

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

**Sonia Rivera-Martinez, DO, FACP
Associate Professor, Dept. of Family Medicine
srmartin@nyit.edu**



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History of Present Illness



HPI – Acute Abdominal Pain

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- 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



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



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- 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

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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

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Examination Techniques



Order of Abdominal Exam

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1st - Inspect

2nd - Auscultate

3rd - Percuss

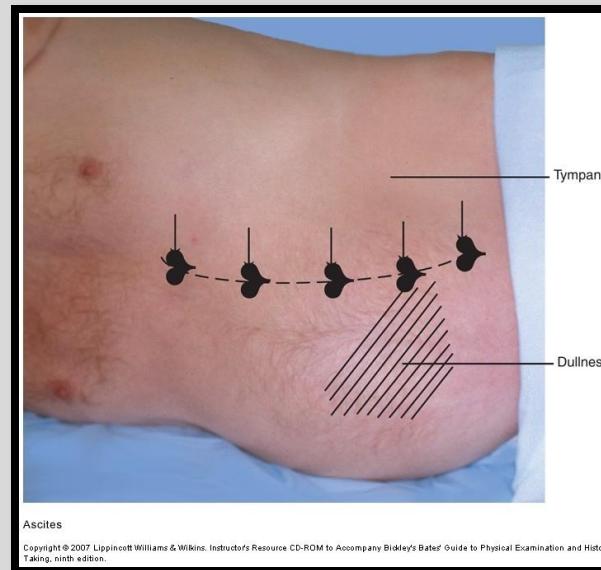
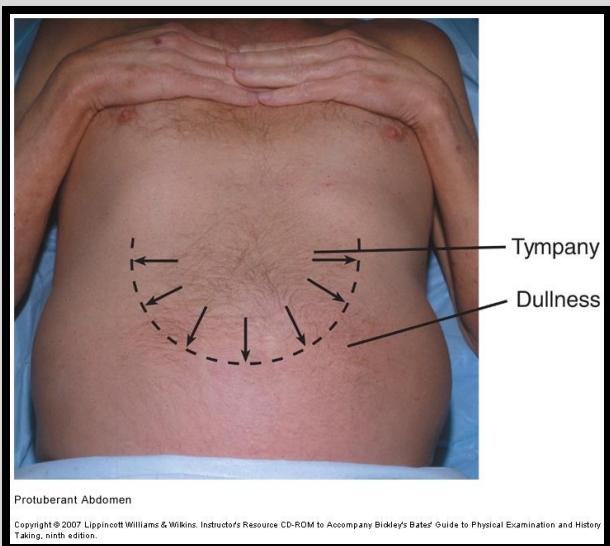
4th - Palpate

5th - Special Tests

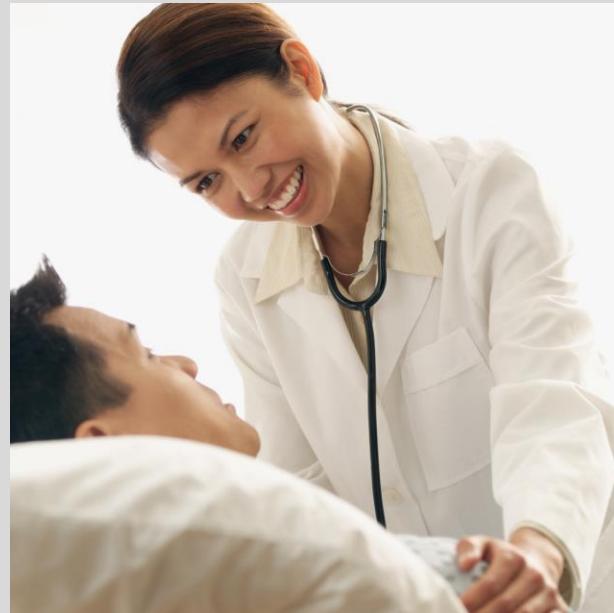
Percussion for Ascites: Shifting dullness

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To Complete the Physical Exam



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- 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

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Evaluation of Constipation

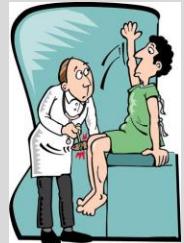


Physical

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- 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

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- 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

