

**Table 19.2 Pain in Common Abdominal Disorders**

<b>DISORDER</b>	<b>DEFINITION</b>	<b>PAIN CHARACTERISTICS</b>	<b>PRECIPITATING FACTORS</b>
<b>Appendicitis</b>	Acute inflammation of vermiform appendix	Epigastric and periumbilical Localizes to RLQ Sudden onset	Obstruction (fecal stone, adhesions)
<b>Cholecystitis</b>	Acute or chronic inflammation of wall of gallbladder	RUQ, radiates to right scapula Sudden onset	Fatty meals, obstruction of duct in cholelithiasis
<b>Diverticulitis</b>	Inflammation of diverticula (outpouches of mucosa through intestinal wall)	Cramping LLQ Radiates to back	Ingestion of fiber-rich diet, stress
<b>Duodenal Ulcer</b>	Breaks in mucosa of duodenum	Aching, gnawing, epigastric	Stress, use of NSAIDs
<b>Ectopic Pregnancy</b>	Implantation of blastocyte outside of the uterus, generally in the fallopian tube	Fullness in the rectal area Abdominal cramping, unilateral pain	Tubal damage, pelvic infection, hormonal disorders, lifting, bowel movements
<b>Gastritis</b>	Inflammation of mucosal lining of the stomach (acute and chronic)	Epigastric pain	Acute: NSAIDs, alcohol abuse, stress, infection Chronic: <i>H. pylori</i> Autoimmune responses
<b>Gastroesophageal Reflux Disorder (GERD)</b>	Backflow of gastric acid to the esophagus	Heartburn, chest pain	Food intake, lying down after meals
<b>Intestinal Obstruction</b>	Blockage of normal movement of bowel contents	Small intestine: aching Large intestine: spasmodic pain Neurogenic: diffuse abdominal discomfort Mechanical: colicky pain associated with distention	Mechanical: physical block from impaction, hernia, volvulus Neurogenic: manipulation of bowel during surgery, peritoneal irritation
<b>Irritable Bowel Syndrome (Spastic Colon)</b>	Problems with GI motility	LLQ accompanied by diarrhea and/or constipation Pain increases after eating and decreases after bowel movement	Stress, intolerated foods, caffeine, lactose intolerance, alcohol, familial linkage
<b>Pancreatitis</b>	Inflammation of the pancreas	Upper abdominal, knifelike, deep epigastric or umbilical area pain	Ductal obstruction, alcohol abuse, use of acetaminophen, infection