

Martin has stomach pains

Martin is a 61-year-old musician who has recently returned from an extended tour of Europe with his orchestra. For the past few months he has noticed pain under the ribs on the right. This has almost always happened after meals, especially if he ate more than usual, and perhaps more often after eating fatty foods. He was not sure about that. The pain happened on a couple of days every week and lasted several hours on each occasion. Sometimes he also felt pain in the right shoulder at the same time and occasionally in the back as well, under the right shoulder blade. The pain could last only half an hour but often lasted 3-4 hours and occasionally longer. When the pain was particularly bad he also felt nausea, but had never actually vomited. He was well between these “attacks” apart from slightly raised blood pressure (hypertension) for which he had been taking medicines for over 5 years. These had been successful in lowering his blood pressure and as far as he could tell caused no side-effects.

He went to see his GP who decided that he needed some further investigations and referred him to your surgical outpatient clinic. You ask him why he has put up with this pain for so many months without seeing his GP. He tells you that he didn’t seek medical attention whilst on tour, as he would have been sent home and he loves music and knows that this may be his last opportunity to tour before retirement. On this tour, they were performing only music by British composers. Every time they played the Fantasia on Greensleeves by Vaughan Williams, Martin was reminded of his Mum - it was a favourite of hers and she used to sing it all the time when he was a boy. She died in her 40s from an unusual but very dangerous complication of the condition that you and Martin’s GP strongly suspect he may have.

What do you think is wrong with Martin? What might you expect to find if you examined him and what tests would you like to do to confirm your suspicions (and his)? And what treatment are you likely to recommend? And finally, what is the dangerous complication from which his mother unfortunately died?

Mentor notes

The story is typical of gallstones. The pain is due to temporary obstruction of the duct leading from the gall bladder and also to inflammation of the gall bladder. If one of the stones gets stuck it may cause prolonged and severe pain (biliary colic). There should be some exploration of what the gall bladder does and whether we can live without it and of the anatomy, and also of what is known about the causes of gallstones (hormone effects and gender, some drugs, probably genetic factors).

Examining him is likely to reveal very little. Some patients may be tender under the right costal margin, especially if the patient takes a deep breath (called Murphy's sign, an example of doctors' love of eponyms!). But it also shows that many diagnoses can be made with near-certainty from the history alone.

A plain abdominal X-ray may show gallstones but not always, and ultrasound scanning of the gall bladder is much more reliable and is quick, non-invasive and not expensive.

In view of the frequent symptoms, and the family history, he will almost certainly be recommended to have a laparoscopic cholecystectomy. There should be discussion of the advantages and disadvantages of this as compared to conventional surgery.

The potentially fatal complication is acute pancreatitis, due to obstruction of the pancreatic duct. There could be brief comments on what this is and why it is still so dangerous.

Overall this could be given as an example of a relatively simple linear process: history-diagnosis-treatment, with little doubt or controversy at any stage. Not all medicine is like this!