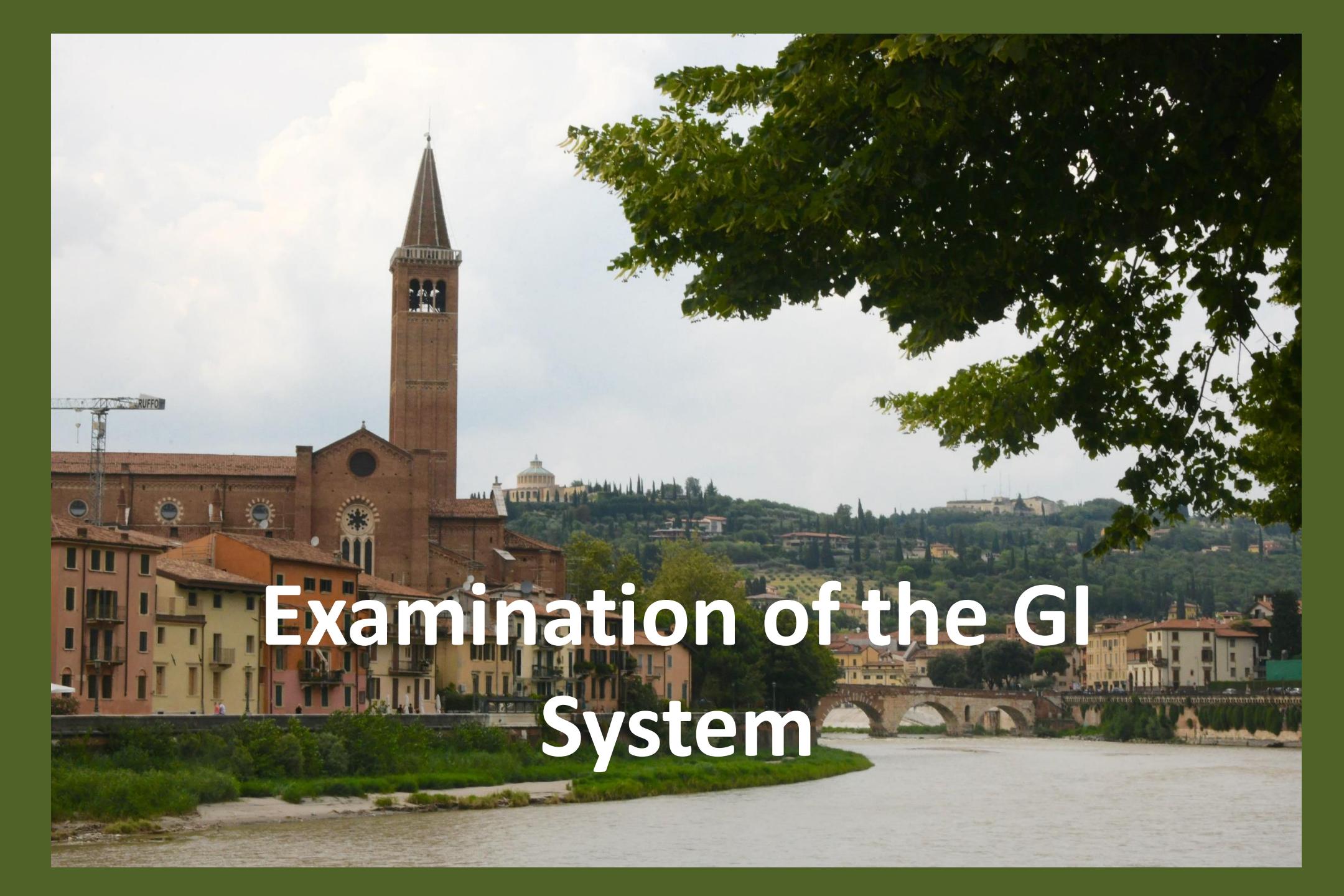


Survive COVID-
And 19!!!
Influenza!!!

A scenic view of a riverfront town, likely Verona, Italy. In the foreground, a wide river flows from the bottom right towards the center. On the left bank, there's a mix of modern and traditional buildings, including a prominent church with a tall, dark brown bell tower and a circular window. A construction crane is visible on the far left. In the background, a hillside rises, covered with green trees and several buildings, including a notable dome-shaped structure. The sky is overcast with white clouds.

Examination of the GI System

General Examination

- ◆ Note any signs of relevance, esp. those related to the suspected diagnosis
e.g. pallor & LN for suspected carcinoma of stomach
- ◆ Stigmata of liver disease

Stigmata of liver diseases

- ◆ Jaundice (not at medial or lateral corners of sclera)





◆ Spider angioma

- in SVC drainage area
- rarely below nipples
- also in oral & nasal mucous membrane
- occurs in:
 - normal
 - cirrhosis
 - hepatitis
 - rheumatoid arthritis
 - pregnancies



Stigmata of liver diseases

- ◆ Scattered telangiectasia (dilated capillaries, “Paper Money Skin”)
 - same significance as spider angioma
 - also in scleroderma



Stigmata of liver diseases

◆ Palmer erythema

- occurs in:
 - chronic liver disorder
 - rheumatoid arthritis
 - pregnancy
 - thyrotoxicosis
 - chronic febrile illness
 - chronic leukaemia



