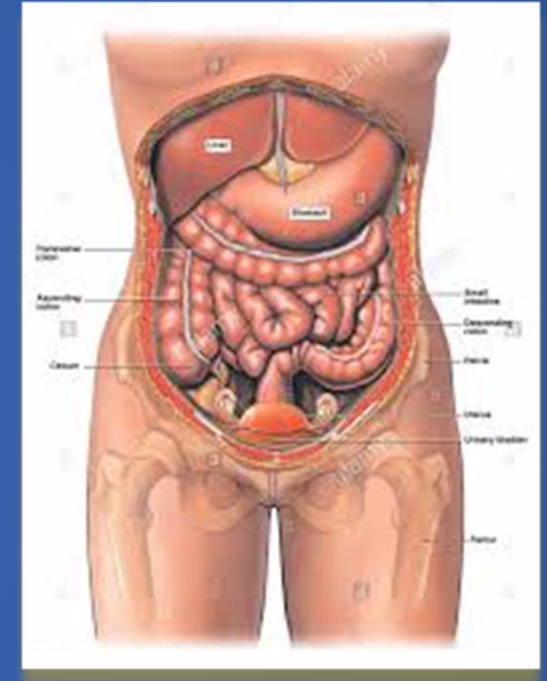


History and examination of abdomen, & pelvis

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History taking

- ALL PATIENTS PRESENT WITH A PROBLEM !
- How to solve it?
 - HISTORY
 - CLINICAL EXAMINATION
 - CLINICAL DIAGNOSIS
 - INVESTIGATIONS
 - FINAL DIAGNOSIS
 - TREATMENT

History taking

- Record date of history taking and examination
- Introduce yourself
- Explain & seek permission
- Full attention
- Treat with respect
- Let patient talk
- Guide, not dictate
- No leading question
- No short-cuts
- Try not to write and talk at the same time

History taking

- PERSONAL DETAILS
- PRESENTING COMPLAINT
- HISTORY OF PRESENT ILLNESS
- SYSTEMIC INQUIRY
- PAST MEDICAL/SURGICAL HISTORY
- HISTORY OF MEDICATIONS
- FAMILY HISTORY
- SOCIAL HISTORY
- OTHER HISTORY (Gyn.)

History taking

- PERSONAL
 - NAME
 - AGE
 - SEX
 - NATIONALITY
 - MARITAL STATUS
 - OCCUPATION

History taking

- PRESENTING COMPLAINT
 - What are you complaining of?
 - (record in patient's own words)
 - When more than one complain:
 - Record in order of:
 - Severity
 - Chronicity

History taking

- HISTORY OF PRESENT ILLNESS
 - Full analysis of the complain or complaints
 - Get right back to the beginning of the trouble
 - Analysis of the possible related systems

History taking

- COMMON COMPLAINTS

- Abdominal pain
- Abdominal mass/ swelling
- Abdominal distension
- Changes in bowel habit
- Vomiting
- Discharge (abdomen, perineum)
- Bleeding
- Weight loss

History taking

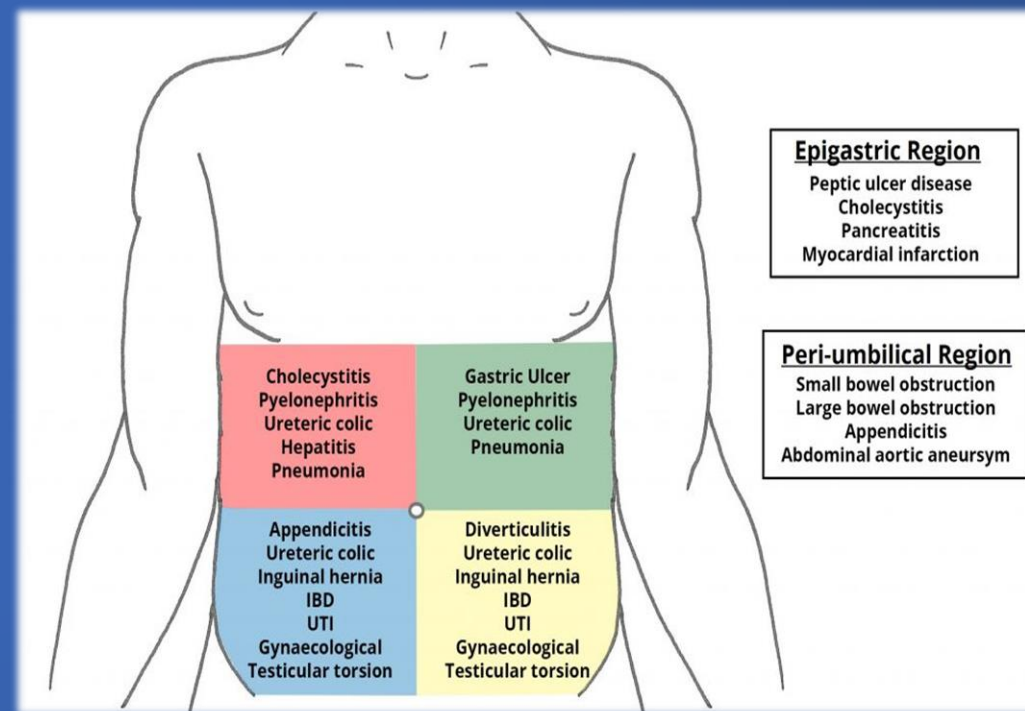
- Analysis of pain

- 1. Site: where is the pain?

