

# DPR: History and Physical Exam of the Gastrointestinal System Part II

**Sonia Rivera-Martinez, DO, FACOFP**  
**Associate Professor, Dept. of Family Medicine**  
[srmartin@nyit.edu](mailto:srmartin@nyit.edu)



Do.  
Make.  
Heal.

Innovate.  
Reinvent the Future.

## History of Present Illness



# HPI – Acute Abdominal Pain

- Onset
  - Sudden “like a light switching on” – perforated ulcer, renal stone, ruptured ectopic pregnancy, torsion of ovary or testis, ruptured aneurysms
  - Less sudden – most other causes
  - Previous episode - ulcer disease, diverticulitis, gallstone colic, Mittelschmerz
- Palliation/Provocation
  - Relieved by antacids – peptic ulcer disease
  - Relieved by lying very still – peritonitis



# HPI – Acute Abdominal Pain

NEW YORK INSTITUTE  
OF TECHNOLOGY

College of Osteopathic  
Medicine

- Timing:
  - Gradual – Diverticulitis, cholecystitis
  - Paroxysmal – Intestinal obstruction, renal or biliary colic
  - Persistent / Stable - Pancreatitis



# HPI – Acute Abdominal Pain

NEW YORK INSTITUTE  
OF TECHNOLOGY

College of Osteopathic  
Medicine

- Associated symptoms
  - Vomiting precedes pain and is followed by diarrhea - gastroenteritis
  - Delayed vomiting, absent bowel movement and flatus – acute intestinal obstruction; the delay increases with a lower site of obstruction
  - Severe vomiting precedes intense epigastric, left chest or shoulder pain – emetic perforation of the intra-abdominal esophagus



## Anatomic Considerations



# Location of Abdominal Pain

**NEW YORK INSTITUTE  
OF TECHNOLOGY**

College of Osteopathic  
Medicine

Location of Pain	Possible causes
Diffuse	Acute pancreatitis, diabetic ketoacidosis, early appendicitis, gastroenteritis, intestinal obstruction, mesenteric ischemia, peritonitis (any cause), sickle cell crisis, typhoid fever
Right or Left upper quadrant	Acute pancreatitis, herpes zoster, lower lobe pneumonia, myocardial ischemia, radiculitis
Right or Left lower quadrant	Abdominal abscess, psoas abscess, cystitis, endometriosis, abdominal wall hematoma, incarcerated or strangulated hernia, inflammatory bowel disease, Mittelschmerz, pelvic inflammatory disease, renal stone, ruptured abdominal aortic aneurysm, ruptured ectopic pregnancy, torsion of ovarian cyst, torsion of testes

# Abdominal Exam Special Tests

**NEW YORK INSTITUTE  
OF TECHNOLOGY**

College of Osteopathic  
Medicine

## Examination Techniques





# Order of Abdominal Exam

**NEW YORK INSTITUTE  
OF TECHNOLOGY**

College of Osteopathic  
Medicine

1<sup>st</sup> - Inspect



```
graph TD; A[1st - Inspect] --> B[2nd - Auscultate]; B --> C[3rd - Percuss]; C --> D[4th - Palpate]; D --> E[5th - Special Tests];
```

