

History Taking & General Physical Examination

By

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AETIOLOGY OF DISEASES

CONGENITAL

Developmental defect

ASD, VSD, Patent Ductus

HEREDITARY

Disease transmitted from generation to generations.

Thalassaemia

Polycystic kidneys

METABOLIC

Calcium

- Osteoporosis
- Hyperparathyroidism

Amino-acid Metabolism

- Diabasic aminoacid – Cystinuria

Purine Metabolism

- Gout

Lipid Metabolism

AETIOLOGY OF DISEASES

ENDOCRINE

Pancreas – Diabetes Mellitus

Pituitary – Anterior - Cushoning Syndrome, Acromegaly

- Posterior – Diabetes Insipidus

Adrenal – Cortical – Hyperaldosterone

- Medulla – Pheochromocytoma

Reproductive System

IMMUNOLOGICAL

Disorder of the Immune System

Systemic Lupus Erythematosus

Rheumatoid Arthritis

Connective tissue disorder.

DEGENERATIVE

Part of ageing process - atherosclerosis

Vascular System

Musculoskeletal

Neurological

AETIOLOGY OF DISEASES

NEOPLASTIC

Colorectal

Hepatic

Lung

Breast

Prostate

INFECTIVE

Viral – HbsAg, HCV, HIV

Bacterial – Gram +ve, Gram –ve, Mycobacterium

Parasitic - Malaria

IATROGENIC

EFFECTS ON THE HOST

DERANGEMENT OF FUNCTIONS

- 1. Disturbance of internal environment –
(homeostasis of the body fluid)**
- 2. Disturbance of physiological function of the body
This will give rise to SYMPTOMS.**

DERANGEMENT OF STRUCTURES

Derangement of Normal Anatomical structure of the body

This will give rise to SIGNS.

SYMPTOMS

WEAKNESS OF EXTREMITIES

POLYURIA & POLYDIPSIA

SWEATING AND PALPITATION

SHORTNESS OF BREATH (DYSPONEA)

OEDEMA OF LOWER EXTREMITIES

DISTURBANCE OF INTERNAL ENVIRONMENT

Hypokalaemia – hyperaldosteronism

Hyperkalaemia – chronic renal failure

Hypercalcaemia – Parathyroid adenoma

Hyperglycaemia in diabetes increase osmotic load to the renal tubules

Diabetes insipidus – loss of ADH

Hypoglycaemia – stimulate production of adrenaline

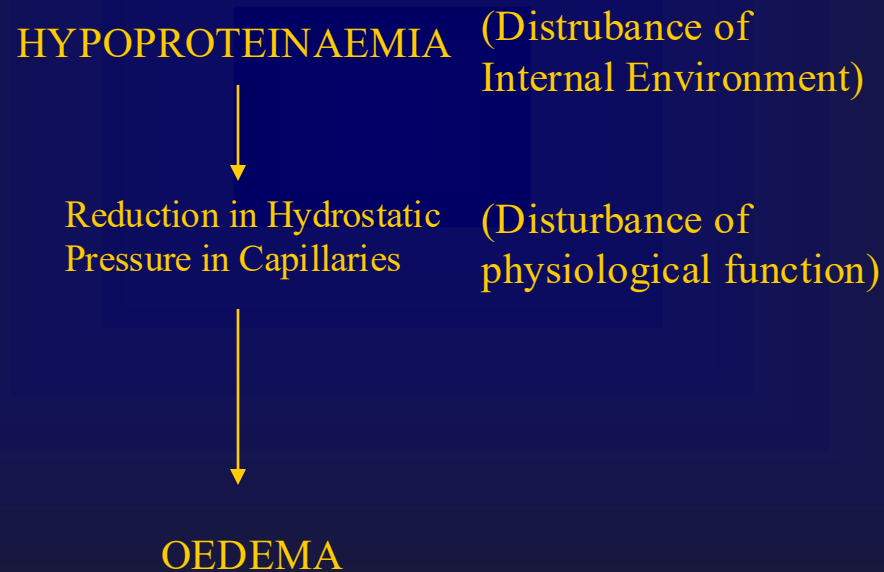
Increased thyroid hormone in hyperthyroidism