- Patients point with- finger vs hand

- 2. Locations (Great degree of overlap)

- Right hypochondrium.- Hepatobiliary, gallbladder
 - Left hypochondrium.- Spleen
 - Epigastrium.- Stomach and duodenum
 - Lumber- kidney
 - Umbilical- small bowel, caecum, retroperitoneal
 - Right iliac fossa- Appendix, caecum
 - Left iliac fossa- Sigmoid colon
 - Hypogastrium- Colon, urinary bladder, adenexae



History taking

- Analysis of pain

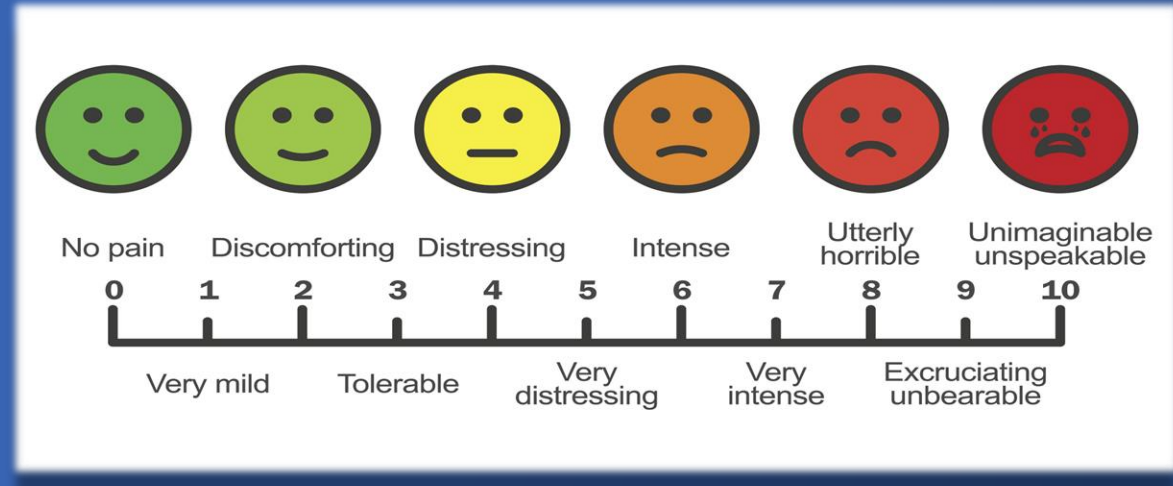
3. Onset :

- Slow: inflammation
- Sudden: perforation, ischemia

4. Duration: acute or chronic

5. Severity: Numeric Pain Rating Scale (1-10)

- 4-6 – moderate pain
- Mild beginning- inflammation
- Severe- perforation, ischemia



History taking

- Analysis of pain

6. Nature:

- Dull (inflammation),
- Sharp (rupture viscus),
- Colic (intermittent)
- Throbbing (abscess)

7. Progression:

- Steady increase (inflammation),
- Fluctuating (colic)

History taking

- Analysis of pain

8. Aggravating factors:

- Fatty foods increases pain in gallstone disease
- Eating
- Fasting

9. Relieving factors:

- Sitting & leaning forward eases pain- acute pancreatitis.
- Eating relieves pain- duodenal ulcer

History taking

- Analysis of pain

- 10. Radiation or referred pain:**

- Shoulder- cholecystitis,
 - Groin- ureteric colic
 - Shifting or migration:
 - periumbilical to RIF in acute appendicitis

- 11. Cause:**

- Trauma,
 - Food from outside- gastroenteritis
 - Medication (NSAID)- perforation, bleeding

History taking

- Swelling or mass
 - **When noticed?**
 - Acute (hematoma, abscess)
 - chronic- neoplasm, organomegaly
 - **How noticed?**
 - Incidentally noticed swelling may be present for longer duration
 - **Painful or painless?**
 - Inflammatory, neoplasm

History taking

- Swelling or mass
 - Change in size
 - since first noticed? Increase- neoplasms,
 - **disappear or reduce in size**-?hernias/ improved inflammation
 - **Aggravating/relieving** factors:
 - Hernias increase in size with activity/cough
 - **Any cause?**
 - Trauma- hematoma, cough- hernia

History taking

- Vomiting

- Non- bilious: Early stage, late- pyloric obstruction
- Bilious: bowel obstruction
- Faeculent: late stage of bowel obstruction
- Blood: Duodenal ulcer, oesophageal varices, tumor
- Vomiting relieves pain- gastric ulcer
- Vomiting food taken few days ago: pyloric stenosis

