

GASTROINTESTINAL EXAM

LOOK:

- Jaundice
- Cachexia
- Obesity
- Loose skin eg. weight lost

SKIN:

Pigmentation:

- Generalised eg. **hemochromatosis**
- Localised eg. **Addisons disease, Peutz-Jeghers (colon cancer)**
- Acanthosis Nigricans
- Hereditary haemorrhagic Telangiectasia (inside lip)
- Porphyria Cutanea tarda (dark urine = vesicular rash)
- Systemic Sclerosis (tethering of the skin; + reflux and dysmotility)

Mental State: looking for encephalopathy of decompensated cirrhosis

The HANDS

- Leuconychia = **hypoalbuminaemia**
- Blue Lunulae = **wilsons copper disease**
- Clubbing = **cirrhosis, coeliac disease, inflammatory bowel disease**

PALMS:

- Palmar erythema = **oosterogen excess**
- Anaemia of palmar creases = **malabsorption of haematinics**
- Duypuytren's contracture = **chronic alcoholism**
- Hepatic asterixis = **liver failure etc etc**

The ARMS

- Bruising = **vit K deficit, bone marrow suppression by alcoholism**
- Petechiae / ecchymoses = **splenomegaly? Thrombocytopenia? Clotting factor deficit?**
- Deltoid wasting?
- Scratch marks (pruritis) = **biliary canal obstruction**
- Track marks = **? hep C**
- **Spider naevi (blanching) = liver disease**
- **Campbell de Morgan spots (non-blanching) =non-pathology**

PALPATE NODES

FACE:

- Jaundice?
- Anaemia
- Kayser-Fleischer rings @ outer cornea = **wilsons disease**
- Xanthelasma = **hyperlipidaemia, cholestasis**
- Post-sigmoidoscopy periorbital purpura = **amyloidosis**

Parotids:

- **Ask patient to clench teeth; glands are between masseter and ear**
- Bilateral enlargement = **alcoholism, mumps, malnutrition, dehydration**
- Unilateral enlargement = **Tumour, duct blockage**
 - feel floor of mouth for salivary calculus
- **Painful lump = parotiditis**
- **Painless lump = carcinoma**

MOUTH

- Own teeth? REMOVE DENTURES
- Gum hypertrophy: **anaemia**
- Pigmentation eg. **Peutz- Jeghers**

STENCH?

- Sweet = **fetor hepaticus**
- Sickly sweet = **ketoacidosis**
- Putrid? = **anaerobe infection**
- Tobacco and alcohol?
- Fish breath? = **uraemia**

TONGUE

Thick coating is normal for **smokers**

“Lingua nigra” = **keratinosis, bismuth (not disease)**

“geographical tongue” = **Vit. B2 (riboflavin) deficiency**

Leukoplakia = **pre-malignant!!**

RULE OF S's:

- Sore teeth
- Smoking
- Sepsis
- Spirits
- Syphilis

Glossitis = smooth erythematous tongue

= **alcoholism, carcinoid syndrome, B12 deficiency**

MACROGLOSSIA = **tumour, acromegaly, amyloids, Down syndrome**

Mouth Ulcers

Aphthous ulceration : small shallow ulcer from small vesicle
= **non-pathological**

Big weird lesions? = **HIV**

Angular Stomatitis = **B6, B12, Folate, Iron deficiencies**

Candida = whitish plaques, bleed when removed

NECK and CHEST

- **PALPATE CERVICAL NODES**

- **Palpate SUPRACLAVICULAR NODES**

ESPECIALLY ON THE LEFT SIDE = GI CANCER

- **Spider Naevi?**

- **Gynaecomastia?**

(both may result from liver disease and alcoholic testiculopathy)

The ABDOMEN

Inspect

Scars? Stretchmarks? Distension? →

UMBILICUS: Innie or Outie?

Innie = fat; Outies = ascites

“Black Eye” umbilicus = **hemoperitoneum**

ANY VISIBLE HERNIA?