Phaeochromocytoma

Hypoxia – stimulate respiratory centre

Acidosis

Hypoalbuminaemia



Reduce Intake – Dietary
Malnutrition/Addict/Old Age



HYPOPROTEINAEMIA



Reduction in Hydrostatic
Pressure in Capillaries



OEDEMA



MASSIVE PROTEINURIA

- Nephrotic Syndrome

Reduce Intake – Dietary
Malnutrition/Addict/Old Age

HYPOPROTEINAEMIA

(Disturbances in internal
environment)

Reduction in Hydrostatic
Pressure in Capillaries

(Disturbances in normal
physiological function)

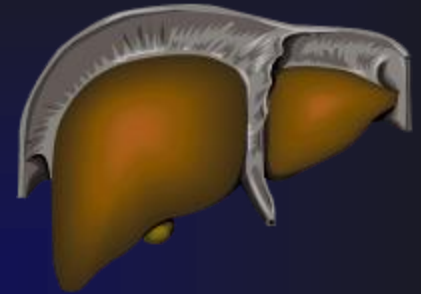
OEDEMA



MASSIVE PROTEINURIA

- Nephrotic Syndrome

Reduce Intake – Dietary
Malnutrition/Addict/Old Age



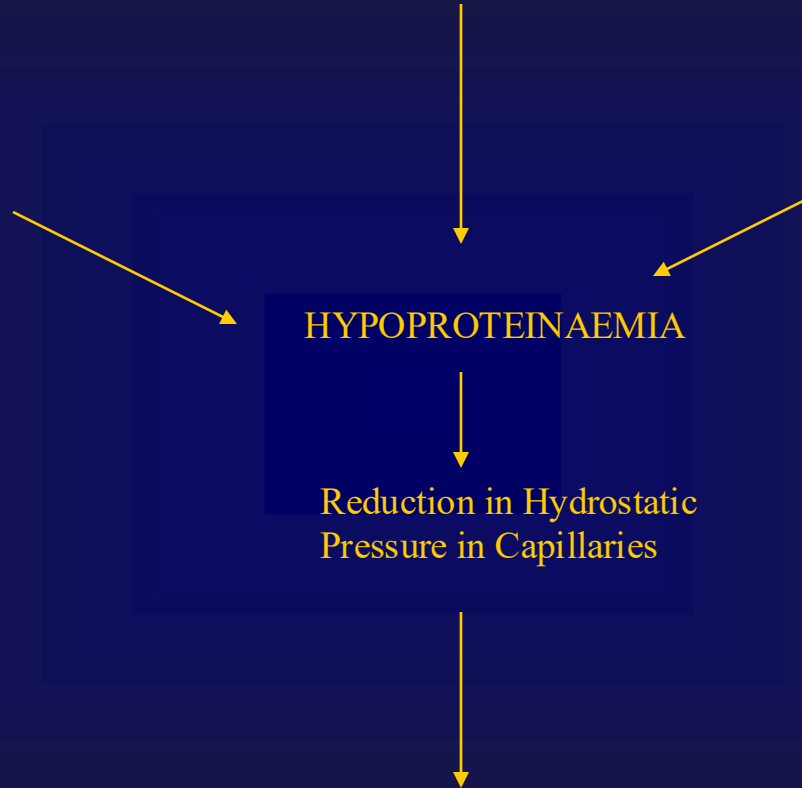
IMPAIRED PRODUCTION