History taking

- **Bowel habit**

- Constipation:
 - habitual, recent (neoplasm)
- Absolute constipation (obstipation):
 - Intestinal obstruction
- Diarrhoea:
 - Duration (acute, chronic)
 - Number of stool
 - Any blood or mucous (IBD)
- Color of stool:
 - Bright red (anal, rectum), maroon (colon) black- melena (upper GI)

History taking

- **History of discharge**

- **Site:** anal, perineum, wound
- **Duration**
- **Nature:**
 - purulent (anal fistula), bloody (hemorrhoid), fecal from wound (int. fistula)
- **Relationship to defecation/stool**
 - mixed with stool- IBD, independent of stool- hemorrhoids
- **Any pain?**
 - Hemorrhoids
 - Anal fistula

History taking

- SYSTEMIC INQUIRY

- Begin with the involved or affected (chief complain) system
- Example: If the chief complaint is related to gastrointestinal system(GI)-continue with the GIT inquiry.

History taking

- **Respiratory system:**

- Cough, sputum, hemoptysis, wheeze, dyspnea, chest pain

- **Cardiovascular system:**

- Angina (cardiac pain), dyspnea (rest/ exercise),
- Palpitations, ankle swelling, claudication

History taking

- Obstetric & Gynecology

- LMP
- Vaginal discharge
- Vaginal bleeding
- Pregnancies

- Nervous system

- Headache
- Fits
- Depression
- Facial/limb weakness

History taking

- METABOLIC/ENDOCRINE

- Muscular pain
- Bone & Joint pain
- Swelling of joints
- Limitation of movements
- Weakness

History taking

- METABOLIC/ENDOCRINE
 - Bruising/ bleeding (nutrients deficiencies)
 - Sweating (thyrotoxicosis)
 - Thirst (diabetes)
 - Pruritus (skin infection, jaundice, uremia, Hodgkin's)
 - Alcohol
 - Weight loss- ?dieting, amount and duration

History taking

- PAST HISTORY

- Rheumatic Fever
- Tuberculosis/ asthma
- Diabetes
- Jaundice
- Blood transfusion
- Mental illness
- Operations/ accident

History taking

- FAMILY HISTORY

- Diabetes
- Hypertension
- Heart disease
- Malignancy
- Cause of death

*Father/Mother/Siblings/Spouse/Children/Grand parents / Close relatives

History taking

- HISTORY OF MEDICATIONS

- Insulin
- Steroids
- NSAID
- Contraceptive pills
- Antibiotics
- Others

History taking

- SOCIAL HISTORY
 - Marital status
 - Occupation
 - Travel abroad
 - Accommodation
 - Habits (smoking, alcohol)
 - Dependent relatives

History taking

- Psychiatric/ emotional background
- Allergies
 - Food
 - Drugs
- Immunizations
 - Tetanus
 - Diphtheria
 - Tuberculosis
 - Hepatitis
 - Others

Abdominal exam

Before starting clinical examination:

- Analyze patient's history.
- Probable diagnostic possibilities
- Think of the **common** diseases
- Determine physical findings consistent with these entities.
- Permission
- Privacy
- Presence of a nurse
- Precautions

Abdominal exam

Observe your patient while history taking for:

- General health- emaciated (? Malignancy)
- Intelligence
- Attitude
- Mental state (dehydration, encephalopathy)
- Posture:
 - **Peritonitis**- flexed & still
 - Intestinal, biliary or renal **colic**- rolling around in agony
- Mobility

Abdominal exam

- 4 parts
 1. Inspection
 2. Palpation
 3. Percussion
 4. Auscultation
- Practice a standard routine every time
- Hand- head to toe
- Head to toe

Abdominal exam

- **Weight**- loss (malignancy), gain (DU)
- **Pulse** (Tachycardia- infection, fluid/ blood loss)
- **Blood pressure** (low- fluid loss, bleeding)
- **Temperature** (Fever- infection)
- **Respiration rate**- raised in infections

Abdominal exam

- Pulse- rate, rhythm, volume, nature
- Nails- koilonychia, clubbing, leukonychia
- Skin- dehydration, moist palm, anemia
- Anemia- conjunctiva, nail bed
- Jaundice- sclera, under surface of tongue
- Oral cavity- mucous membrane for hydration , tongue for coating
- Scalp
- Ear/ nose



Nail Clubbing

Causes: Lung disease (Lung cancer, Complicated tuberculosis, lung abscess, empyema, bronchiectasis, cystic fibrosis), Heart disease (chronic hypoxia, Congenital cyanotic heart disease, Atrial myxoma (benign tumor), Crohn's disease, ulcerative colitis, Cirrhosis, Graves' disease



Thickening and Discolouration (yellow, green, white or black)

Causes: Fungal Infection



Leukonychia (white spots)

Causes: not a sign of deficiency of calcium or vitamins in the diet but rather less commonly a medical sign of hypoalbuminaemia of chronic liver disease



Spoon Nails or Koilonychia

Causes: Iron-deficiency anemia



Pitting of Nails

Causes: Psoriasis



Beau's lines

Causes: infection, injury, trauma, coronary occlusion, hypocalcaemia, skin disease, systemic disease, chemotherapy or malnutrition.

