ABSTRACT

OBJECTIVE:

To evaluate the accuracy and impact of early CT in the diagnosis of non-traumatic acute abdomen when USG or X-ray findings are negative, equivocal or unable to provide additional information regarding the diagnosis.

METHODOLOGY:

126 patients were included in this prospective study. Ultrasonogram was done as the initial modality in these patients and CT was done when USG findings were negative, equivocal or unable to provide additional information. Axial, coronal and sagittal reformatted images were studied. When appropriate, MIP, min IP and volume rendering techniques were also analysed. IV, oral and rectal contrast were used depending upon the clinical condition. All the 126 patients were followed up and diagnoses obtained before and after CT were compared with per-operative findings or final diagnosis at discharge.

RESULTS:

Among 126 patients, correct diagnosis could be obtained in 125 patients. The initial planned management was changed in 18 patients; 13 patients who were initially planned for surgery were managed conservatively and 5 patients who were initially placed on conservative management were operated upon. Thus unnecessary surgery was avoided in 13 patients and much needed emergency surgery performed on 5 patients based on CT findings.
CONCLUSION:

Early CT abdomen done in patients presenting with non-traumatic acute abdominal pain helps in arriving at an accurate diagnosis and planning the appropriate treatment, thus reducing the morbidity and mortality.