

## Abdominal Pain

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The section on abdominal pain is simply a representation of established medical practice. The section's aims are to:

- Be concise and user friendly
- Enable a structured history of the key points to be taken for decision making, documentation and communication
- Provide a structured approach to examining for the key findings for decision making, documentation and communication. In particular: tenderness verses peritonism; masses; common locations for pain and their associated common diagnoses
- Guide 'when to call the doctor'
- Guide initial management of common conditions
- Highlight common pitfalls
- Include ectopic pregnancy
- Include cardiac pain or pneumonia presenting as abdominal pain
- Be safe

Does this section achieve its goals? There is no evidence base for this section as it is a distillation of many contributor's experience and thoughts. A prospective study, or retrospective audit, to compare outcome with initial history and examination and decision-making would be an interesting test of its value and a guide to how it could be improved.

*[Editor: There have been, or are, high rates of sexually transmitted infections (STIs) in most remote Aboriginal communities (see details in the sections on STIs). We can expect that this will lead to higher rates of ectopic pregnancy and pelvic inflammatory disease. Consequently, practitioners should have a high index of suspicion for these conditions when assessing abdominal pain. Case note audits conducted of some Central Australian communities by the Tri-State Sexual Health Unit, Alice Springs, in 2000 found numerous cases of abdominal pain that were not appropriately investigated as possible cases of PID.]*