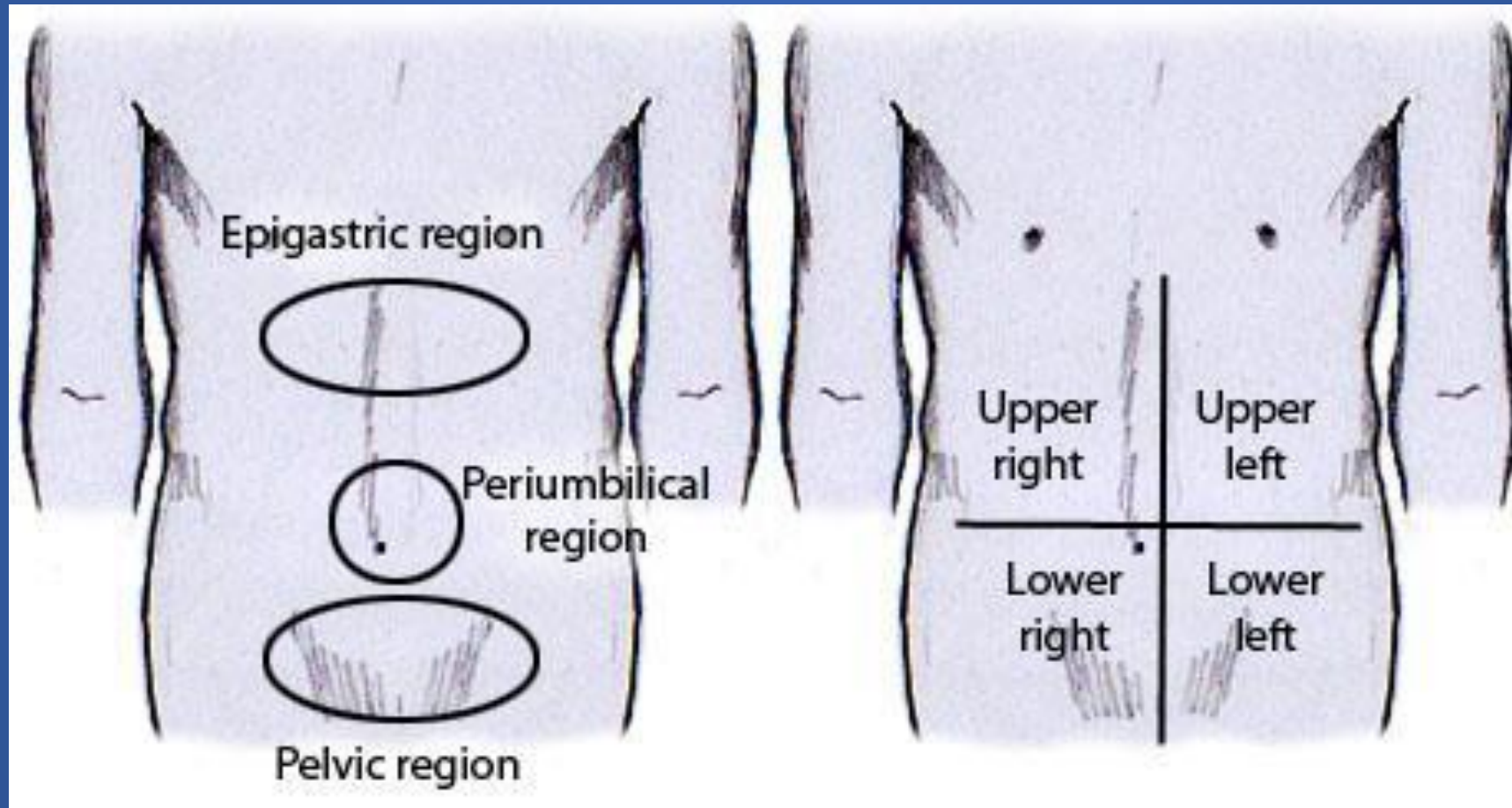
Abdominal exam

- Neck- vein, goiter, lymph nodes, other swellings
- Chest- asymmetry, expansion, breath sound, added sound
- Cardiac- rhythm, heart sound, murmur
- Limbs- asymmetry, swelling, movement, pulses, power
- Abdomen (local examination)

Abdominal exam

- Abdomen:
 - Exposure: nipples to knees (ideal)
 - Cover genitalia
 - Patient lying flat on a pillow
 - Arms by the side (not under the head!)
 - Sit or kneel beside the patient
 - Adequate light