2<sup>nd</sup> - Auscultate

3<sup>rd</sup> - Percuss

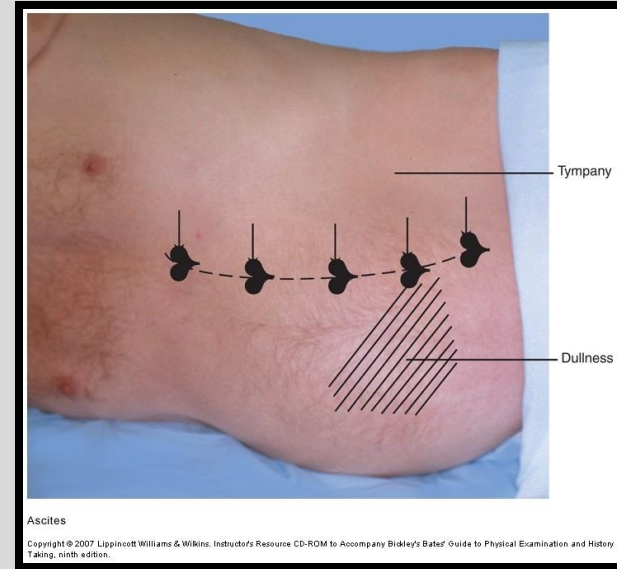
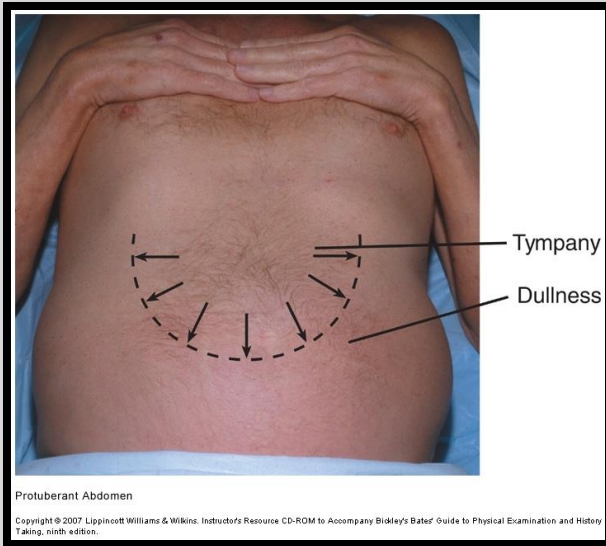
4<sup>th</sup> - Palpate

5<sup>th</sup> - Special Tests

# Percussion for Ascites: Shifting dullness

NEW YORK INSTITUTE  
OF TECHNOLOGY

College of Osteopathic  
Medicine



# To Complete the Physical Exam

**NEW YORK INSTITUTE  
OF TECHNOLOGY**

College of Osteopathic  
Medicine

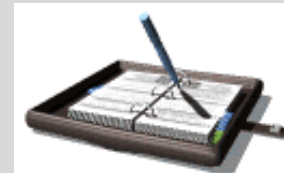


- Rectal examination
  - Pain or intrarectal masses may be evaluated
  - Blood in stool
- Vaginal examination
- Testicular examination
- Evaluate for hernias

# Special Tests

## Key points to remember...

- Observe from the patient from the right side of the patient
- Explain to the patient what you are doing
- Observe the patient for signs of pain, don't rely solely on verbal cues
- Special tests are used to confirm a diagnosis you are considering from your history and abdominal exam



# Evaluation of Constipation



# Physical

## NEW YORK INSTITUTE OF TECHNOLOGY

College of Osteopathic  
Medicine

- Include abdominal and rectal examination
- Check for signs of anemia, weight loss, abdominal masses, liver enlargement or palpable colon
- Inspect perineum for hemorrhoid, skin tags, fissures, rectal prolapse or warts
- Ask patient to strain and check for leakage of stool and descent of the perineum
- Test for anal wink reflex and pelvic floor dysfunction
- Digital rectal exam – determine sphincter tone, assess rectal walls
- Evaluate for presence of rectocele

Source: American Gastroenterological Association Medical Position Statement on Constipation. Gastroenterology 2020; DOI:<https://doi.org/10.1053/gast.2000.20390>



# Clinical Features and Clinical Correlation

NEW YORK INSTITUTE  
OF TECHNOLOGY

College of Osteopathic  
Medicine

- Colon cancer - New onset constipation in older patient, hematochezia, iron deficiency anemia, positive fecal occult test, weight loss of more than 10 pounds
  - Irritable bowel syndrome – abdominal bloating and cramping
  - Pelvic floor dysfunction – prolonged straining, digital evacuation, lack of pelvic lift during a digital rectal exam (DRE)
  - Sacral nerve pathology – lack of anal wink
  - Fecal impaction – leakage of stool on DRE
  - Anal fissure – pain on DRE
- Source: K.Sadler, F. Arnold, Spencer D. Chronic Constipation in Adults. American Family Physician, 2022;106(3):299-306

