

Letter to the Editor

ACUTE ABDOMINAL PAIN

To the Editor:

As a senior surgical resident, I found the *Review of Clinical Signs* article entitled "Acute Abdominal Pain" by Karnath and Mileski¹ to be very useful. The authors focused on the diagnosis of acute abdominal pain (with differentiation of possible causes) by history taking and physical examination only. In today's clinical practice, computed tomography (CT) scanning has replaced good history taking and proper physical examination. As an unfortunate result, residents generally rely mostly on CT scans in making clinical diagnoses, thus neglecting to develop good clinical skills.

However, I would like to make a few additional comments about the article. The first involves the authors' use of the term *colicky* to describe the character of biliary pain. The term *biliary colic* is actually a misnomer, because biliary pain is almost always constant, unlike the pain originating from intestinal obstruction or nephrolithiasis. The reason for this difference is that the gallbladder and bile duct do not have peristaltic movements, in contrast to the ureters and intestine.^{2,3}

The second point is that the authors refer to intestinal obstruction as being associated with hypoactive bowel sounds. Intestinal obstruction is, in fact, almost always associated with high-pitched hyperactive bowel sounds, unless the obstruction causes strangulation and peritonitis secondary to bowel ischemia or necrosis, in which case the bowel sounds will be decreased.^{2,4,5}

Once again I would like to commend the authors for their excellent review.

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In reply:

In response to the letter written by Dr. Ceydeli, I concur that the history and physical examination skills of many physicians are being replaced by a reliance on imaging studies. Many causes of acute abdominal pain can be diagnosed solely on the basis of history and physical examination.

Regarding the first comment, the term *biliary colic* is still used quite frequently in the literature.⁶ Biliary colic results from increased common bile duct pressure caused by the sudden obstruction of the common bile duct, typically from a gallstone (ie, choledocholithiasis). I agree that the term is something of a misnomer in that the pain is steady and aching rather than rhythmic and intermittent, as the term *colic* implies.

Regarding the second comment, absent bowel sounds typically accompany a functional bowel obstruction and an obstruction due to ischemia, whereas hyperactive bowel sounds typically accompany mechanical bowel obstructions. Functional bowel obstructions are usually caused by peritonitis and use of medications such as opiates and anticholinergic agents; mechanical obstructions are usually caused by hernias and adhesions.⁷

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