Stigmata of liver diseases

- ◆ Clubbing of fingers and toes
 - 4 stages
 - associated conditions



Stigmata of liver diseases

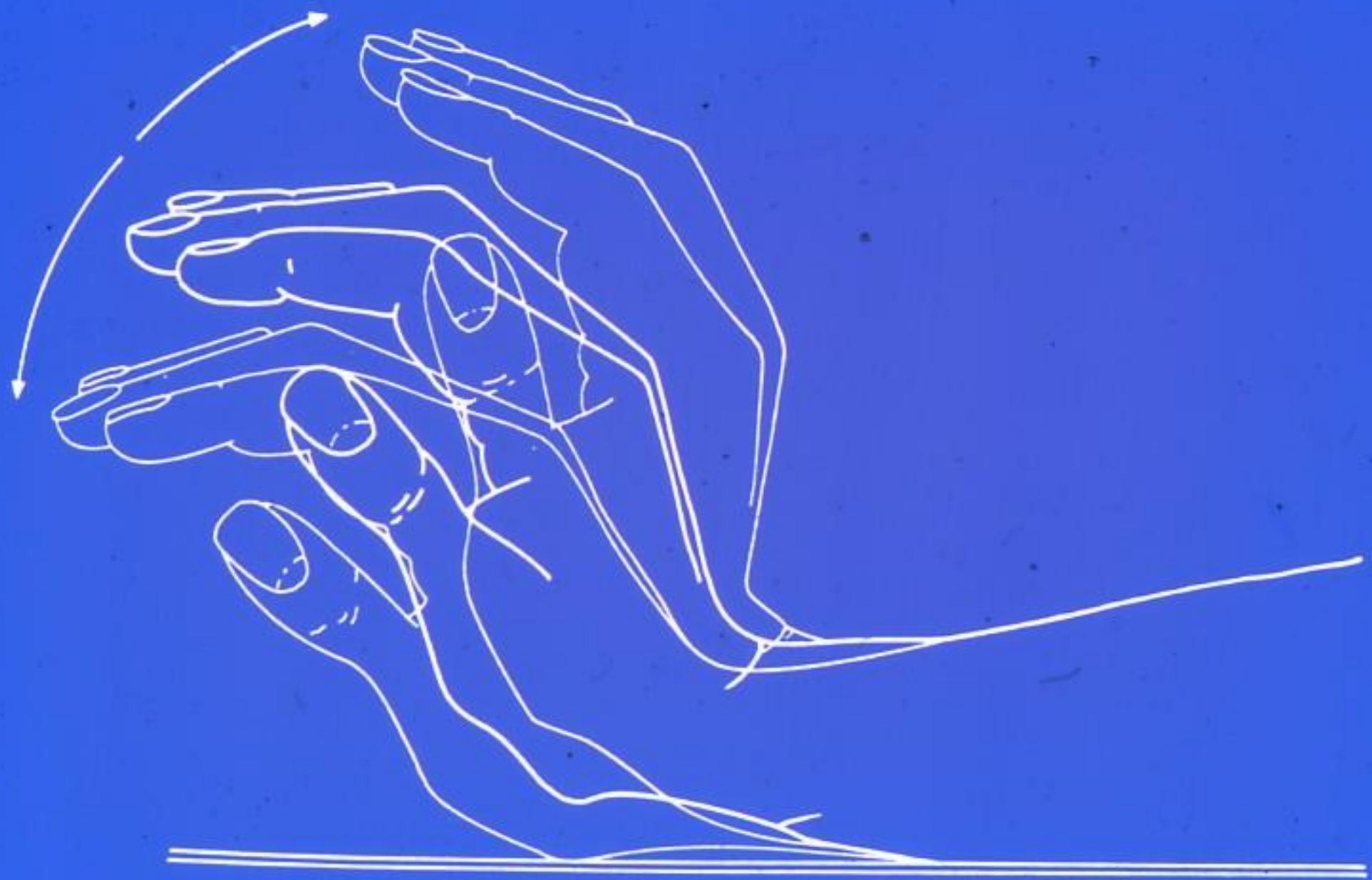
- ◆ Dupuytren's contracture
 - first affects 4th & 5th tendons
 - occurs in:
 - normal
 - cirrhosis, esp. alcohol-related
 - diabetes mellitus
 - systemic fibrosclerosing syndromes



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Stigmata of liver diseases

- ◆ White nails (Leukonychia)
 - rare
- ◆ Flapping tremor
 - occurs in severe hepatocellular decompensation

