

H&E — EPIGASTRIC PAIN

HISTORY

1 Chief Complaint

“Pain in epigastric region × duration”

2 History of Present Illness

- ◆ Onset
 - Sudden, severe → perforation / pancreatitis
 - Gradual → gastritis / peptic ulcer
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- ◆ Duration

- Acute (<48 hrs)
 - Chronic / recurrent (months-years)
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◆ Site

Epigastrium (between costal margins, above umbilicus)

◆ Character

| Character | Suggests |
|----------------|------------------|
| Burning | Gastritis / GERD |
| Gnawing | Peptic ulcer |
| Boring, severe | Pancreatitis |
| Colicky | Biliary colic |

| | |
|----------|----|
| Crushing | MI |
|----------|----|

◆ Radiation

- To back → pancreatitis / posterior gastric ulcer
 - To right scapula → gallstones
 - To left arm/jaw → MI
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◆ Relation to Meals (Very Important)

| Timing | Suggests |
|-----------------------|----------------|
| 30-60 min after meals | Gastric ulcer |
| 2-3 hrs after meals | Duodenal ulcer |
| Relieved by food | Duodenal ulcer |

| | |
|-----------------------|---------------|
| Worse with fatty food | Biliary colic |
|-----------------------|---------------|

◆ Aggravating / Relieving Factors

- Relieved by antacids → ulcer
- Leaning forward relieves → pancreatitis

◆ Associated Symptoms

- Vomiting
- Hematemesis / melena
- Fever
- Jaundice
- Weight loss

◆ Drug History

- NSAIDs

- Steroids
 - Alcohol
-

- ◆ Cardiac History (Always rule out MI in elderly)
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EXAMINATION

GENERAL EXAMINATION

Look for:

- Pallor → chronic ulcer bleed
- Icterus → biliary cause
- Tachycardia → pain / shock
- Hypotension → perforation / pancreatitis
- Dehydration

Check vitals.

② ABDOMINAL EXAMINATION

Patient supine.

Expose from nipples to mid-thigh.

INSPECTION

Look for:

- Abdominal distension
 - Visible peristalsis (gastric outlet obstruction)
 - Surgical scars
 - Hernial sites
 - Epigastric fullness
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PALPATION

Always begin away from painful area.

◆ A) SUPERFICIAL PALPATION

Purpose:

- Detect tenderness
- Guarding
- Rigidity
- Superficial masses

How to Do:

Use flat of fingers gently over all quadrants.

Findings:

| Finding | Suggests |
|---------------------------------|-------------------|
| Localized epigastric tenderness | Gastritis / ulcer |
| Guarding | Inflammation |

| | |
|---------------------|--------------|
| Board-like rigidity | Perforation |
| Diffuse tenderness | Pancreatitis |

Guarding may be voluntary or involuntary.

Involuntary rigidity = peritonitis (very important).

◆ B) DEEP PALPATION

Purpose:

- Detect deep masses
- Organ enlargement
- Deep tenderness

Use bimanual technique if needed.

In Epigastric Pain, Assess:

1 Deep epigastric tenderness

2 Palpable mass

Possible Findings:

| Finding | Suggests |
|------------------------------|-----------------------|
| Deep tenderness without mass | Ulcer |
| Ill-defined epigastric mass | Pancreatic pseudocyst |
| Tender mass in RUQ | Cholecystitis |
| Pulsatile mass | Aortic aneurysm |

Special Points:

- ◆ Pancreatitis:

- Severe deep epigastric tenderness
 - May have abdominal distension
 - ◆ Perforation:
 - Extreme tenderness
 - Rigid abdomen
-

- ◆ C) Special Tests During Palpation

Murphy's Sign

Press in RUQ and ask patient to inspire.

Pain + inspiratory arrest → acute cholecystitis.

Rebound Tenderness

Pain on sudden release → peritonitis.



PERCUSSION

- Loss of liver dullness → perforation (free gas)
 - Ascites in severe pancreatitis
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AUSCULTATION

- Absent bowel sounds → peritonitis
 - Hyperactive → obstruction
 - Normal in simple ulcer
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DIFFERENTIAL DIAGNOSIS SUMMARY

| Feature | Gastric Ulcer | Duodenal Ulcer | Pancreatitis | Biliary Colic | MI |
|------------------|------------------|-------------------|--------------|------------------|-------------|
| Relation to food | Worse after food | Better after food | No relation | After fatty meal | No relation |

| | | | | | |
|-----------|---------------|---------------|--------|----------------|---------|
| Radiation | Rare | Rare | Back | Right shoulder | Arm/jaw |
| Vomiting | May occur | Rare | Common | Rare | Rare |
| Fever | Rare | Rare | Yes | May be | No |
| Rigidity | If perforated | If perforated | No | No | No |

-> The End <-