

Evidence Discussion (AB 2.0)

- Abdominal pain is a commonly presenting complaint but is generally benign and self-limiting. It is impractical to use advanced imaging for the evaluation of all complaints of abdominal pain. Prior to advanced imaging, some effort should be made to diagnose patients through a combination of history and physical exam, laboratory studies, and non-advanced imaging such as ultrasound/X-ray.
- This protects the patient from the negative consequences of high levels of ionizing radiation as well as incidental benign findings. These incidental findings may lead to additional procedures (both invasive and non-invasive) and emotional distress over wider differential diagnoses.
- For patients with urgent abdominal issues, there are red flag signs and symptoms that warrant immediate advanced imaging to avoid delaying diagnosis and treatment. These include personal history concerns (such as cancer or immune deficiency), abnormal findings on physical examination (like fever, a palpable mass, or significant tenderness), and laboratory abnormalities (such as elevated white blood cell count or neutropenia).

References

1. ACR Appropriateness Criteria® left lower quadrant pain — suspected diverticulitis The American College of Radiology. Revised 2014. National Guideline Clearinghouse.
2. Yarmish GM, Smith MP, Rosen MP, et al. Expert Panel on Gastrointestinal Imaging. ACR Appropriateness Criteria® right upper quadrant pain. *J Am Coll Radiol*. 2014;11(3):316–32
3. American College of Radiology. ACR Appropriateness Criteria. Acute Nonlocalized Abdominal Pain. 2018.
4. Garcia EM, Camacho MA, Karolyi DR, et. al. ACR Appropriateness Criteria® right lower quadrant pain – suspected appendicitis. *J Am Coll Radiol*. 2018;15(11S):S373-S387. doi:10.1016/j.jacr.2018.09.033.