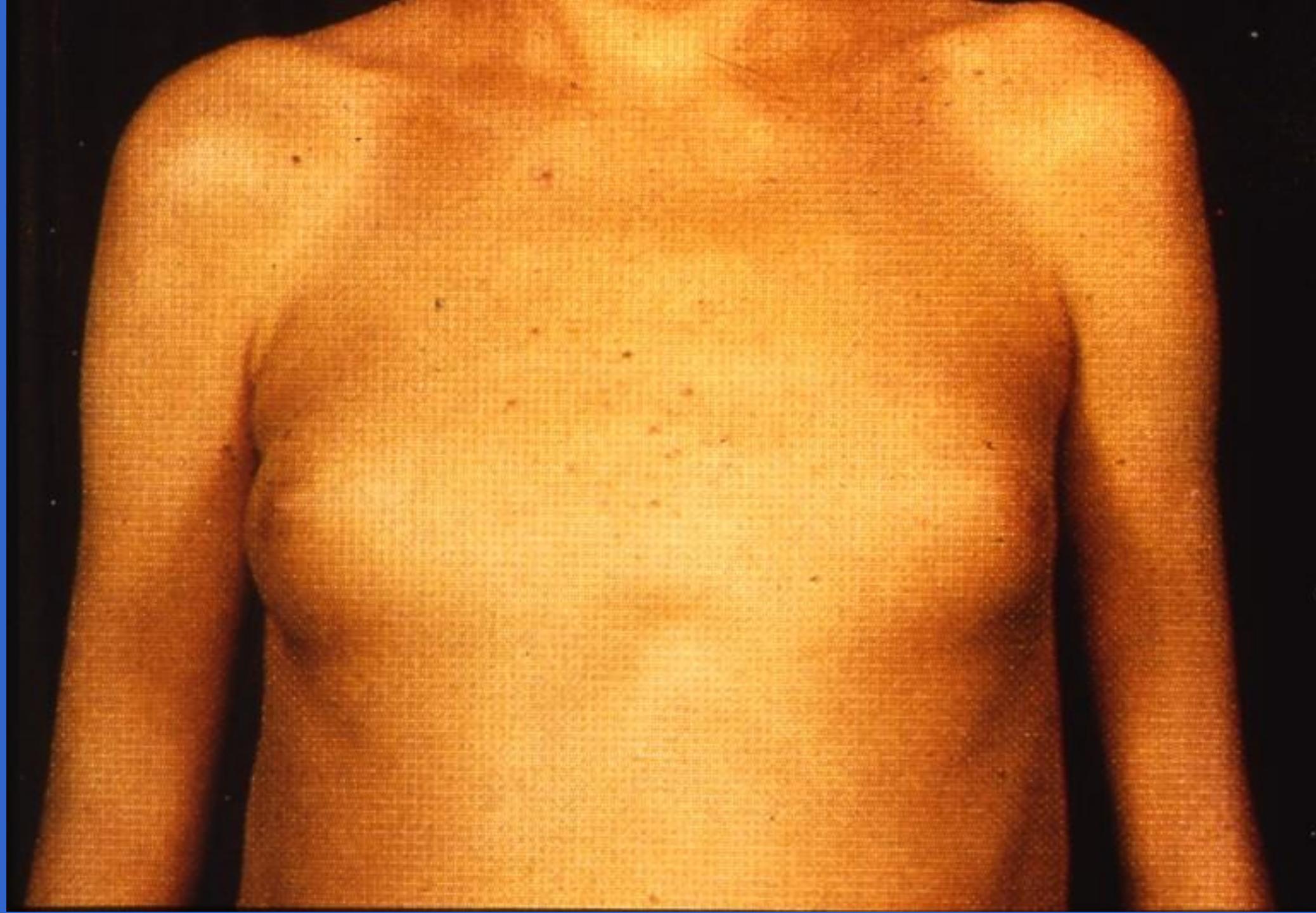


Stigmata of liver diseases

- ◆ Fetor hepaticus
 - probably of intestinal origin
 - occurs in:
 - severe hepatocellular decompensation
 - extensive collateral circulation

Stigmata of liver diseases

- ◆ Changes of body hair distribution
- ◆ Testicular atrophy with decreased libido & potency
- ◆ Gynaecomastia
 - may be unilateral
 - occurs in:
 - healthy adolescence
 - chronic liver disease
 - chronic starvation, testicular tumours, drugs (e.g. spironolactone, digoxin, cimetidine)



Stigmata of liver diseases

- ◆ Ankle pigmentation ± leg ulcers
(associated with hypersplenism)
 - can regress after splenectomy
- ◆ Signs of fluid retention
- ◆ Easy bruising, purpura



