

Gastrointestinal Medicine

Abdominal disease Symptoms and Signs

Pain

- One of the commonest symptoms of abdominal disease
- Take a pain history: site, character, radiation, onset, duration, aggravating and relieving factors
- Visceral pain is caused by distension of hollow muscular organs (e.g. ureter)
- Epigastric pain may be cardiac, oesophageal, gastric, biliary or hepatic
- Colic occurs when there is sustained muscular contraction against an obstruction (e.g. common bile duct)
- If irritated organs are directly in contact with the parietal peritoneum they cause well localised pain
- Atherosclerosis in the mesenteric vessels may cause mesenteric angina (worse on eating when the vascular demands of the gut increase)

Heartburn

 Caused by reflux of gastric acid into the oesophagus Causes include obesity and hiatus hernia, in which the gastro-oesophageal junction prolapses into the inferior chest

Pain when eating

- Gives a clue towards peptic / duodenal ulceration causing functional weight loss
- Mesenteric ischaemia

Dysphagia

- Principally a symptom of oesophageal obstruction; assess if it is complete or worse with liquids or solids and if there is general weight loss
- Dysphagia always requires further investigation to exclude neoplasia; commoner causes include benign strictures, oesophagitis; less common but potentially life threatening causes include extrinsic pressure (e.g. lung malignancies and oesophageal carcinoma)

Anorexia and Nausea

- Anorexia is a non-specific generalised symptom
- Nausea is common in gastric and hepatic pathology even in the absence of vomiting

Vomiting

- Occurs for a variety of causes
- Ask the patient about the nature of the vomit
 - is it blood stained or frank blood?
 - is it bile stained indicating communication between the duodenum and stomach?
- Think about the effect of gastric irritants such as non steroidal anti-inflammatory drugs or alcohol

Constipation

- Constipation (and change of bowel habit) may herald serious underlying pathology particularly when associated with a sense of incomplete evacuation called tenesmus
 - Causes include lack of fibre and exercise, carcinoma and strictures
 - Note that episodes of intermittent diarrhoea may represent overflow diarrhoea

Urine and stool colour

Post hepatic jaundice is heralded by dark urine and pale stools, as the dark, water soluble, conjugated bilirubin is excreted into the urine rather than the GI tract