Inspection



Inspection

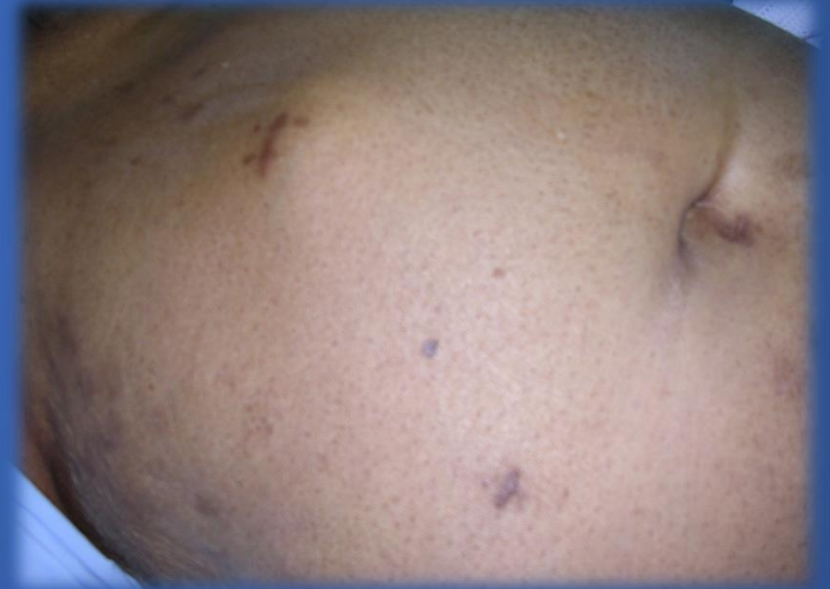
- Asymmetry- from the foot end of the bed - mass
- Movement with breathing (restricted in peritonitis)
- Swelling/ mass- location
- Distension- central (SIO) or peripheral (LBO, ascites)
- Scar, sinus, wounds
- Prominent veins- portal hypertension
- Umbilicus- shape, discharge, swelling
- Cough impulse- groin, umbilicus, scar

