In cases of *acute* abdominal pain, a diagnosis can be readily established in most instances, whereas success is not so frequent in patients with *chronic* pain. IBS is one of the most common causes of abdominal pain and must always be kept in mind **(Chap. 327)**. The location of the pain can assist in narrowing the differential diagnosis **(Table 15-3)**; however, the *chronological sequence of events* in the patient's history is often more important than the pain's location. Careful attention should be paid to the extraabdominal regions. Narcotics or analgesics should *not* be withheld until a definitive diagnosis or a definitive plan has been formulated; obfuscation of the diagnosis by adequate analgesia is unlikely.

TABLE 15-3 Differential Diagnoses of Abdominal Pain by Location