1 Abdominal distention

Definition: Abdominal distension is a sense of increased abdominal pressure that involves an actual measurable change in the circumference of a person's abdomen.

Differentials

- *Common* (important causes): ascites, bowel obstruction (from cancer, adhesions, sigmoid volvulus, hernia, etc.), diverticulitis, coeliac disease, inflammatory bowel disease (IBD), constipation, medications

History

NB Infection control measures.

History of presenting complaint

- Open question assessing duration of abdominal distention
- Onset, triggers, how long for
- When was the last time they opened their bowels/passed wind. If they can open their bowels, does this relieve the distention?
- Any per rectum (PR) bleeding
- Any vomiting/nausea
- Abdominal pain: use SOCRATES template (see Chapter 8)
- Any weight loss
- Any change in appetite
- Any shortness of breath
- Previous abdominal distention

Medical Student Survival Skills: History Taking and Communication Skills, First Edition.
Philip Jevon and Steve Odogwu.

Companion website: www.wiley.com/go/jevon/medicalstudent

- Any signs of jaundice – pale stools, dark urine, itching
- Urine symptoms: dysuria/frequency/dribbling/hesitation, etc.

Past medical and surgical history

- Constipation, diarrhoea, change in bowel habit. Any IBD?
- Any previous surgery, especially gynaecological/abdominal
- Any previous medical history
- Use MJ THREADS (Box 1.1)

Box 1.1 MJ THREADS

M	Myocardial infarction
J	Jaundice
T	Tuberculosis
H	Hypertension ('Has anyone told you, you have high blood pressure?')
R	Rheumatic fever
E	Epilepsy
A	Asthma
D	Diabetes
S	Stroke

Medications and allergies

- Current medications
- Allergies

Family history

- Any family members with similar symptoms
- Any family history of malignancy
- Any illnesses that run in the family

Social history

- Who patient lives with
- Occupation (e.g. healthcare setting)
- Smoking and alcohol
- Recent foreign travel

OSCE Key Learning Points

✔ In particular, be aware of bowel obstruction and ascites. Do not forget vomiting, last open bowels, and weight loss

Investigations

- *Bloods*: full blood count (FBC), urea and electrolytes (U&Es), C-reactive protein (CRP), amylase, clotting, albumin, international normalised ratio (INR)
- *Imaging*:
  - *Erect chest X-ray – perforation/pleural effusion*
  - *Abdominal X-ray – bowel obstruction/toxic megacolon (for ulcerative colitis)*
  - *Computed tomograpy (CT) of the abdomen – to further investigate the cause of, for* example, bowel obstruction/ascites
- *Diagnostic/therapeutic*: ascitic tap if presence of ascites – transudate or exudate