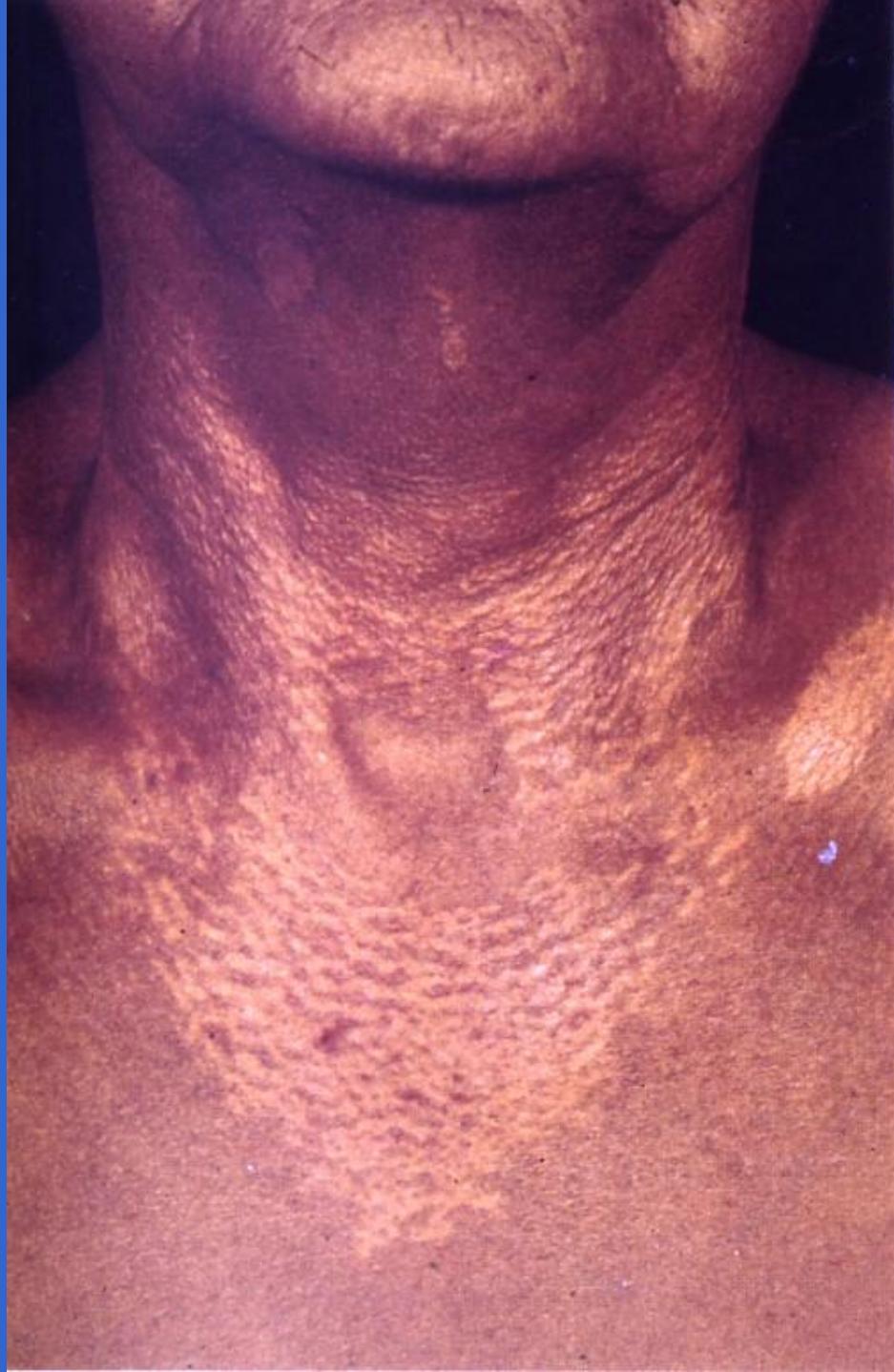
Stigmata of liver diseases

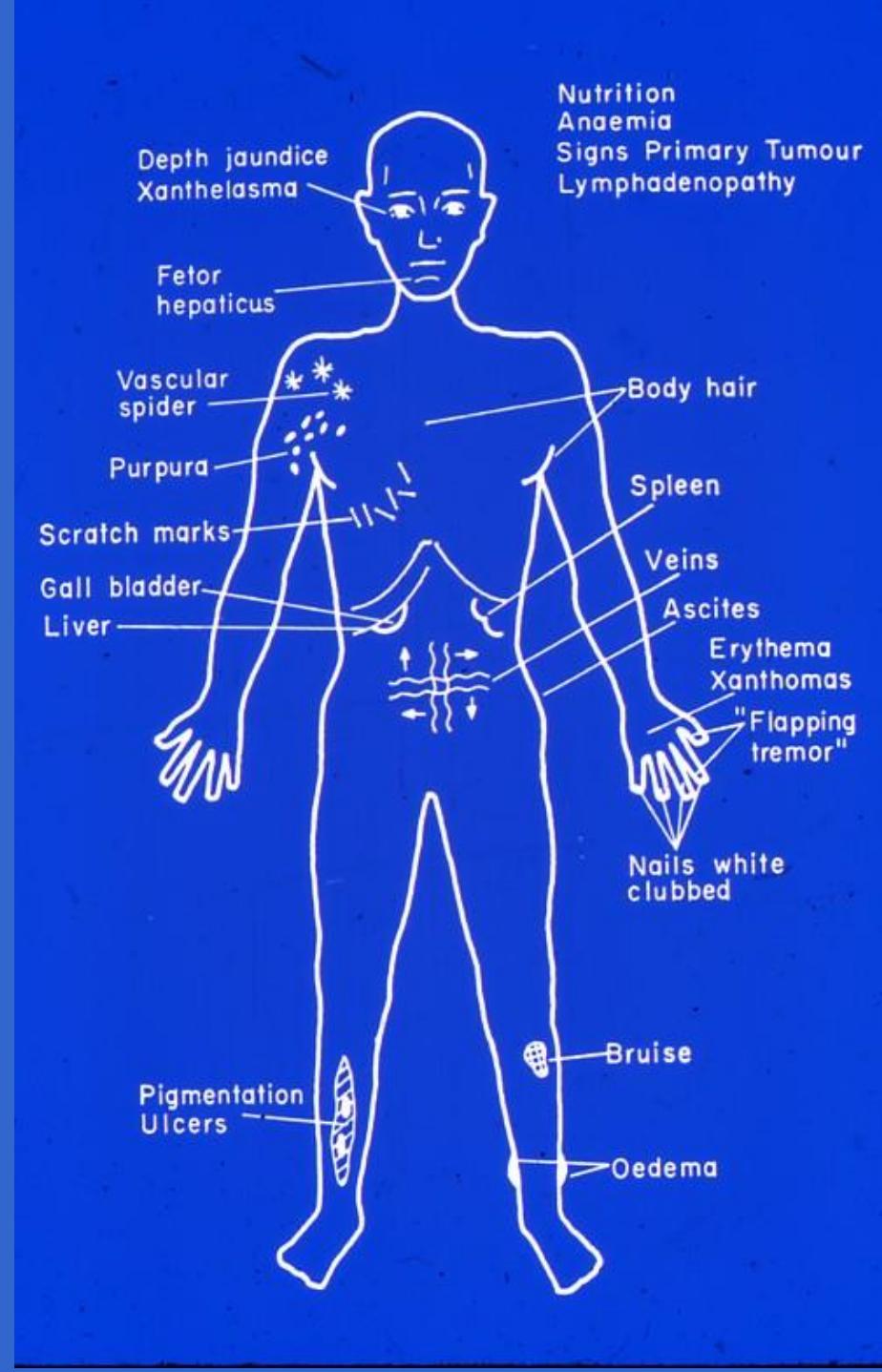
- ◆ Hepatic encephalopathy: Guide to grading
 - confused; slurred speech
 - drowsy; inappropriate behaviours
 - stuporous; obeying simple commands
