MEDICAL COUNCIL OF CANADA | LE CONSEIL MÉDICAL DU CANADA

Abdominal distension

(March 2022)

Rationale

Abdominal distension may indicate the presence of serious intra-abdominal or systemic disease, but it is also a common symptom of benign disease, such as irritable bowel syndrome.

Causal Conditions

(list not exhaustive)

- Ascites
    a. Exudative: Low serum-ascites albumin gradient (e.g., peritoneal carcinomatosis)
    b. Transudative: High serum-ascites albumin gradient (e.g., portal hypertension)
- Bowel dilatation
    a. Mechanical obstruction (e.g., adhesions, volvulus)
    b. Paralytic (e.g., toxic megacolon, neuropathy)
- Other
    a. Abdominal mass
    b. Irritable bowel syndrome
    c. Organomegaly (e.g., hepatomegaly)
    d. Pelvic mass (e.g., ovarian cancer; see Abdominal / Pelvic Mass)

Key Objectives

Given a patient with abdominal distension, the candidate will diagnose the cause, severity, and complications and will initiate an appropriate management plan. In particular, the candidate should be able to differentiate ascites from bowel obstruction.

Enabling Objectives

Given a patient with abdominal distention, the candidate will

- list and interpret critical clinical findings, including
    a. features of the patient's history and physical examination that differentiate ascites from distended bowel or mass; and
    b. the underlying cause of the ascites or bowel distention (e.g., cirrhosis, colon cancer);
- list and interpret critical investigations and imaging, including laboratory investigations and imaging (e.g., liver enzymes; paracentesis and interpretation of ascitic fluid results; abdominal imaging including 3 views of the abdomen; ultrasonography); and
- construct an effective plan of management, including
    a. initiating specific therapy in case of ascites (e.g., dietary; pharmacologic; therapeutic paracentesis);
    b. initiating specific therapy in case of mechanical or paralytic bowel obstruction; and
    c. determining whether the patient requires specialized care.