CHRONIC

- Liver Disease

HYPOPROTEINAEMIA

Reduction in Hydrostatic
Pressure in Capillaries

OEDEMA





MASSIVE PROTEINURIA

- Nephrotic Syndrome



EXCESSIVE LOSS

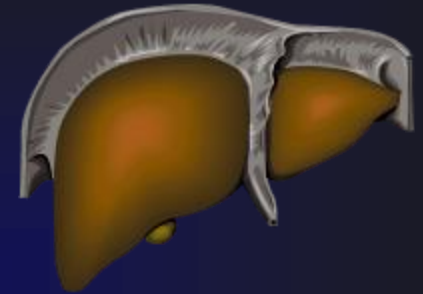
- Protein

loosing enteropahty

IMPAIRED ABSORPTION

- Malabsorption Syndrome
- Inflammatory Bowel Disease

Reduce Intake – Dietary
Malnutrition/Addict/Old Age



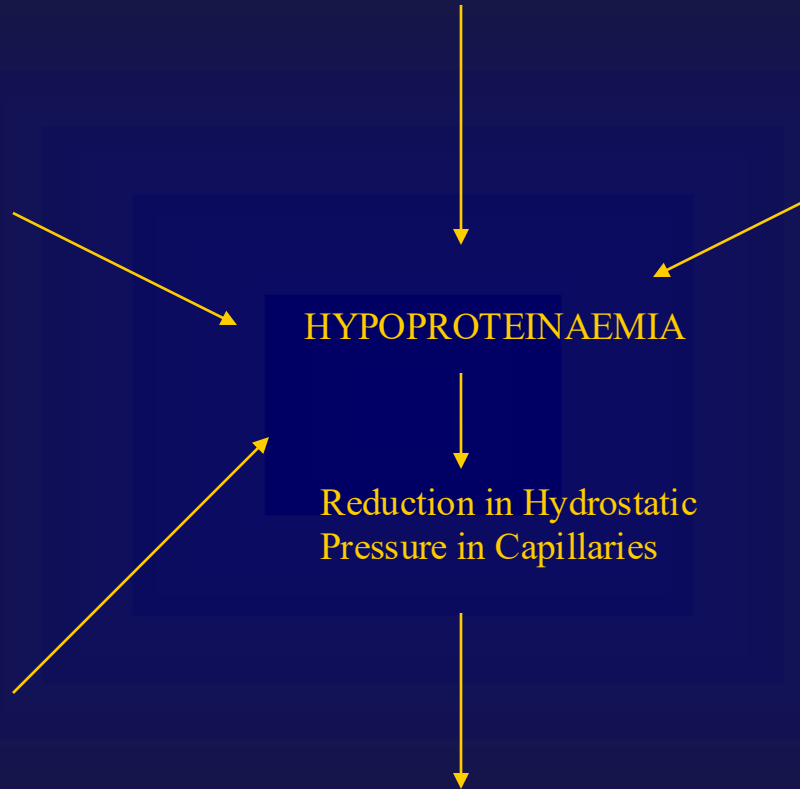
IMPAIRED PRODUCTION CHRONIC

- Liver Disease

HYPOPROTEINAEMIA

Reduction in Hydrostatic
Pressure in Capillaries

OEDEMA



Increase in
hydrostatic pressure



Vein

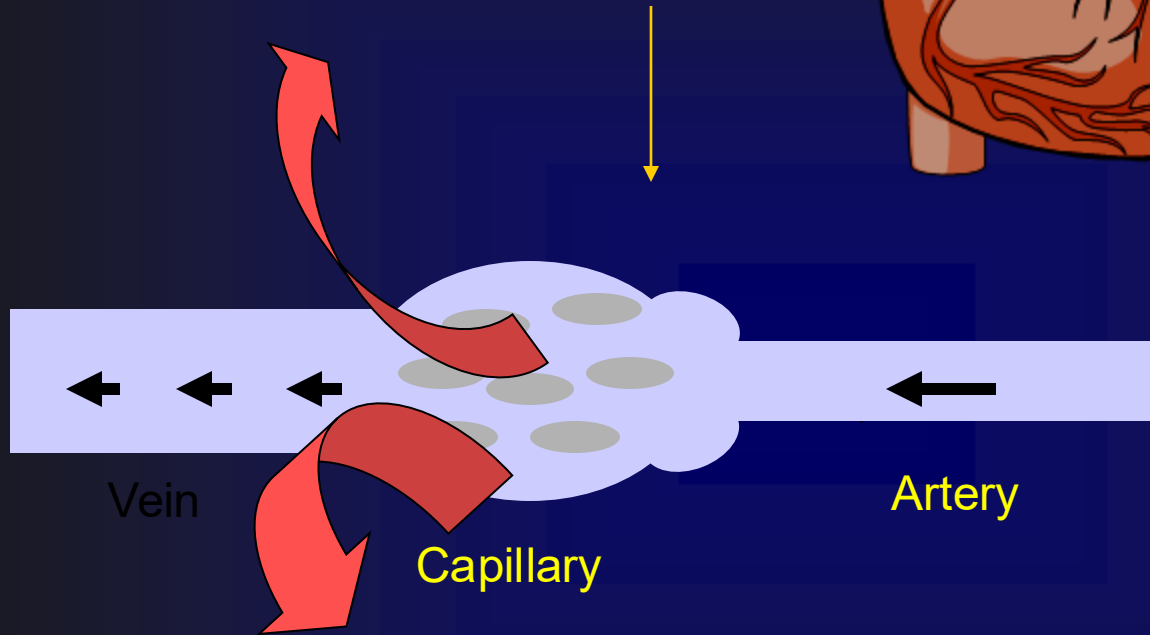
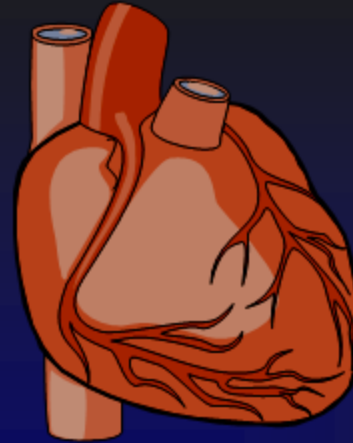
Capillary