 - coma
 - deep coma; no spontaneous movements

Stigmata of liver diseases

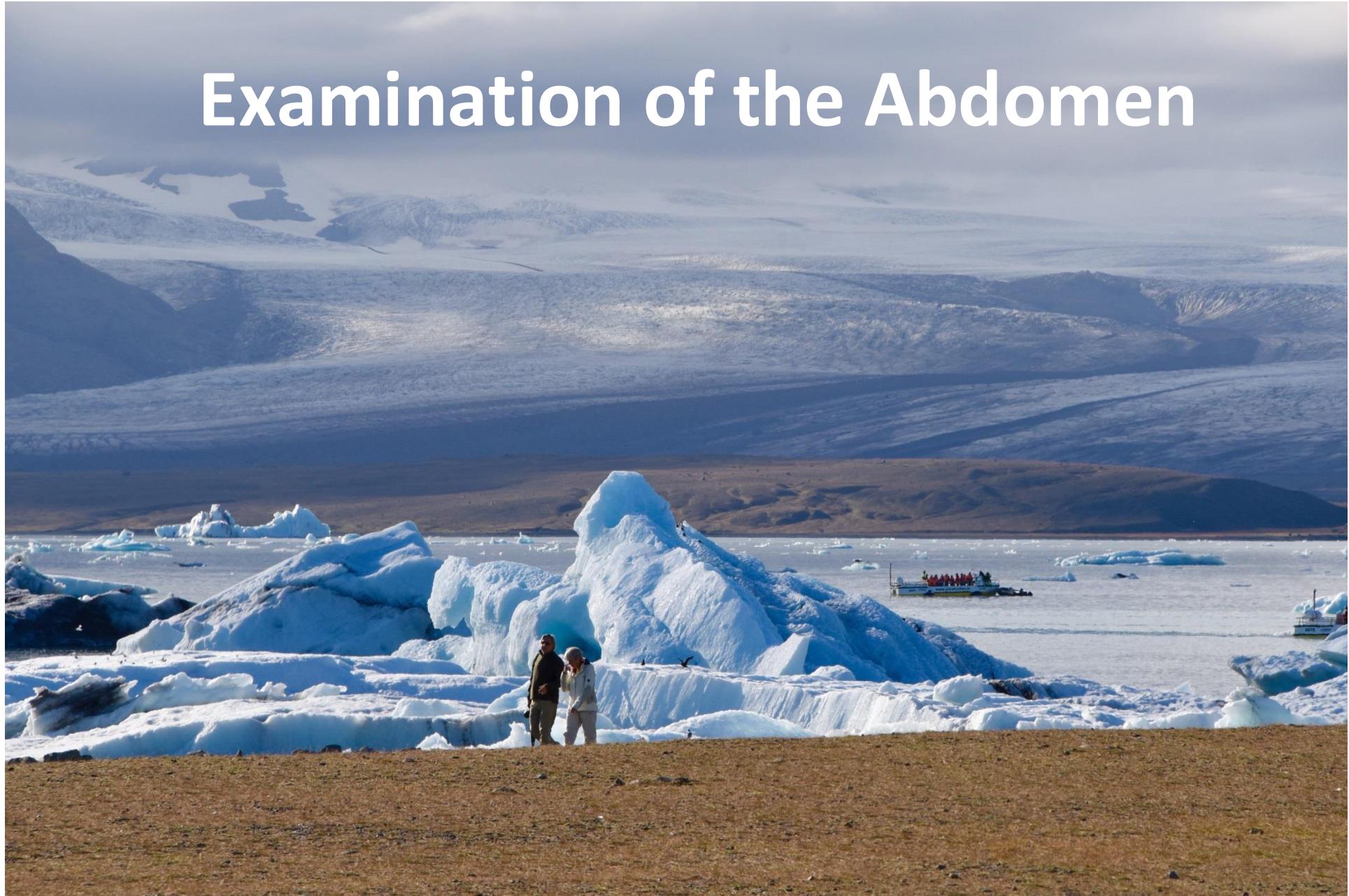
- ◆ Signs specific for obstructive jaundice
 - greenish jaundice
 - xanthelesma
 - xanthomas
 - scratch marks