Grey- Turner sign



Cullen sign



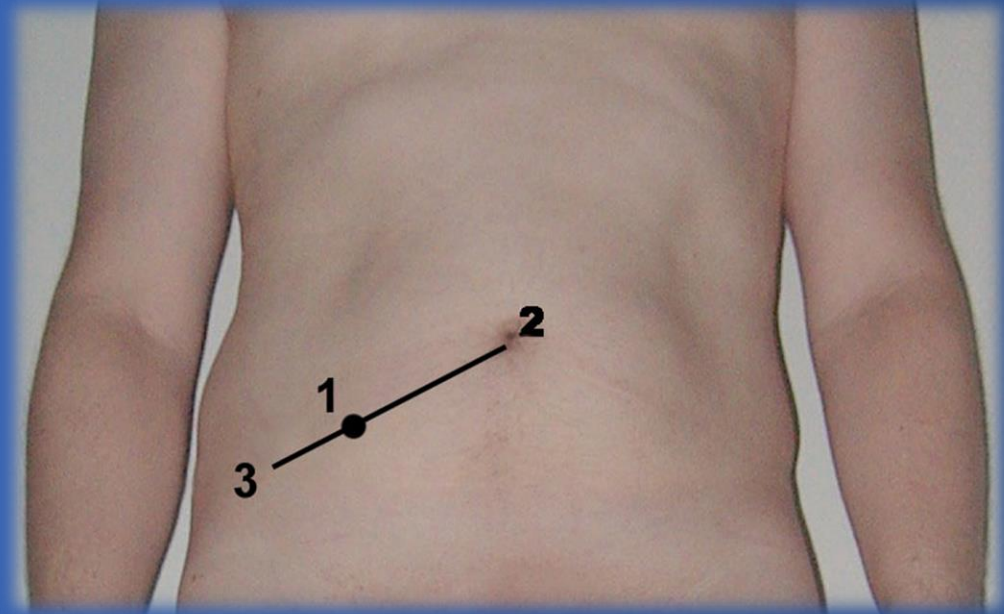


Inspection

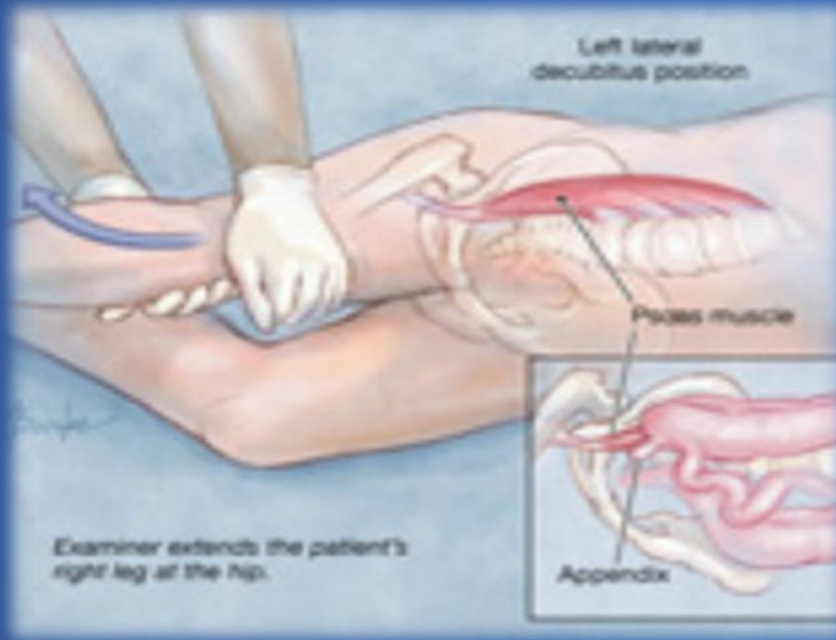


Palpation

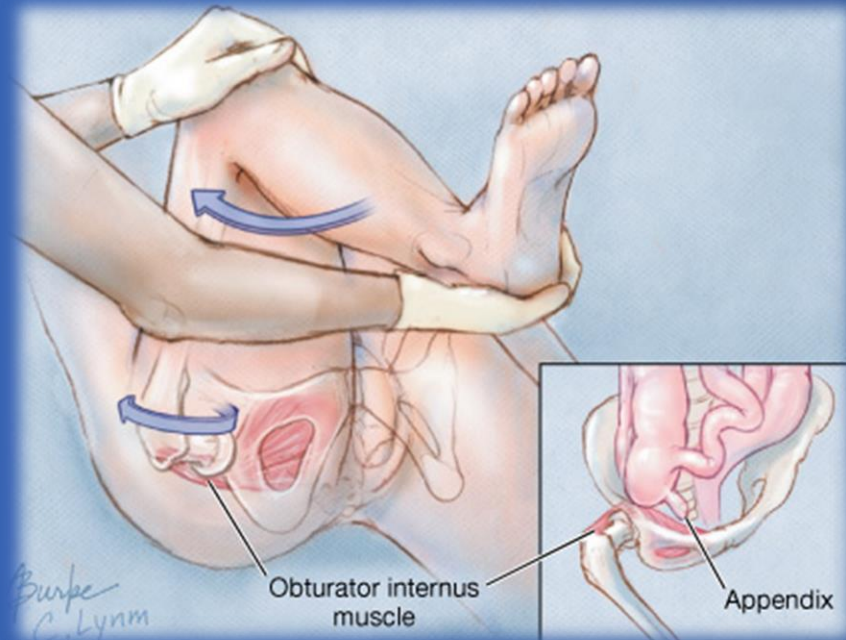
- Gentle/ superficial palpation:
 - Start away from the area of pain
- Deep palpation:
 - Deep tenderness-
 - Guarding: muscle contracted overlying the tender area (acute inflammation)
 - Mc Burney's point,
- Abdominal signs:
 - Rebound/ Rovsing's
 - Murphy's
 - Obturator
 - Psoas



Psoas sign



Obturator sign



Palpation

- Organomegaly: liver , spleen, kidneys
- Other masses- abdominal wall or intra-abdominal
- Define all features of a mass: site, size, surface, borders, tenderness, pulsation, mobility
- Cough impulse

Palpation

- Mass in RUQ:
 - Ca. hepatic flexure, enlarged gallbladder, enlarged right kidney, hepatomegaly
- Mass in epigastric region:
 - Liver, gastric carcinoma, abdominal aortic aneurysm
- Mass in LUQ:
 - Splenomegaly, carcinoma descending colon, swelling in tail of pancreas,
 - Enlarged left kidney
- Mass in periumbilical region:
 - PUH, ca. transverse colon, tumour deposit (Sister Mary Joseph's nodule)

Palpation

- Mass in LLQ:
 - Descending colon (Benign, malignant Carcinoma)
 - Sigmoid rectal
- Mass in the suprapubic region:
 - Distended urinary bladder, pregnancy, ovarian mass
- Mass in RLQ:
 - Appendiceal disease, ca. ascending colon, Crohn's disease of ileo-caecal area
- Mass in inguinal region:
 - Hernia, lymphadenopathy, aneurysm

Percussion

- Organs and masses
- Liver span
- Ascites:
 - Fluid thrill (large amount)
 - Shifting dullness

	Enlarged spleen	Enlarged kidney
Site	Left hypochondrium	LoIn
Extent	Cannot get above mass	Hand can get between mass and the costal margin
Mobility	Moves with respiration	Moves with respiration but not markedly
Shape	Rounded notched lower border	Smooth rounded lower pole
Percussion	Dullness to percussion extends across costal margin	Resonant to percussion anteriorly
Bimanually palpable and ballotable	Not unless very large – separate from the erector spinae	Yes, and fills the flank