Prominent veins? Caput medusae?

Direction of venous flow: test below umbilicus

= **towards head = caput medusae;**

= **towards legs = IVC obstruction**

Fat
Food
Fluid
Foetus
Flatus
Faeces
Filthy Big Tumour

PALPATE

Ask where it hurts: leave painful areas until last

LIGHT PRESSURE FIRST

Palpating hand should only

move at the MCP joint

DEEP PRESSURE NEXT

GUARDING:

Contraction of abdo muscles to resist palpation

Involuntary = peritonitis

RIGIDITY:

Constant contraction

= peritonitis

REBOUND TENDERNESS:

Compress abdo slowly,

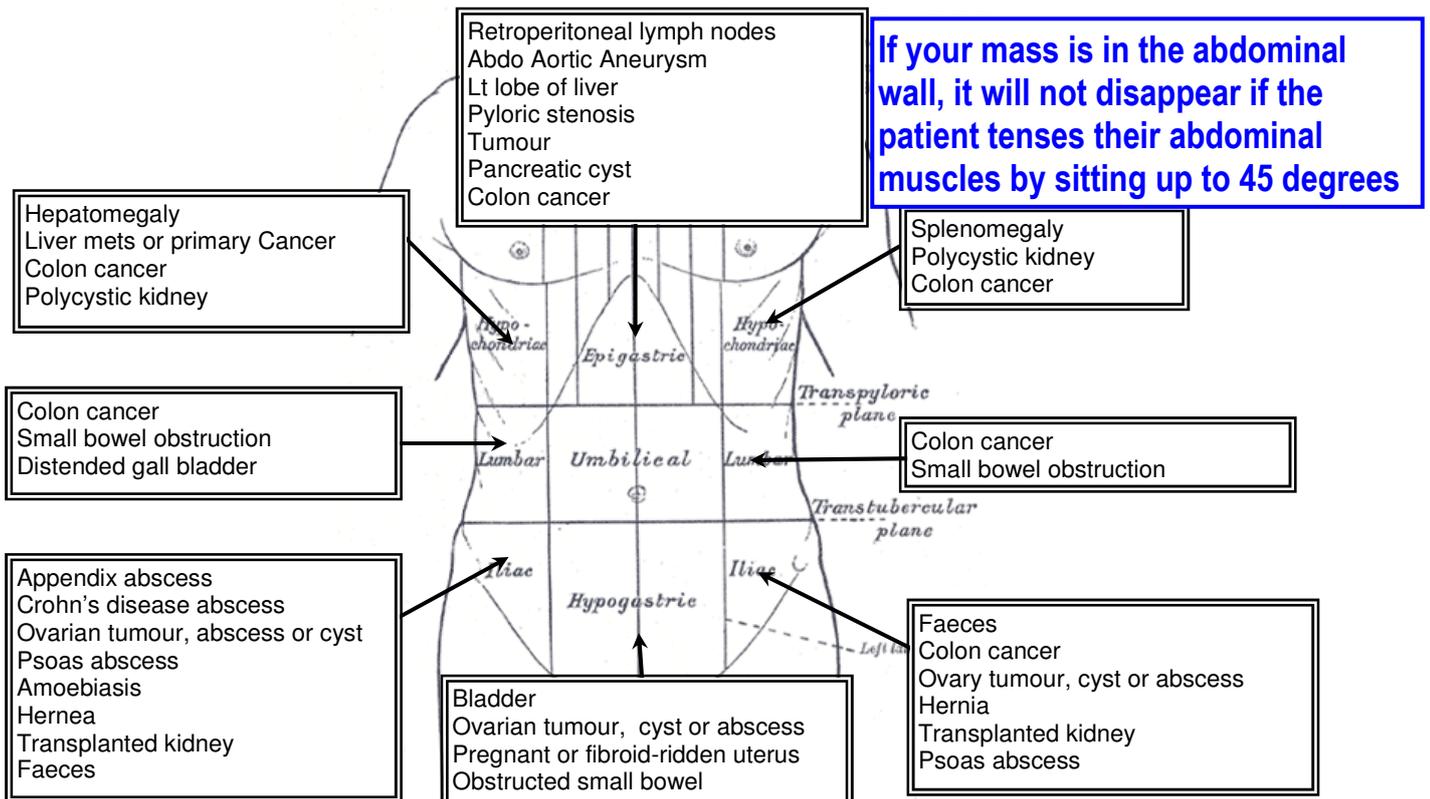
→ release suddenly:

stab of pain = peritonitis

GOT MASS??

