

DIAGNOSIS OF THE ACUTE ABDOMEN
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The Acute Abdomen is a time-honored phrase not to be taken literally. It is meant to refer to those conditions which usually produce severe abdominal pain, which have a sudden onset, which have a serious and possibly fatal outcome, and which commonly demand surgery.

Many a general surgeon's reputation is or was based upon the ability to make the right judgment and diagnosis of the acute abdomen. The skill in some of my teachers seemed almost magical.

SLIDE 1

I seldom recommend text books, but this is an exception. The Early Diagnosis of the Acute Abdomen was written by Zachary Cope and first published in 1921. My copy was the 10th edition published in 1951, which I still consult from time to time. The last edition I saw was the 19th, published in paperback in 1996. It was entitled: Cope's Early Diagnosis of the Acute Abdomen, revised by William Silen. The current edition adds more current diagnostic modalities.

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Cope's first principle was stated as the necessity of making a serious and thorough attempt at diagnosis. This may seem a truism, but it is not that simple. He meant to imply that time was essential, that a prompt diagnosis necessary, and that delay might be fatal. He realized that sometimes a brief period of observation would be necessary, but emphasized that it should take the form of intense observation and frequent reexamination by a capable person.

So far as I know, Cope was the first to emphasize that narcotics were unwise until a definite diagnosis and plan was made. This principle is sometimes followed slavishly and inhumanely. If a plan has been made and some several hours are to pass before additional action is taken a small dose of analgesic is appropriate; however, the natural train of events may be confused, and in general analgesics should be avoided until the operating room is scheduled or delayed. Another recommendation was the careful study of anatomy to assist in diagnosis. We will cover this in more detail.

SLIDE 2

I am now going to discuss several principles which I have found helpful.

In a reasonably healthy patient, severe abdominal pain which persists for over 6 hours is usually caused by conditions of surgical import.

Most such patients will have a condition which requires surgery. Of course, some will not, such as those with acute pancreatitis or some ureteral stones, but most will. They should not be sent home. They need to be seen by someone who is an expert in the diagnosis of the acute abdomen. If the diagnosis is not clear after a careful evaluation, the patient should be kept under observation and evaluated at least every 2 hours by the same examiner. Dr. George and I have had an understanding for many years that patients with acute abdominal pain should be seen by Surgery, while those with acute chest pain should be seen first by medicine.

SLIDE 3

Acute abdominal conditions requiring emergency surgery almost always begin with pain.