Artery

Disturbance of normal physiological
function

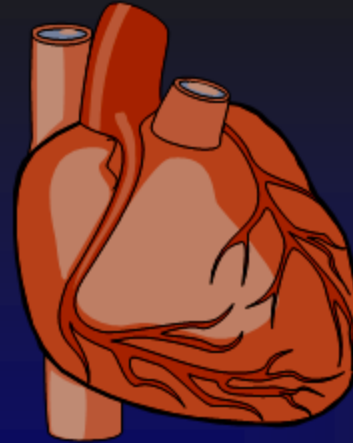
OEDEMA

Congestive heart failure
Constrictive pericarditis
Pericardial effusion

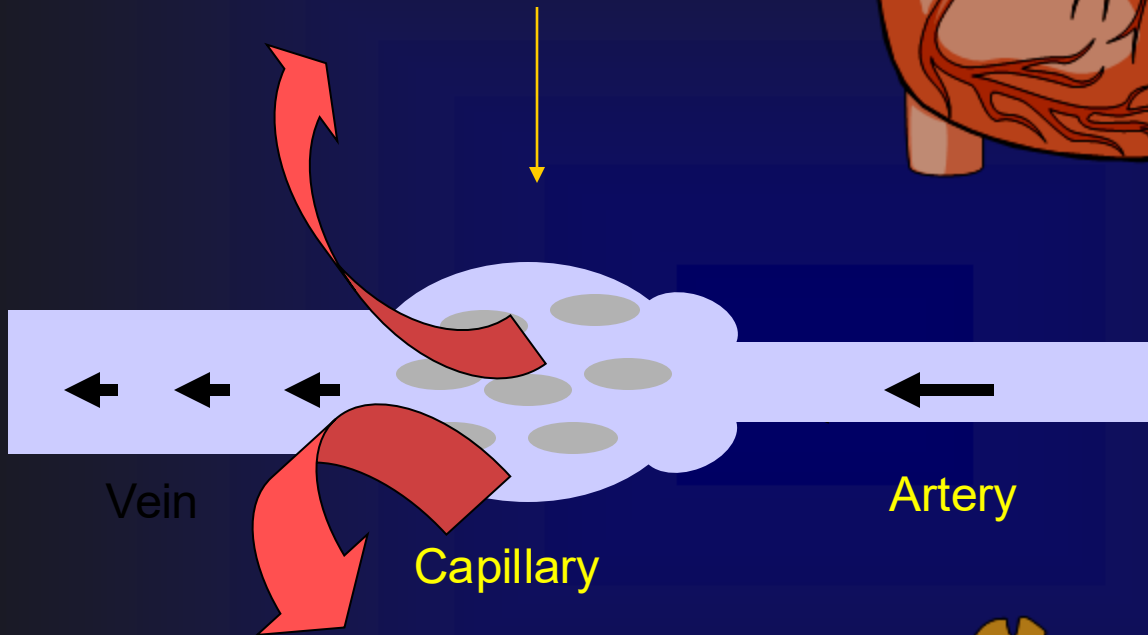


OEDEMA

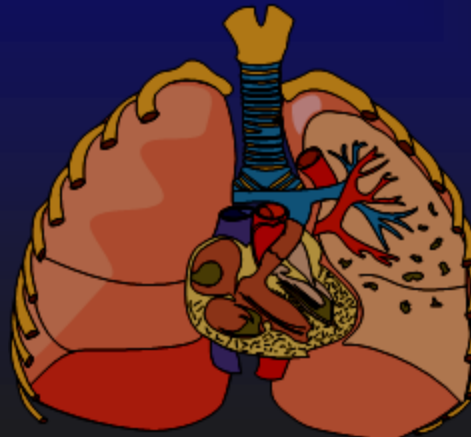
Congestive heart failure
Constrictive pericarditis
Pericardial effusion



OEDEMA



Increase intrathoracic pressure
Chronic lung disease
COAD
Fibrosing Alveolitis



THE 3 BASIC PRINCIPLES IN CLINICAL PRACTICE

1. OBSERVATION – FROM

What you see

What you hear

2. CRITICAL ANALYSIS

3. LOGICAL DEDUCTION

HISTORY TAKING

NAME

AGE

SEX

CHIEF COMPLAINT

HISTORY OF PRESENT ILLNESS

PAST HEALTH

PERSONAL HISTORY

FAMILY HISTORY

OBSTETRIC HISTORY

HISTORY TAKING

AGE - Arbitrary Division – 60 years
> 60 years
Degenerative Disease
Malignancy

PROCESS OF EXCLUSION/INCLUSION

SEX - There are some disease with sex preferences, eg
Lupus Erythematosis in female.

HISTORY TAKING

CHIEF COMPLAINT

Onset - short in days or week, usually acute disease.

Long in months or year – chronic disease.

Major SYMPTOMS resulting in seeking medical advice.

What are SYMPTOMS?

SYMPTOMS ARE CLINICAL MANIFESTATION OF DISTURBANCES OF
NORMAL HOMEOSTASIS OF BODY FLUID & PHYSIOLOGICAL
FUNCTION OF THE 'BODY.

HISTORY OF PRESENT ILLNESS

A natural history of disease process which may be modified by intervention.

HISTORY TAKING

PAST HEALTH

- Any invasive procedure
- History of diabetes and hypertension – two common diseases that patient often forget.
- Stroke with or without residual disability.

PERSONAL HISTORY

- Smoking
- Alcohol
- Sexual history – venereal exposure

FAMILY HISTORY

- Hereditary disorder

OBSTETRIC HISTORY (FEMALE)

- Pregnancy or the complication – pre-eclamptic toxæmia or eclampsia.