Examination of the Abdomen



*Sit/kneel down by patient's side so as to be
on the same level as patient.*

*(Some asymmetrical abdominal swellings
may be best observed at end of bed).*

Inspection

◆ Shape

- normal
- scaphoid
- distended
 - fat
 - flatus
 - faeces
 - foetus
 - fluid (bulging flanks)
 - abnormal swellings

Inspection

- ◆ Umbilicus

- normal
- depressed in fat abdomen
- bulging/everted with increased intra-abdominal pressure, e.g., ascites

(horizontal slit)

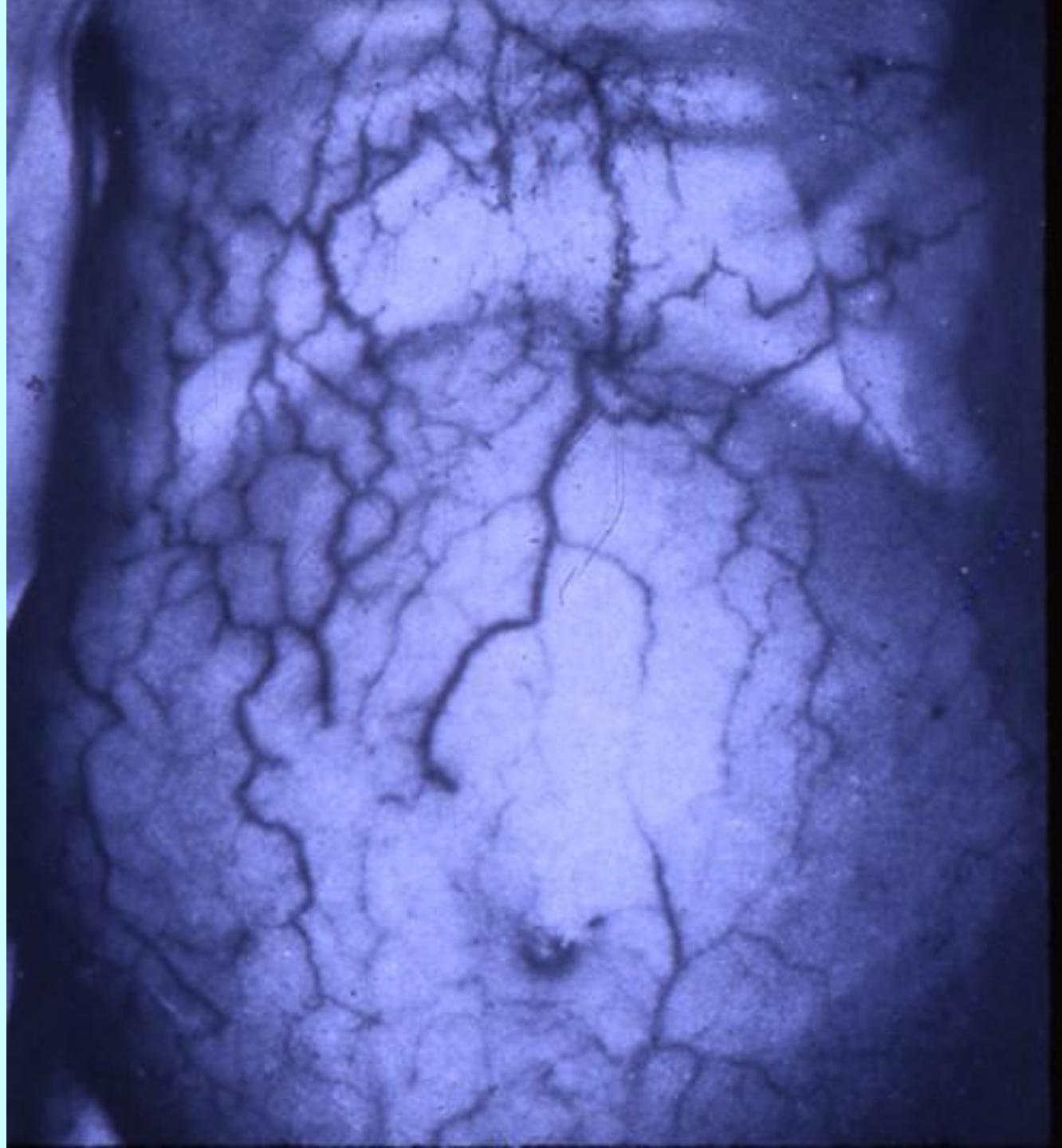
- ◆ Movement

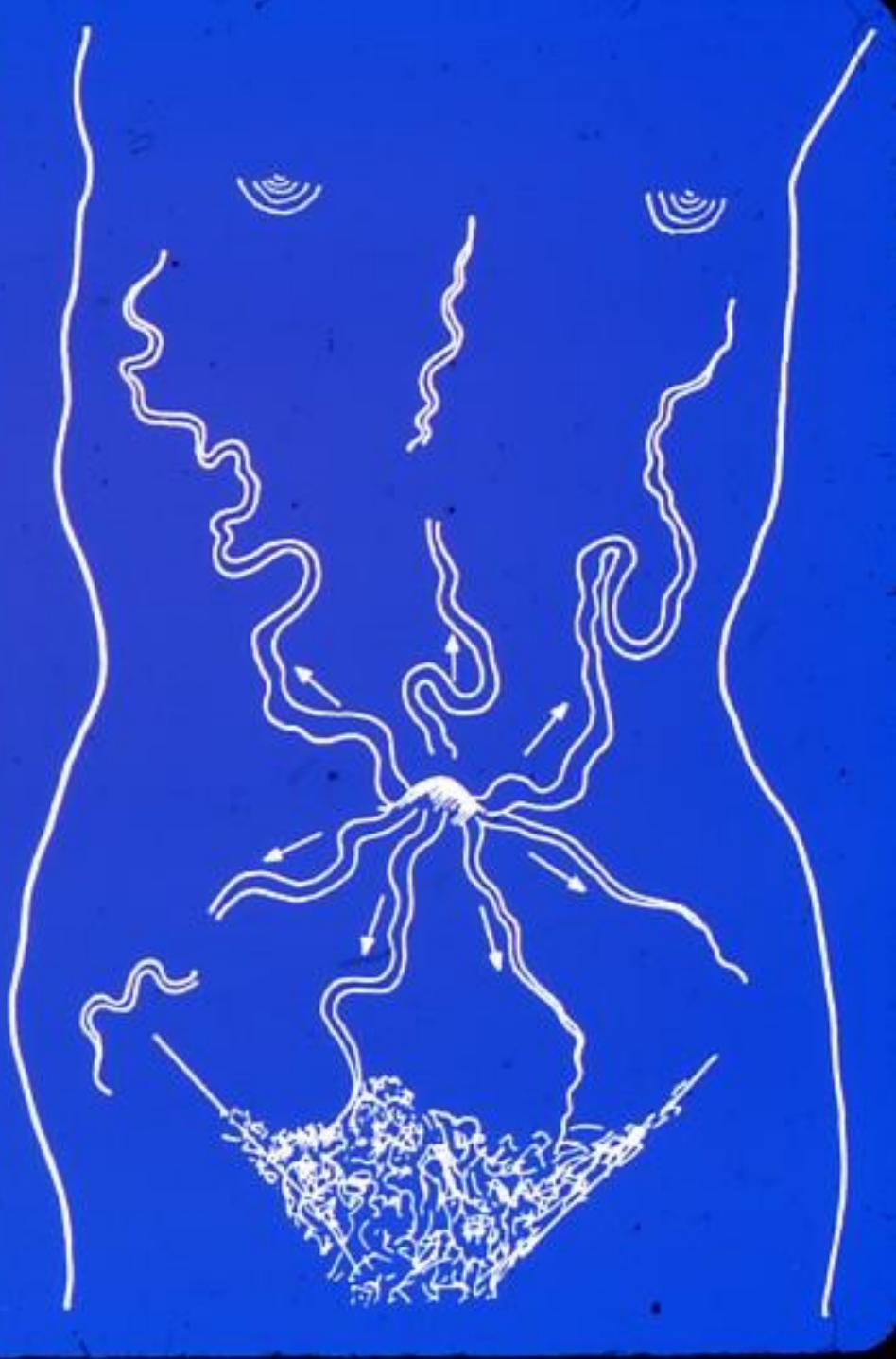
- thoraco-abdominal respiration
- epigastric pulsation, e.g., thin patients, transmitted pulsation
- visible peristalsis in intestinal obstruction

Inspection

- ◆ Surface

- striae (acute abdominal distension with subcutaneous bleeding), e.g., pregnancy, ascites
- dilated veins; occur in obstructed IVC or portal hypertension
 - N.B. (a) observe direction of flow
 - (b) increased prominence on standing up
- pigmentation, e.g., pregnancy, Addison's disease





Inspection

- ◆ Hernial orifices
 - only expose patient's genital area when examining for hernias; ASK for permission first
 - hernia more prominent on standing up

Palpation



Palpation

- ◆ Get patient to relax (bend knees if necessary)
- ◆ Ask for presence of tenderness before touching abdomen

Palpation

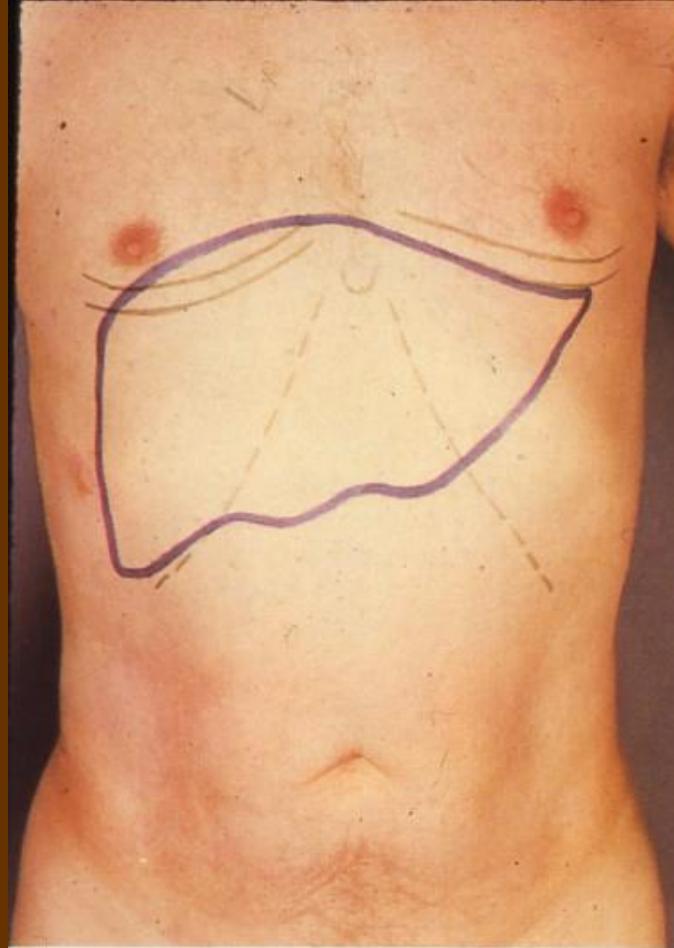
- ◆ Start with a gentle general survey of the whole abdomen
 - to relax patient
 - to detect any gross abnormalities
 - to detect any mild tenderness