Organ Palpation



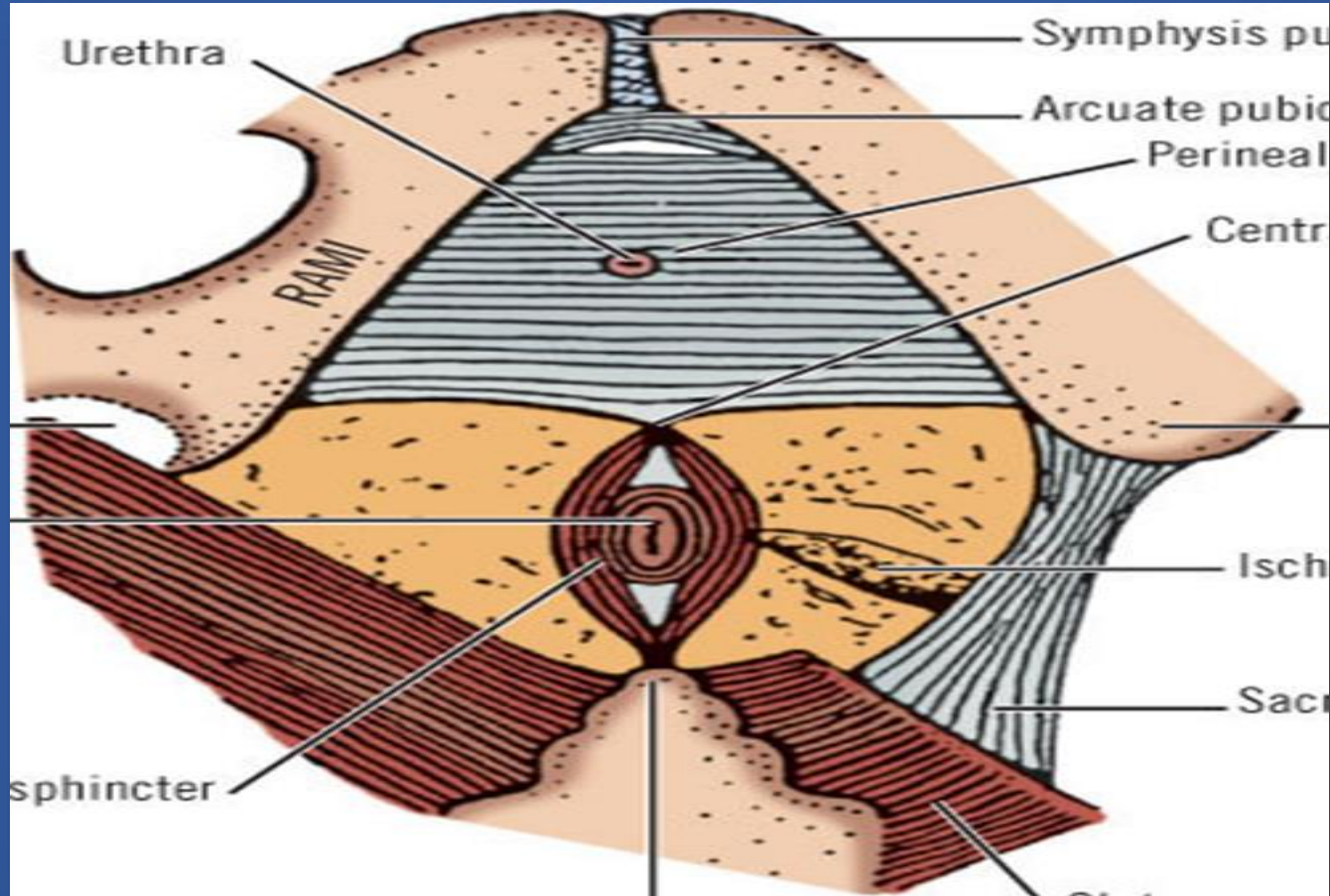
Organ Palpation

Kidneys





Perineum



Presenting history

- **Pain:**
 - perianal abscess, fissure in ano, anal fistula, thrombosed piles
- **Bloody discharge:**
 - Piles, fissure, fistulae, tumours (polyp, carcinoma anus/ rectum)
- **Purulent discharge:**
 - perianal abscess, fissure in ano, anal fistula
- **Mass or swelling:**
 - Abscess, piles, neoplasms

Clinical exam

Before starting clinical examination:

- Analyze patient's history.
- Probable diagnostic possibilities
- Think of the **common** diseases
- Determine physical findings consistent with these entities.
- Permission
- Privacy
- Presence of a nurse
- Precautions

Clinical exam

- **Position:**

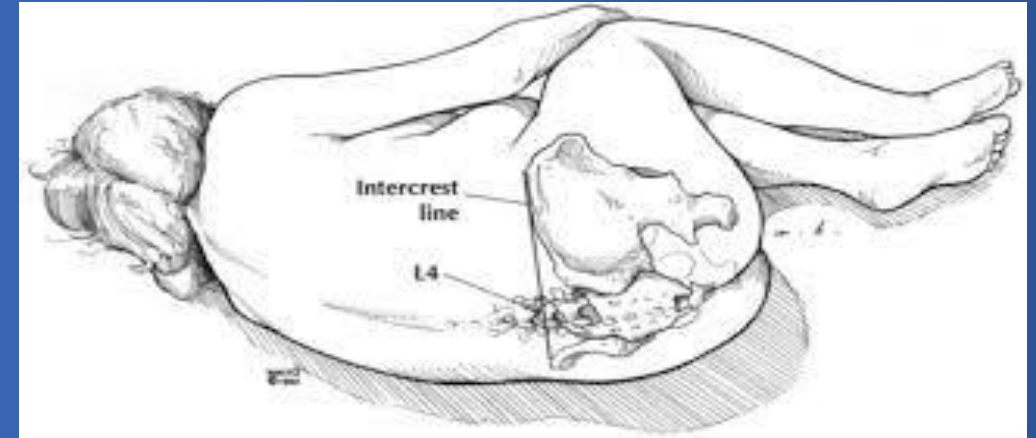
- **Left lateral decubitus**

- Hips flexed to 90° and knees flexed to less than 90° .