1. Where is it?
2. Is it painful?
3. How big?
4. What shape is it?
5. What texture has it?
6. What is the edge like?
7. Is it hard or soft?
8. Does it move with respiration?
9. Is it mobile under pressure?
10. DOES IT PULSATE??
11. Can you get above or below it?

MAP OF MASSES:



The LIVER

Start in **inguinal fossa**; work your way up with patient breathing deeply
(MOVES ON RESPIRATION)

Find Liver Edge Percuss Liver Span in **midclavicular line**
(upper border = 6th rib) ; (Normal size = less than 13 cm)

The GALLBLADDER

Is @ the junction of the
Rt Costal Margin and Rt Rectus muscle
(MOVES ON RESPIRATION)

!! Murphy's sign: press on the gall bladder.
Ask patient to inhale deeply
Half-way, the patient will sharply catch
breath if the gall bladder is inflamed

The SPLEEN

MOVES WITH RESPIRATION

Palpate upwards → left costal margin from below umbilicus
CANT FIND IT?

Put hand on left lower ribs; Put other hand @ costal margin
Pull skin towards costal margin with one hand
while pressing under the ribs with the other.

STILL CANT FIND IT?

Roll patient towards you, repeat.

Is it kidney or spleen I'm groping?

1. Spleen has a notch.
2. Percussion of spleen is dull
(overlying bowel makes percussion of
kidneys sound hollow)

The KIDNEY

MOVES WITH RESPIRATION

Bimanual palpation from above and below;
try to push the kidney's inferior pole towards abdominal wall

The STOMACH + DUODENUM

Outlet obstruction = succussion splash when patients iliac crests are shaken
Otherwise, look to the epigastrium

The Pancreas

Midline, Above the umbilicus

The AORTA

Midline, above and below umbilicus.

Thinking Aneurysm?

Palpate the bulge: two fingers slightly apart:

do they move UP AND DOWN? (not aneurysm)

do the move APART? = expansile = ANEURYSM

The BLADDER

Smooth, oval, suprapubic mass (if full)

The TESTES and INGUINAL LYMPH NODES

PERCUSSION

Liver:

Midclav line → down until iliac crest if necessary

Spleen:

Percuss over lowest intercostal space
SHOULD NOT be dull on complete expiration

Kidneys:

Is that right or left subcostal mass a kidney?
A kidney will be hollow-sounding due to overlying bowel

Bladder:

Suprapubic dullness

ASCITES:

Shifting dullness:
Find resonant centre of abdomen
Percuss until edge (will become dull)
Roll patient
See if the area of dullness has moved (is the centre still resonant?)

AUSCULTATION

Bowel sounds:

Any = normal
None = paralytic ileus
Loud high-pitched sound = obstruction

Friction rubs:

Over liver or spleen; a ROUGH CREAKING OR GRATING NOISE
Means the organ capsule is inflamed

Venous hum

= is obliterated by putting more pressure on the stethoscope
= portal hypertension

Bruitts

Either side of midline above umbilicus = renal artery stenosis

HERNIAS

Get patient to stand up; full exposure

INSPECT:

scars?
Ask pt: TURN HEAD AND COUGH
WHERE IS IT IN RELATION TO THE PUBIC TUBERCLE?
Pubic tubercle is where the adductor longus attaches

PALPATE:

Ask to cough again

LIE THE PATIENT DOWN SUPINE; repeat above steps