THE ESSENCE OF PALPATION

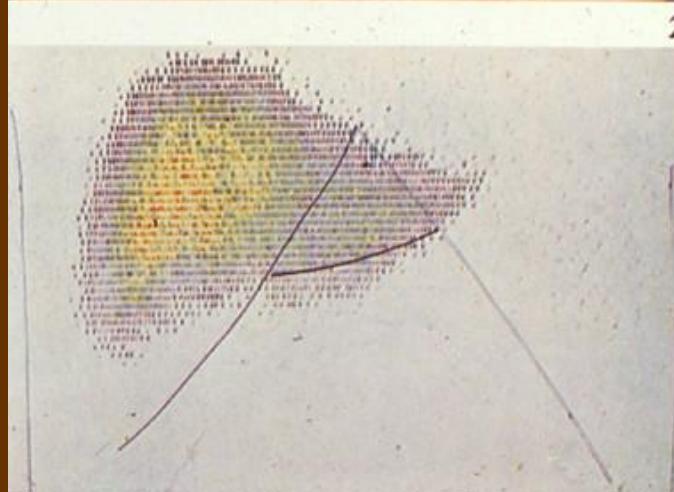
- ask patient to move his abdominal organs by deep breathing
- palpating hand kept still to “catch” descending organ(s)

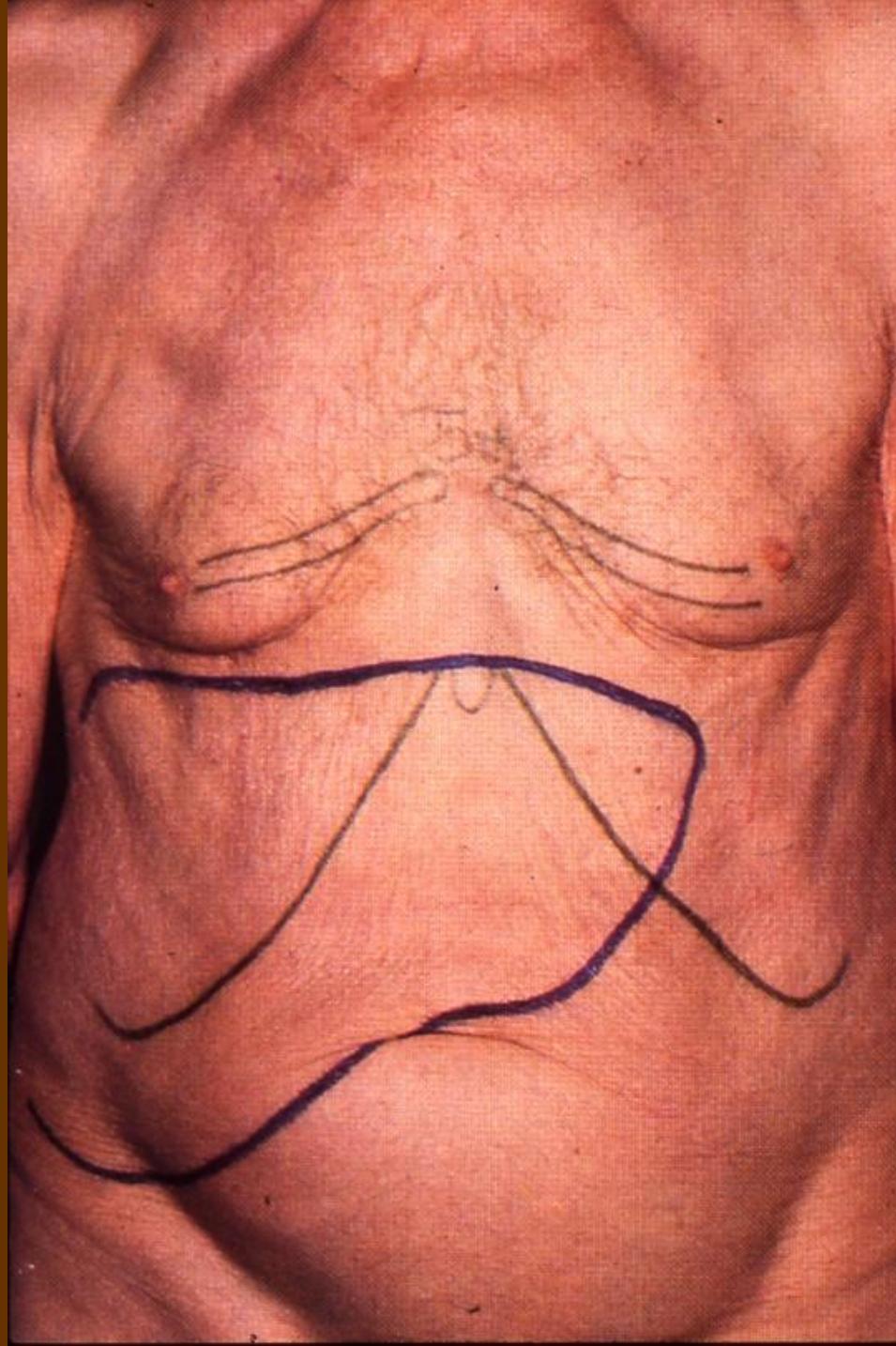
Palpation of the liver

- ◆ Note normal surface anatomy
- ◆ Normal upper rectus muscles not to be mistaken for L lobe
- ◆ Normal liver maybe palpable on inspiration or pushed down by thoracic abnormalities
- ◆ Method of palpation
 - start from RLQ
 - hand in waiting position during inspiration; moves up during expiration
 - bimanual palpation may help in detecting slightly enlarged liver



2





Palpation of the liver

- ◆ Note
 - (1) limit of lower border - make measurements at mid-clavicular lines & xiphisternum
 - (2) upper border
 - [(1) & (2) makes the span.
N.B. liver can be larger than normal,
can also be smaller than normal]
 - (3) character of edge
 - (4) character of surface

Palpation of the liver

◆ Note (cont'd.)

