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Managing Abdominal Pain in the Emergency Department: Modern Emergency Medicine the Changing Face of Provisional Diagnosis

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Abstract

Abdominal pain is one of the common complaints encountered in the emergency. On an average, 6.8% of the patients present to the ER with complain of pain abdomen.

Considering the busy ED environment, limited resources and the need for attending to an impending doom of clinical scenarios ranging from mild itch to life threatening injuries, it might not be easy for any emergency physician to look for what an abdomen is hiding as it has aptly been called as the Pandora's box.

The authors conducted a retrospective observational study in the emergency department where in patients presenting with abdominal pain where prospectively followed through the course of ED and hospital stay. On the basis of patients parameters like presenting complaints, severity and duration of symptoms, physicians attending time, diagnostic working modalities and final outcome in terms of symptom relief, underlying pathology, need for surgical or other interventional procedures.

The management of pain abdomen in the emergency department is now taking a lead in coherence of provisional diagnosis and final diagnosis with trained personnel in emergency.

Keywords: Pain Abdomen; Gastroenterology; Radiology.

Introduction

Estimated ER visits for abdominal pain approximate to 6.8% per annum. Abdominal pain in ER needs prompt diagnosis and treatment.

The modern day emergency departments are taking the lead in this regard and this prompts us to improvise our emergency services to the next level.

Aim

We aim to stratify the patient presenting to the ER with abdominal pain based upon initial presentation, physician attending time, diagnostic workup.

The coherence of provisional diagnosis in the ER and the final diagnosis at the time of hospital is being evaluated under this study giving an insight into the efficiency of modern emergency set ups and the need for astute emergency clinicians.

Methodology

- Observational retrospective study
- n=200

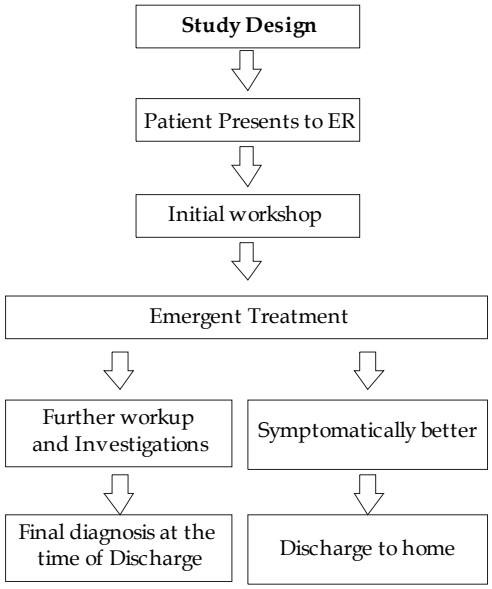
Inclusion Criteria

1. Pain abdomen
2. Both genders
3. Age >16 years, <65 years.
4. Pain score>4

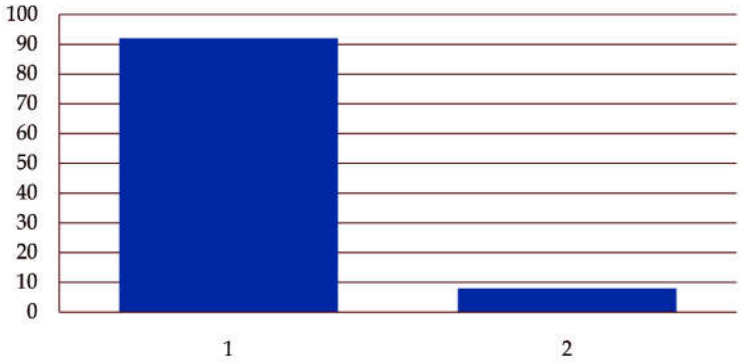
Exclusion Criteria

1. Pregnant females

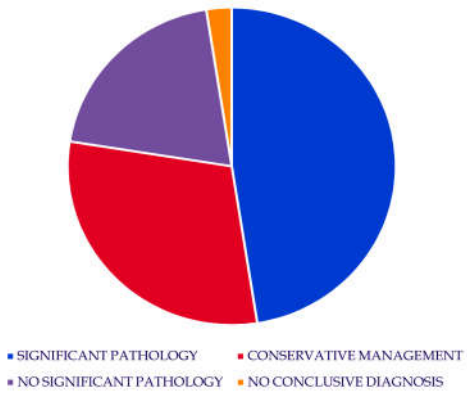
2. Children
3. Trauma patients
4.Drug ingestion
5. International patients
6. Chronic disease related abdominal pain
7. Previously diagnosed cases.



Provisional Diagnosis



Final Diagnosis



Discussion

It might not be easy for any emergency physician to look for what an abdomen is hiding as it has aptly been called as the Pandora's Box. The parameters like presenting complaints, severity and duration of symptoms, physician's attending time, diagnostic modalities and final outcome in terms of symptom relief, underlying pathology were studied.

- 95- Significant underlying pathology requiring surgery, 20 needed urgent surgical intervention.
- 60- Conservativemanagement (renal colic, UTI, AGE, dysmenorrhoea)
- 40- No significant pathology, discharged from ER
- 5- No conclusive diagnosis

Conclusion

Based on the results we conclude that abdominal pain in ER needs a targeted approach keeping in view the time restraints in the busy ER for the patient's evaluation and to ensure evidence based decision making for it.

With the growing scope of emergency services, the presence of trained personnel in emergency department has removed the discrepancy in providing a provisional diagnosis in accordance with a conclusive diagnosis.

Its reiterated that the presence of trained emergency physician be expanded to every emergency department in the country providing quality care through trained hands.

References

1. Davis L et al. Diagnostic errors related to acute abdominal pain in the emergency department. Emerg Med J. 2015 Nov 3.
2. Chellis M et al, Evaluation of missed diagnoses for patients admitted from the emergency department. AcadEmerg Med. 2001 Feb; 8(2): 125-30.
3. Kachalia A et al, Missed and delayed diagnoses in the emergency department: a study of closed malpractice claims from 4 liability insurers. Ann Emerg Med.,2007 Feb; 49(2): 196-205.