The acute abdomen

Sir,

I read and enjoyed the editorial *The acute abdomen and its management* by Paul Carter (Vol 61(10), 2000, p. 688). However, I was disappointed that there was little if any reference to gynaecological pathology as the cause for an acute abdomen.

Blood glucose measurement was listed as a routine investigation for the acute abdomen. This routine investigation is helpful in making the diagnosis of diabetic ketoacidosis, particularly if the clinician is unable to recognize other signs and symptoms of diabetic ketoacidosis such as dehydration, tachypnoea, the smell of ketones on the patient's breath and the detection of glycosuria and ketonuria on urine dipstick testing.

Yet curiously, there was no mention of measuring β-human chorionic gonadotrophin (β-hCG) as a matter of routine in cases of an acute abdomen. In the UK, ectopic pregnancies are the fifth most common cause of direct maternal deaths. Failure to consider that the woman with the acute abdomen might be pregnant has been a common feature in deaths from ectopic pregnancies.

One of the recommendations of the last Report on Confidential Enquiries into Maternal Deaths in the United Kingdom was that when a woman presents with unexplained abdominal pain, with or without vaginal bleeding, it is essential to exclude an ectopic pregnancy. The ready availability of highly sensitive β-hCG kits means the diagnosis of pregnancy can be made in GPs' surgeries or accident and emergency departments. The test itself is very reliable: the limiting factor is thinking of using it (Department of Health, 1999).

Having been called three times in the last 2 months by surgeons discovering an ectopic pregnancy while performing an appendectomy, I can commend the routine measurement of β-hCG, if only to spare the surgeon any blushes when she or he has to call a gynaecologist for help.

Malcolm J Dickson
Consultant Obstetrician and Gynaecologist
Birch Hill Hospital
Rochdale OL12 9QB

Department of Health (1999) *Report on Confidential Enquiries into Maternal Deaths in the United Kingdom 1994–6.* HMSO, London

Sir,

I would like to thank Dr Dickson for raising the two issues in his letter.

First, the purpose of measuring blood glucose is to identify relatively minor abnormalities in blood glucose that may have a bearing on recovery from abdominal sepsis and also as a prognostic indicator in acute pancreatitis.

Second, a significant percentage of women of childbearing age do present to general surgeons with gynaecological causes for their abdominal pain, the commonest being pelvic inflammatory disease. In the author's trust β-hCG measurements are routinely measured in this group and will therefore help to identify occult ectopic pregnancy. Women of childbearing age whom present with shock need resuscitation and urgent surgical intervention to minimize the risk of death. I would expect a general surgeon to be able to manage this scenario perfectly satisfactorily.

PS Carter
Consultant Surgeon
The Royal Liverpool University Hospital
Liverpool L7 XXP

The future of pathology in the UK

Sir,

One of the biggest changes affecting pathology is the requirement for a team approach in the diagnosis and treatment of cancer.

Histopathologists play a key role in linking with their clinical colleagues in surgery, oncology, radiology and palliative care in managing individual patients. This is essential so that errors in diagnosis can be avoided.

The meetings that the multidisciplinary approach needs are putting a great pressure on pathologist members. It also means that pathologists can not be locked in laboratories at a distant site from other clinicians.

Likewise microbiologists, haematologists and chemical pathologists should develop their services close to other clinicians and their patients.

I would support Professor Lilleyman (Vol 62(1), 2001, p. 6) in writing that there is a lack of investment. A decision on our future is, however, linked to where our patients are treated. If this is to be in district general hospitals, as I suspect the British population and politicians would prefer, then the future will be different to large centralized services, which cannot support this model. If we centralized, district general hospitals should close and patients in much of the rural UK can be condemned to travelling long distances for their care — particularly in an emergency.

PGR Godwin
Consultant Microbiologist
Airedale General Hospital
Keighley
W. Yorks BD20 6TD

Correspondence

If you would like to comment on any articles published in *Hospital Medicine*, or any issues relevant to our readers, please write in no more than 250 words to:

Dr Jack Tinker
Editor-in-Chief, *Hospital Medicine*
c/o Yvonne Perks
1 Wimpole Street
London W1G 0AE