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# 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.  
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Companion website: [www.wiley.com/go/jevon/medicalstudent](http://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**

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

