

# Determining the source of upper abdominal pain

**U**pper abdominal pain is a common complaint, but it can have a variety of sources.

Problems with the esophagus, stomach, duodenum, gallbladder, biliary tract, pancreas, or small bowel all can contribute to upper abdominal pain, and these problems can range from the superficial and uncomfortable to the serious and life threatening.

At Gastroenterology Associates of West Florida, Curtis Freedland, DO, Joseph F. Staffetti, MD, and Dilip Ghanekar, MD, all work to help their patients resolve upper abdominal pain with carefully prescribed medications or treatments.

## The possibilities

*Heartburn* (gastroesophageal reflux or *dyspepsia*) results when stomach acids irritate the lining of the esophagus. Consuming caffeine, chocolate, fatty foods, peppermint, cigarettes, and alcohol can contribute to the development of acid reflux. Medications such as Procardia, nitroglycerin, theophylline, and estrogens can weaken the sphincter muscle at the lower end of the esophagus that prevents reflux.

People often attribute heartburn to a hiatal hernia, which causes tissue from the upper part of the stomach to protrude into the chest cavity. Dr. Freedland assures that a hiatal hernia seldom accounts for these symptoms, especially if the hernia is small.

"The symptoms of heartburn can be controlled with dietary changes to exclude caffeine, alcohol, chocolate, and other irritating foods as well as lifestyle changes including smoking cessation," educates Dr. Freedland. "Antacids and acid suppressants are also helpful. Many people find it beneficial to wait three hours after eating before lying down and to raise the head of the bed to help clear acid from the esophagus.

"Continued heartburn can lead to changes in the lining of the esophagus that can increase the risk of esophageal cancer," says the doctor, "so uncontrolled heartburn should be evaluated."

*Gallstones* are another source of upper abdominal pain, occurring more often in women over age 40 and women who are pregnant or who take oral contraceptives. Other risk factors for developing gallstones are obesity, a high-calorie diet, and diabetes.

The pain of gallstones in the upper-mid to right abdominal area is frequently accompanied by nausea and vomiting and may result from eating a fatty meal. The best treatment for the symptoms of gallstones is surgery, but if surgery is not an option then medications can sometimes be prescribed to dissolve the stones.

"*Peptic ulcers* are also common," reports Dr. Ghanekar. "A peptic

## PAIN KILLER?

Maybe not.

Aspirin and other nonsteroid anti-inflammatory drugs can irritate the stomach lining, leading to upper abdominal pain.



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ulcer is a sore that can occur in the wall of the stomach [*gastric ulcer*] or the first part of the small intestine [*duodenal ulcer*]."

It is commonly thought that stress and poor eating habits cause ulcers, but the real cause in almost two-thirds of cases is a bacterium known as *Helicobacter pylori*.

People who regularly use nonsteroidal anti-inflammatory drugs — aspirin and ibuprofen — or who use tobacco products are at increased risk of developing peptic ulcers. In rare cases, other diseases may contribute to the development of peptic ulcers.

Because a small percentage of stomach ulcers are malignant, Dr. Ghanekar urges patients who develop them to be examined by a physician so the ulcer can be evaluated with endoscopy and then biopsied.

Diseases of the *pancreas* also can cause pain in the upper-mid abdomen, often with accompanying back pain, adds Dr. Staffetti. "Acute pancreatitis can result from gallstones, heavy alcohol use, medications, and traumatic injury to the abdomen," he informs. "Some cases of pancreatitis are related to congenital factors. The symptoms of chronic pancreatitis are constant pain and intolerance for fatty foods. Enzyme supplementation often improves the problem."

Cancer of the pancreas may be associated with loss of appetite, weight loss, and depression. It is

more frequent in smokers but is not associated with coffee intake.

Another disorder that is common and troublesome is *lactase enzyme deficiency* in the small bowel. It can cause pain and bloating when dairy products are ingested.

Excess gas in the bowel can cause pain in the abdominal area. Carbonated beverages and foods such as cauliflower, broccoli, cabbage, beans, and onions can contribute to the development of excess gas. People with ill-fitting dentures and those who eat too hurriedly without chewing food properly often swallow large amounts of air with their food, and this, too, can cause upper abdominal pain.

## Still unsure?

In some cases the cause of chronic abdominal pain is not found even after extensive testing for these conditions.

In such cases, an endoscopic examination may be helpful in detecting disorders of the pancreas and for identifying gallstones, especially if they are lodged in the bile ducts. The examination is performed using a thin flexible instrument that passes through the mouth to the duodenum. An injected dye then provides x-ray images of the gallbladder, bile ducts, and pancreas.

Drs. Freedland, Staffetti, and Ghanekar urge patients not to self-diagnose on the basis of the severity of their pain.

"Even mild pain should be evaluated if it persists over several days or recurs regularly," they advise. "Many of the causes of upper abdominal pain present similar symptoms, so patients should consult doctors trained in the appropriate diagnosis of gastroenterologic pain to be sure its proper cause is identified and treated."

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Dilip Ghanekar, MD, is board certified in gastroenterology and internal medicine by the American Board of Internal Medicine. He completed a residency in internal medicine at Englewood Hospital, Englewood, NJ, where he was chief resident. He completed his training in gastroenterology at the Mayo Clinic, Rochester, MN, where he was a National Institutes of Health-sponsored fellow. Dr. Ghanekar completed four years of research in gastroenterology, including research at the University of Medicine and Dentistry of New Jersey — Robert Wood Johnson Medical School, New Brunswick, and his papers have been published in several prestigious journals. He is a former instructor in medicine at the University of Pittsburgh Medical School, where his work included teaching gastroenterology and hepatology to physicians in training. Dr. Ghanekar is a member of the American Gastroenterologic Association, American College of Gastroenterology, and American Society for Gastrointestinal Endoscopy.