CORRESPONDENCE

The Differential Diagnosis of Right Lower Quadrant Pain

by Priv.-Doz. Dr. med. Martin E. Kreis, Prov.-Doz. Dr. med. Franz Edler von Koch, Prof. Dr. med. Dr h.c. Karl-Walter Jauch, and Prof. Dr. med. Klaus Friese, in volume 45/2007

Radiological Clarification

The authors deserve a compliment for their excellent presentation, but a further clarification should be made concerning the necessary radiological studies. The patient with an acute abdomen (the subject of the article) should be studied not with abdominal plain films, but rather with an erect abdominal or left lateral decubitus view, and always with a horizontal beam projection. The patient must maintain this position for five to ten minutes. Only in this way can a perforation of the intestinal tract – e.g., in diverticulitis – be detected by the presence of air under the diaphragm on the right side, and only in this way can fluid levels be seen whose differing heights convey useful information about peristaltic activity. A chest x-ray should always be performed as well, with the patient standing, if possible. Urinary calculi should be sought with a non-contrast-enhanced CT scan as the imaging method of choice; a contrast-enhanced scan can be performed immediately afterward, of course, to answer other questions. Excretion urography is of secondary importance.

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Testicular Torsion Not Mentioned

The recognition and correct diagnosis of right lower quadrant pain is a subject of very great importance. Physicians from many different specialties may be called upon to make decisions in this situation.

Above all, the physician who first sees the patient should be able to recognize emergency situations that require immediate, specific treatment.

Unfortunately, the list of differential diagnoses in this article failed to include testicular torsion.

Because of the anatomical location and innervation of the testis, patients with testicular torsion often present with right lower quadrant pain. The testis can only be preserved if the torsion is treated (i.e., untwisted) within four to six hours. A few hours often elapse before the patient first sees a physician, and there will be, inevitably, a further short logistical delay until the necessary operation can be performed; thus, a prompt diagnosis and a rapid response are of decisive importance. A failure to diagnose, e.g., cystitis or a tumor of the urinary

tract immediately upon presentation generally has no adverse effect on the outcome. In contrast, misdiagnosing testicular torsion can lead to irreparable damage, particularly when a later torsion of the second (pexed) testis is missed as well because it is wholly unexpected after the initial misdiagnosis (1).

It is regrettable that this review article does not mention the single emergency urological diagnosis presenting with right lower quadrant pain that must be recognized immediately by the first physician consulted if permanent damage is to be avoided.

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In Reply:

When writing our review article, we could not cover every aspect of this large subject in detail, nor was this our intention. Thus, we did not address every possible differential diagnosis, even though some of our subspecialty colleagues might encounter one or the other of these entities more frequently in their particular disciplines. Testicular torsion is certainly one of the causes of lower quadrant pain, but our experience indicates that the pain is seldom an isolated finding, and the suspected diagnosis can be confirmed relatively easily by clinical examination. Nonetheless, we thank our colleague for this supplementary information.

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Conflict of interest statement

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