- (5) consistency
- (6) any tenderness
- (7) any bruit
 - compression of aorta
 - vascular tumour
 - alcoholic hepatitis

The Spleen & the Kidneys



Palpation of the spleen

- ◆ Use finger tips
- ◆ Palpate along line joining umbilicus to L ant axillary fold
- ◆ Large spleens have notches



GARDNER'S LINE
FOR PALPATION OF THE SPLEEN

Palpation of the spleen

- ◆ Method to help detection of “difficult” spleens
 - (1) turn patient towards right
 - (2) “Hook” spleen forward with hand at renal angle
 - (3) percussion along line of palpation
 - (4) in presence of ascites, try “dipping” of the spleen (ballottement)
 - (5) spleen may “float” to a more lateral position in the presence of ascites



FIG. 44 Palpation of the Kidney from the Opposite Side.



FIG. 45 Palpation of the Kidney from the Same Side.

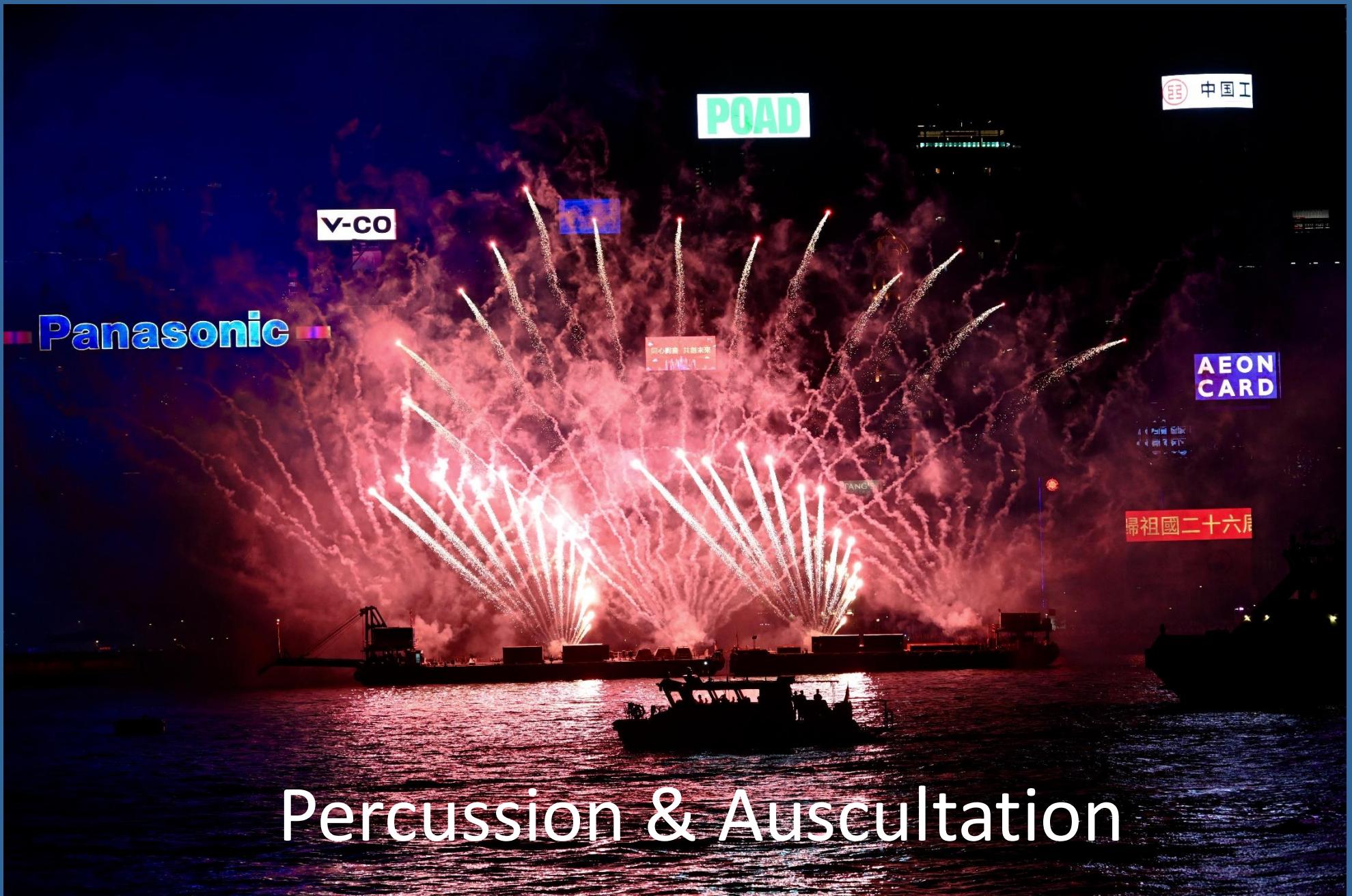
Palpation of the kidneys

- ◆ Bimanual palpation to “trap” rounded lower poles of kidneys on inspiration
- ◆ Right kidney lower than left
- ◆ Differentiation between spleen and left kidney
 - bimanual palpation for kidney; spleen is anterior
 - subcostal gap absent for spleen
 - percussion dull for spleen
 - notches for spleens > 10 cm

(Both the spleen & the L kidney move with respiration)

Palpation of other masses

- ◆ Site
- ◆ Size
- ◆ Shape
- ◆ Localization (abd. wall, intra-peritoneal,
retroperitoneal)
- ◆ Movement (with respiration and by itself)
- ◆ Tenderness
- ◆ Consistency
- ◆ Pulsation



Percussion & Auscultation

Percussion

- ◆ For liver, spleen, kidneys and other masses
- ◆ Ascites
 - (1) shifting dullness at flanks
 - N.B. - allow time for bowels to “float” after change of patient’s posture
 - can be detected only when at least 1 L of fluid is present

Percussion

- ◆ Ascites
- ◆ (2) fluid thrill
 - use a 3rd hand in mid-line of patient to damp down transmission through abdominal wall
 - an insensitive test for fluid under tension

Auscultation

- ◆ Bowel sounds
 - wide range of normal
 - increased bowel sounds for obstructive lesions or other obstructive lesions or other causes of gut hypermotility
 - decreased bowel sounds for adynamic ileus
- ◆ “Splashing” for pyloric stenosis
 - false +ve if tested too soon after meals



The End