and/or peritoneal involvement may occur
 - development of well-localized pain to RLQ.

Appendicitis

- Classic symptoms of acute appendicitis include:
 - Diffuse, periumbilical pain that moves to RLQ over hours to days
 - anorexia
 - nausea/vomiting
- Other finds:
 - low-grade fever

Appendicitis

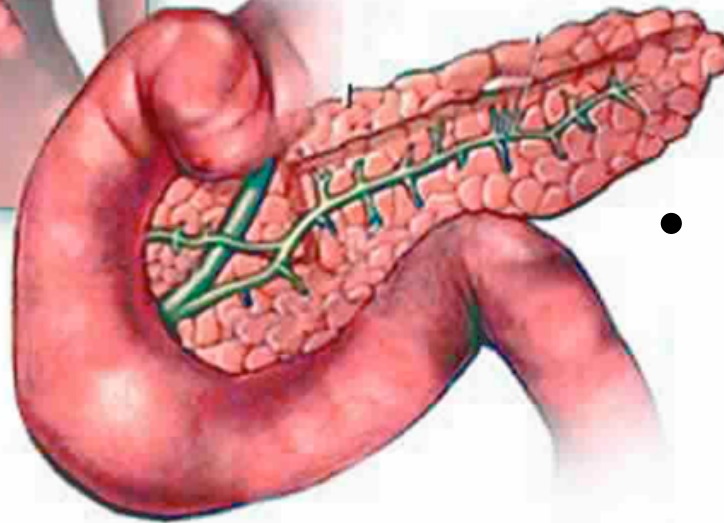
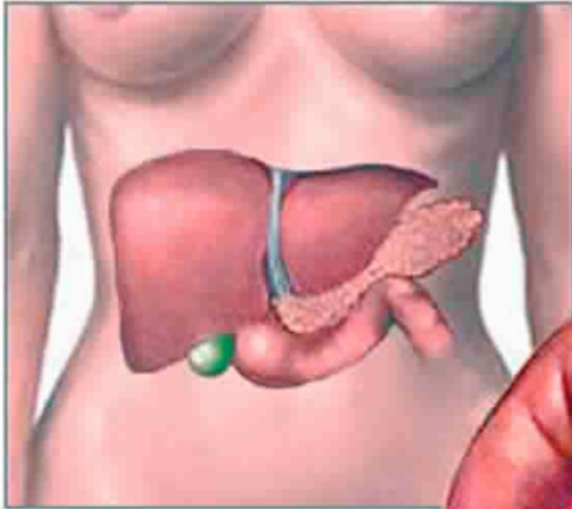
- Atypical/nonspecific symptoms include:
 - indigestion
 - flatulence
 - bowel irregularity
 - diarrhea
 - general malaise

Treatment

- ABC's
 - 100% oxygen via NRM 15 lpm.
- POC
- Nothing PO!
- Treat for shock if present.
- Rapid transport/ALS if unstable

Quick Case 7

Pancreatitis



- Caused by:
 - Alcohol abuse
 - Gallstones
- Midline, LUQ pain

Treatment

- ABC's
 - 100% oxygen via NRM 15 lpm.
- POC
- Nothing PO!
- Treat for shock if present.
 - not likely, look for other cause if present!
- Rapid transport/ALS if unstable