Abdominal Pain in the Elderly

What elements in the history are *essential*?

The elderly are far more likely to have severe disease and "atypical" symptoms

- Upper abdominal symptoms may reflect thoracic disease – enquire about symptoms as dyspnea, cough, and palpitations.
- Preexisting medical and surgical conditions and medications:
    - Cardiovascular or peripheral vascular disease -> mesenteric ischemia and AAA
    - HIV -> opportunistic infection or a medication-related complication
    - Previous surgery -> bowel obstruction
    - NSAID use -> peptic ulceration and bleeding
    - Concurrent antibiotic or steroid use may mask infections, while some antibiotics increase the risk for Clostridium difficile colitis
    - Alcohol abuse -> pancreatitis, hepatitis, cirrhosis & spontaneous bacterial peritonitis

What dangerous differentials should I not miss?

- Vasc: Abdominal aortic aneurysm (AAA), Extended thoracic aortic dissection, Mesenteric ischemia, Myocardial infarction
- GIT: Bowel obstruction or perforation, gallbladder disease, volvulus, incarcerated hernia, splenic rupture or infarct
- Infection: Pyelonephritis, intra-abdominal abscess, appendicitis, diverticular disease,
- Others: DKA

What should I look out for on examination?

- Physical examination cannot reliably predict or exclude significant disease in the elderly.
- Abdominal tenderness may not localize. Rebound or guarding may not be present because of laxity of abdominal wall musculature.
- Fever- may be absent in elderly
- Hypothermia- may be sign of infection
- Extra-abdominal exam
    - AF
    - Heart and lungs

- The skin exam:
    - herpes zoster
    - ecchymosis of the abdomen (Cullen's sign) or flank (Grey Turner's sign) -->

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intraabdominal or retroperitoneal hemorrhage, possibly caused by a ruptured or leaking AAA or hemorrhagic pancreatitis.

What tests should I do?

- Labs: FBC, UEs, LFT, Amylase/ Lipase, Lactate, Urinalysis.

- Radiology:
  - Erect CXR—hollow viscus perforation (gas under diaphragm), pneumonia
  - Plain AXR- bowel obstruction
  - Bedside Ultrasound- AAA, free fluid, gallstones, hydronephrosis
  - CT Abdomen/ Pelvis +/- angiogram (discuss with senior)

- Other relevant tests: ECG

What treatment should I institute?

Analgesia
Fluid resuscitation
Antibiotics if perforation, intra-abdominal infections, pneumonia
All elderly patients with abdominal pain require a consult with the senior Dr on

Can the patient go home if all tests are normal?

No. You should not rely on the tests to decide on the patient's disposition.
The elderly are at greater risk of significant disease, are less capable of tolerating such illness, and are more likely not to manifest clear and concerning symptoms and signs at a later stage.

What outpatient management is appropriate?

Most elderly patients with abdominal pain will require admission for investigation or prolonged observation.
If the rare elderly patient has clearly no organic cause of abdominal pain but detailed advice to return, if pain is persistent, is essential.

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