PHYSICAL EXAMINATION

**SIGNS ARE DERANGEMENT OF NORMAL
ANATOMICAL STRUCTURE OF THE BODY.**

PHYSICAL EXAMINATION

GENERAL

Finger Clubbing



PHYSICAL EXAMINATION

GENERAL

Acute Gout



PHYSICAL EXAMINATION

GENERAL

Tophaceous Gout



PHYSICAL EXAMINATION

GENERAL

Primary OA



PHYSICAL EXAMINATION

GENERAL

RA Hands



PHYSICAL EXAMINATION

GENERAL

Ankylosing Spondylitis



PHYSICAL EXAMINATION

GENERAL

Edema



PHYSICAL EXAMINATION

GENERAL

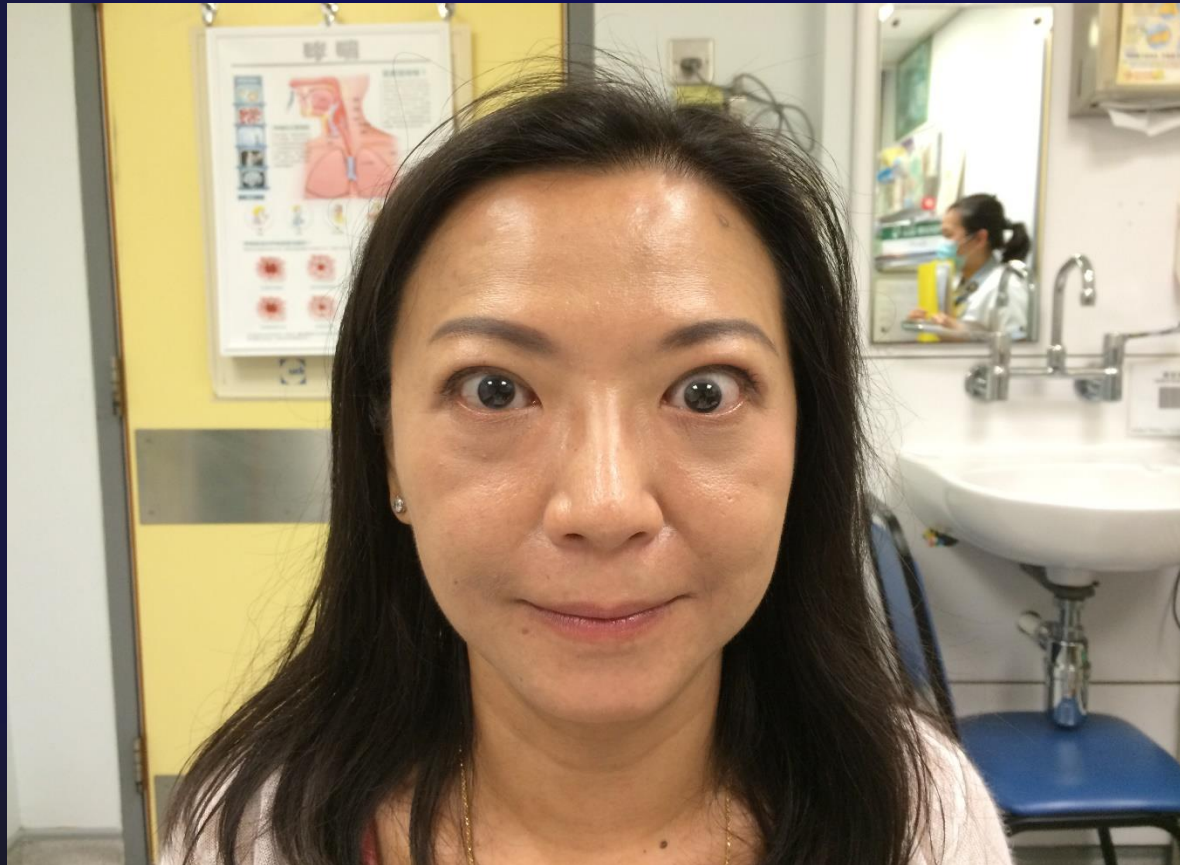
Malar LE



PHYSICAL EXAMINATION

GENERAL

Exophthalmos



PHYSICAL EXAMINATION

GENERAL

Spider naevi



Physical Examination

Neurofibromatosis Von Recklinghausen



Erythema Induratum



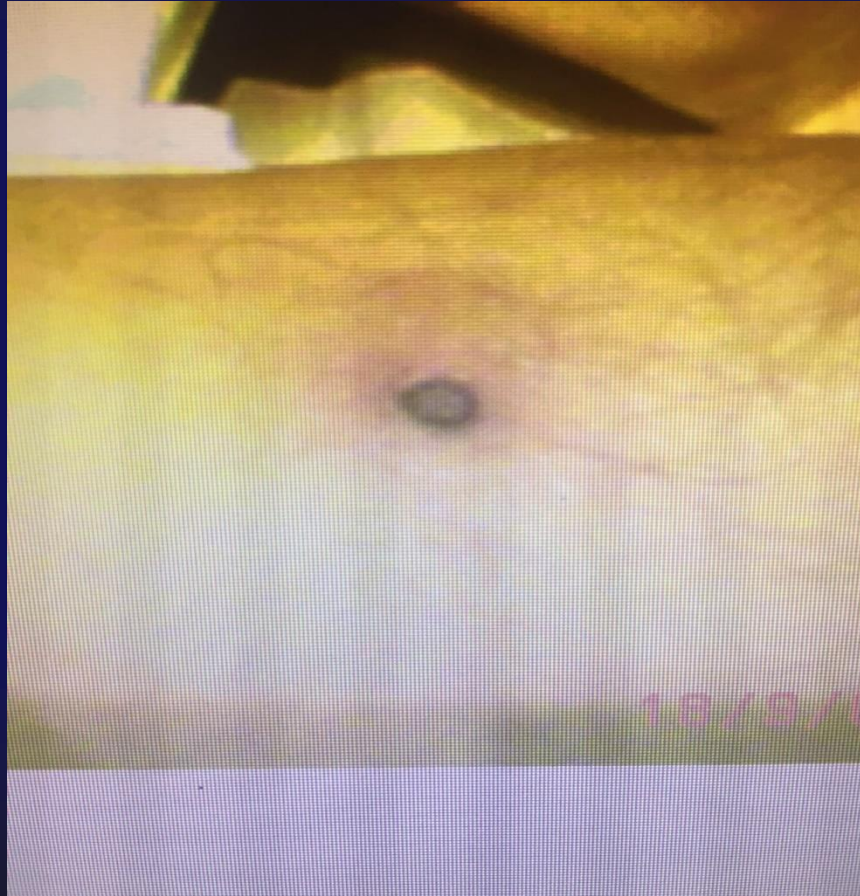
Pemphigus



Henoch Schonlein Purpura



Eschar



PHYSICAL EXAMINATION

CARDIOVASCULAR

RESPIRATORY

ABDOMINAL

CENTRAL NERVOUS SYSTEM

MUSCULO-SKELETAL

URINALYSIS

PHYSICAL EXAMINATION

INSPECTION

PALPATION

PERCUSSION

AUSCULTATION

EXCEPT C.N.S.

INVESTIGATIONS

BLOOD AND BODY FLUID

To detect changes in body fluid composition as a result of disease

Confirmation of Diagnosis

Severity of the disease process.

FUNCTION TESTS

Renal, Hepatic, Respiratory, Gastrointestinal, Endocrine and

Metabolic functions

To assess the degree of impairment of function by diseases

IMAGING

Radiological – conventional and interventional.

Ultrasonography – structure of internal organs - echocardiography, doppler study of blood flow.

Computerized Tomography – static and dynamic.

Magnetic Resonance Imaging – static and functional

Nuclear Scan – Isotope: Cardiac and Renal

Positron Emission Tomography (PET) Malignancy and Infection

4 PRINCIPLES IN CLINICAL BEDSIDE DIANOSIS

1. COMMENCE WITH A PROCESS OF EXCLUSION/INCLUSION.
2. SYMPTOMS ARE CLINICAL MANIFESTATIONS OF DISTURBANCES OF INTERNAL ENVIRONMENT (HOMESTASIS) OF THE BODY AND NORMAL PHYSIOLOGICAL FUNCTIONS.
3. SIGNS ARE DEGRANGEMENT OF NORMAL ANATOMICAL STRUCTURE OF THE BODY.
4. COMMON DISEASES ALWAYS COME COMMONLY.

Thank You

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