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Abdomen agudo quirurgico

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Diseases that can cause acute abdominal pain include acute appendicitis, acute cholecystitis, gastric perforation, acute pancreatitis, intestinal obstruction, intestinal ischemia, intestinal volvulus and strangulation of penguin or umbilical hernia. [1] The term acute belly was forged by John B. Deaver in the late 19th century. The acute abdomen classification can be classified into five groups according to origin. Expert. This is due to inflammation of the peritone (peritonitis) very often caused by perforation of hollow viscera. For example perforated acute appendicitis, perforated cholecystitis, perforated diverticulitis and perforated gastric perforation. Obstructive. Secondary intestinal obstruction, which can have different origins, such as the dating of the penguin herlier or the existence of an intestinal valve. Vascular. Interruption of the blood circulation to the organ in the abdomen may cause the appearance of ischemia, which triggers the acute abdomen. The most typical example is mes beforechemical ischemia, which is defined as a disorder of arterial or venous mesh blood flow. If blood flow is not restored, intestinal necrosis occurs. Mesestic ischemia may be caused by embolism or thrombosis of the mes beforeteric artery or venous thrombosis of the mes beforeteric vein. [2] Traumatic. Severe trauma can cause internal bleeding with peritoneum involvement or rupture of organs. The cause is usually direct effects on the abdomen that exceed its resistance and alter its normal functions. Important veins such as inferior vein cava, abdominal aorta, portal vein and mesyteric artery can be damaged, the most commonly damaged organs that can tear or tear, are the spleen, kidneys and liver. The consequences are internal bleeding and an infectious process that spreads through the peritoneum peritonitis and often sepsis. Mixed acute abdomen. Where several factors are included. Sometimes it differs between an acute surgical abdomen that requires treatment with surgery and a medical acute abdomen that does not require it. More frequent etiology Intestinal obstruction caused by volvulus is the cause of the acute abdomen. Acute perforatedpendicitis. Acute or complicated peptic ulcer with perforation. Complicated diverticular disease. Acute intestinal ischemia from mes beforeteric thrombosis. Complicated abdominal trauma, including kidney damage and bladder damage. Complicated cancer of coloring, which causes intestinal obstruction. Strangled guinal herd. Ectopic pregnancy with rupture of the yajovoda. Inflammation of meckel diverticulum, which causes Meckel diverticulitis. Complicated cholecystosis with cholecystitis. Ovarian torque. Signs and symptoms of McBurney Point. Write the main signs that may indicate the existence of an acute abdomen:[3] Aaron's sign: pain in the epigasty region or assumption, pressing mcburney's point. Bassler's sign: acute pain when pressing appendicitis against the ililian muscle. Bastedo sign: pain in the right iliac cave by suffocating the column with air. Blumberg (Owen's) sign: pain with the sudden disintegration of any part of the abdomen, indicating peritoneal irritation of Lapinsky Sign (from Jaborski, from Meltzer, from psoas): pain when pressing McBurney's right leg extended and raised. It is also known as pain in the right iliate by extending this leg with the patient lying on the left side. Lockwood sign: repeats the fight in the compressed right iliac pit for more than 4 minutes. Lennander sign (madelung): increased rectal temperatures 0,50C or higher relative to the axillary. Macchiavello sign: Pain in the right lower quadrant palpation with patients in the left lateral decubitus in pregnant women from the second trimester with acute appendicitis (moves the uterus to the left and exposes visceral structures). [5] Meltzer's sign: pain when pressing mcburney's point with his right leg outstretched and raised. McBurney's sign: the painful pressure on McBurney's point. It is located 4 cm from the pepper in the line that goes from it to the anterosuperior of the ilianic spine. The sign of mortole (from dieulafoy, from skin hyperalgesia or Morley's peritoneotic-skin reflection): increased painful sensitivity when pinching the skin or passing the bezel needle through a triangular area that is dilgated from the pepper to the right antero-upper iliac spinach and from there to pubisa (triangle Livingston). Sign of psoas: sensitivity when pressing the right psoas muscle. References - acute abdomen. Progress in suspicion Approach. Author: Eduardo E. Montalvo Javé. Heriberto Rodea Rosas, César Athié Gutiérrez, Arturo Zavala Habib. Trauma, Vol. 11, No. 3, pp. 86-91, September-December, 2008. Retrieved 16 October 2019. Stomach pain in the emergency room. Integral medicine. % vol. 40th No. 9. Pages 379-385 (November 2002). Retrieved October 16, 2019 - Illustrated Medical Terms Dictionary - Macchiavello, Roberto (2014). Acute not birthing abdomen in pregnancy. Obs Gin Magazine 9 (1): 7-10. dateaccess requires url (help) - Sarmiento, G (2017). Acute abdomen in pregnancy. Rev Kolomb Cir (32): 102-8. «dateaccesso- request url (help) Data: Q424317 Multimedia: Acute abdominal acquired from The expression of acute abdomen is in many clinical tables, which have frequent severe abdominal pain. Often unrecocious naive, muted intestinal transit and an affectation of the general condition, but this usually requires urgent surgery. There are non-surgical diseases that can occur with similar symptomatology; therefore, it is most important to determine whether surgery is necessary or not, and whether it is necessary or delayed. Acute surgical abdomen may be primarily of inflammatory origin (appendicitis, cholecystitis, diverticulitis), perforativ (peptic ulcer perforation, intestinal perforation), obstructive (occlusion of the small intestine or intestine) and hemorrhagic (trauma, ectopic pregnancy). This update review the most common tables of each type (appendicitis, hollow viscera perforation, obstruction of the neoplasm column and abdominal trauma) and a specific situation that a pregnant woman needs to manage certain specifics, both for diagnosis and treatment. Perforation of hollow viscere Obstructive colonnadeAliki abdomen refers to several different positions typical of severe abdominal pain, often sudden occurrence, changes in intestinal transit and general medical impairment; urgent surgery is usually required. As other non-surgical diseases with similar symptomatology may occur, it is very important to assess whether the urgency of the operation is as necessary as well. Normally surgical acute abdomen can cause inflammation (appendicitis, cholecystitis and diverticulitis), perforation (peptic ulcer perforation, intestinal perforation), obstruction (obstruction of the small intestine or intestine) and hemorrhagic (traumatic, ectopic pregnancy). This paper examines the most frequently presented (appendicitis, hollow viskera perforation, neoplastic obstruction of the column and abdominal traumatism) of each cause, as well as acute abdominal pain in pregnant women, as it requires a specific approach in and in treatment. Hollow viscera perforation Opciones para acceder a los textos completos de la publicación Medicine Suscriptor de la revistaSi ya tiene sus datos de acceso, clique aquí. Si olvidó su clave de acceso puede recuperarla clicando aquí y seleccionando la opción He olvidado mi contraseña. 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