- Lift- uppermost buttock to expose the area

- **Jack-knife**

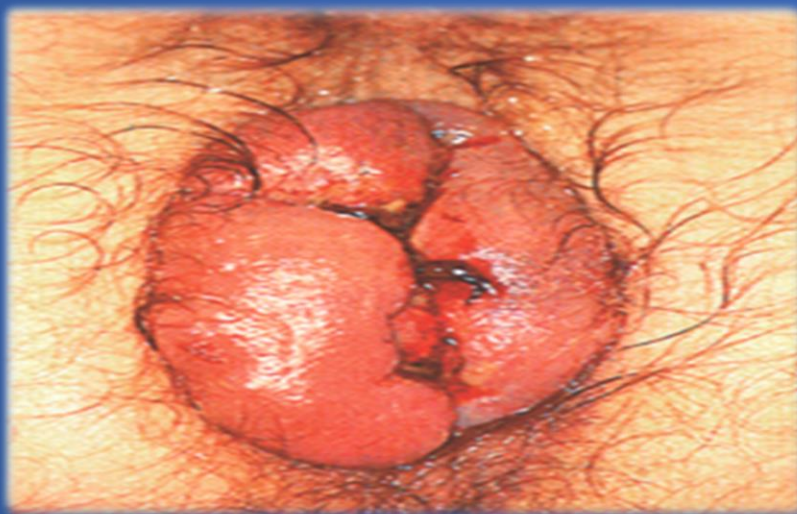
- **Lithotomy**



Clinical exam

- **Inspection:**

- Scar of previous surgery,
- **Sinus**- one opening blind track
- **Fistula**- track connecting two epithelial surfaces
- Fecal soiling, blood/mucous discharge
- Mass protruding from anus



Clinical exam

- **Inspection:**

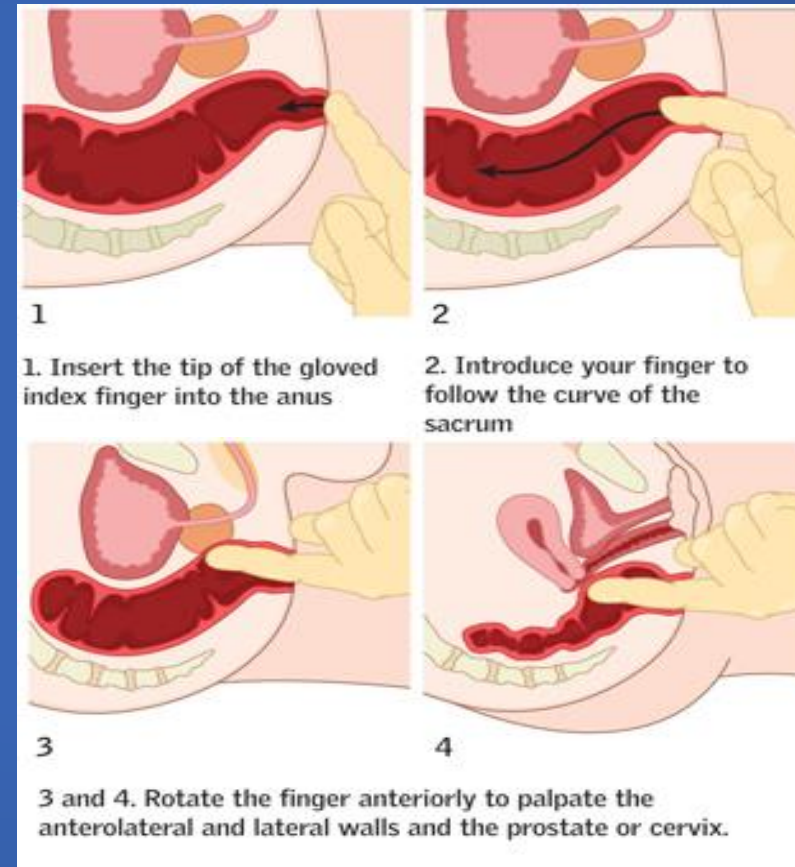
- Scar of previous surgery,
- **Sinus**- one opening blind track
- **Fistula**- track connecting two epithelial surfaces
- Fecal soiling, blood/mucous discharge
- Mass protruding from anus

- **Palpation:** tenderness, discharge, mass

Clinical exam

- **Rectal examination:**

- Indications
- Technique:
 - Inspection
 - Tone (Rest/Squeeze)
 - Tenderness, mass,
 - Prostate (Males)
 - Cervix (females)
 - Content (blood, stool)
- Anoscopy







Examination

- **Inspection:**

- scar of previous surgery,
- **Sinus**- one opening blind track
- **Fistula**- track connecting two epithelial surfaces
- Fecal soiling, blood/mucous discharge
- Mass protruding from anus

- **Palpation:** tenderness, discharge, mass

- **Rectal examination:** Tone, tenderness, mass, prostate, blood, stool

Thanks