

## **PS2.102**

### **Abdominal pain in the emergency department: the importance of the temporal evolution. Report of a case**

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Personal Background: Male, 58 years. No relevant medical history. Underwent surgery for cholecystectomy. No standard treatment.

Current Illness: The patient reported intermittent abdominal pain for 3-4 weeks ago. Refers to the pain subsides analgesia. Go to the emergency room for severe epigastric pain without irradiation but with sweating for two hours. Says it feel to expel gases. No fever. No chest pain. No alteration in bowel habit. No nausea or vomiting.

Physical examination: good overall condition. Afebrile. Normal lung sounds. Relaxed, soft and palpable abdominal mass was palpated not. Diffuse tenderness without signs of peritoneal irritation pain. Not Murphy. Not Blumberg. Bowel sounds preserved. Bloat percussion.

Investigations: Electrocardiogram with 65 beats per minute, normal rhythm. No acute changes are evident. Rx Abdomen: large amount of gas was observed in stomach. Remaining unchanged. Blood tests normal liver values. Remarkable with elevated lipase and leukocytosis 14000. Negative cardiac markers. Protein C with normal value.

Evolution: You will be given analgesia in the emergency room with partial improvement of pain. This enters the observation area for pain evolution. The patient spends the night without incident. New analytical control in the morning with improved value of the lipase is requested. Other analyzes with normal values. Bowel loops and normal gauge walls with little movement, liquid and gas content: Because control of abdominal pain analgesia is ineffective, abdominal ultrasound requested. Minimum amount of free fluid between handles and Douglas. We contacted with surgery to patient assessment. CT Abdomen where evidence is made enteritis. The patient enters Gastroenterology Unit for pain control.

Conclusion: Abdominal pain is one of the most frequent reasons for consultations in the emergency department. Given the large number of different diagnoses that can be included within this location, we believe that the time course and pain behavior are important data for proper handling. The abdominal pains few hours old may have initially normal in further tests. The observation and surveillance in the emergency of these pathologies is helpful.