

Title: An Approach to Abdominal Wall Pain

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Abstract: Abdominal pain is a common clinical encounter for a primary care physician. Management of abdominal pain can be challenging. This case is to highlight the importance of remembering musculoskeletal pain as a cause of abdominal pain and the use of a transverse abdominis plane (TAP) block for treatment. Our patient is a 72 year old female with left sided periumbilical abdominal pain for several weeks. She has a history of chronic constipation and diabetes. Her pain on presentation was described as constant and worse with moving positions. Our patient had no signs of an acute abdomen on physical examination and had a positive Carnett's sign, unremarkable labs and no acute findings after thorough imaging. We began to focus our attention on a potential musculoskeletal cause of her pain. Our patient was treated with an ultrasound guided TAP block using 5ml Lidocaine 1% without Epi and 5mL of D5 to the left side of the abdomen. The patient felt better immediately and continues to report no abdominal wall pain in the following 18 months from the procedure. This case illustrates the significance of remembering alternative diagnoses to abdominal pain. It also highlights the use of TAP blocks for treatment of musculoskeletal abdominal pain. Once an acute abdomen has been ruled out and labs and imaging effectively exclude any other obvious cause of abdominal pain, musculoskeletal pain should be considered. Recognition of this pain allows a primary care physician to institute therapy in the form of a TAP block in the office.