

# GENITOURINARY HISTORY

## HPI

- **Changes in urine: HEMATURIA**  
= beetroot, rifampicin, trauma, etc...
- Continuous, or end / beginning?
- Changes on standing = porphyria

## OBSTRUCTION

Elderly man prostatism

- **HESITANCY** (cannot start)
- **SMALL STREAM**
- **TERMINL DRIBBLING**
- **STRANGURY** (recurrent small volume + continuous desire to pee)
- **PIS-EN-DEUX** (desire to go again right away)
- **OVERFLOW INCONTINENCE** (with complete obstruction)

## INCONTINENCE

Transiently = UTI, delirium, excess output, immobility, atrophic urethritis, vaginitis, stool impaction

Chronically:

**Stress incontinence** = with increased abdo pressure, eg laughing

**Detrusor overactivity** = intense urge, then leakage in absence of stressor eg no laughter

**Detrusor Underactivity (rare)** = frequency, nocturia, frequent leakage of small volumes

**Urethral obstruction eg. prostatic**= dribbling incontinence after incomplete emptying

## CHRONIC RENAL FAILURE

Symptoms are from uraemic toxin excess

### NOCTURIA

= early symptom, loss of concentrating ability → dehydration

### POLYURIA

= cant concentrate anything at all!

### HYPERTENSION

→ due to failure to excrete sodium

### HYPOTENSION

→ Sodium leaking out of damaged tubules

### HYPERKALEMIA

→When Urine output falls below 400 ml/day

### METABOLIC ACIDOSIS

→cannot excrete acids, KUSSMALU BREATHING + SOB

### RENAL BONE DISEASE

→ failure to hydroxylate Vit. D;

→ fractures

## FEATURES OF KIDNEY FAILURE CHRONICITY

- **Small kidneys,**
- **hyperparathyroidism,**
- **anaemia**
- **neuropathy**

## GENERAL SYMPTOMS OF RENAL FAILURE

- anorexia
- vomiting
- fatigue
- pruritis
- hiccups
- insomnia
- nocturia
- bruising
- oedema
- bone pain
- fractures
- constipation
- confusion
- coma
- heart failure
- hyper- or hypo-tension

## WHAT TO ASK THE GUY ON DIALYSIS

- what fluid restrictions?
- Any phosphate-binding drugs
- How much weight is gained between dialyses
- Still **pass ANY urine**?
- Are you on the TRANSPLANT LIST
- Compliant with fluid and diet restrictions?
- Any PERITONITIS or PHLEBITIS?
- **Previously transplanted? – any rejection, immune suppression?....**

## MENSTRUAL + SEXUAL HISTORY

- When was the first period
- Regularity
- Painful (\*dysmenorrhoea)
- Menorrhagia (voluminous)
- Discharge
- Contraceptive use – (which AND how)
- Previous UTI, venereal disease, impotence
- Previous pregnancies (number and quality)  
GRAVIDITY = number of pregnancies;  
PARITY = number of births

## MEDICATIONS

### PAST HISTORY

- Recurrent UTI?
- Renal Calculi?
- Pelvic Surgery?
- Renal biopsies, ever?
- Diabetes or gout?
- Hypertension?
- Late bedwetting past age 3? → vesicoureteric reflux
- Myocardial ischaemia or cerebrovascular disease

## SOCIAL HISTORY

- Access to home dialysis
- Coping with your chronic illness?
- Informed regarding likelihood of transplant?
- History of analgesic abuse?
- Support from friends and relatives?
- Smoker, drinker?

## FAMILY HISTORY

- Polycystic kidney (autosomal dominant)
- Diabetes
- Hypertension
- Deafness + renal problems = ALPORT SYNDROME (hereditary nephritis)

# RENAL + GENITOURINARY EXAM

## APPEARANCE

**HYPERVENTILATION** = met. Acidosis

**UNCONTROLLABLE HICCUPS** = terminal uraemia

**URAEMIC FETOR** = fish smell; ammonia in saliva

**DIRTY BROWN "SALLOW" COMPLEXION** = chronic renal failure

**SLATE GRAY → BRONZE** - iron overload from transfusions

**NITROGEN COMA**

**TWITCHING, MYOCLONUS, TETANY**

= low calcium = terminal renal failure

**SEIZURES AND COMA** = bicarbonate excess,

Due to overtreatment of met. acidosis

**SUBCUTANEOUS NODULES** = calcium phosphate

## HYDRATION

**UNDERHYDRATED?**

**DRY MUCOUS MEMBRANES**

**PINCH** the skin; loss of turgor

**PULSE** increases dramatically when patient stands up

**PRESSURE** falls dramatically when patient stands up

**OVERHYDRATED?**

**AUSCULTATE** both lung bases for pulmonary oedema

+ the heart for LV congestive failure

## HANDS

**Leuconychia** from hypoalbuminaemia

**White transverse bands**

**Single transverse line = Mee's line** = Arsenic poisoning!

**Half-white, half brown nails?** = chronic renal failure

**Non-pigmented indentations, "Beau's Lines"** = catabolic state

**Anaemic palmar creases?**

**ASTERIXIS?**

Inspect wrist for **SCARS, FISTULAE**

?signs of **CARPAL TUNNEL?**

## ARMS

**VASCULITIS** assoc with chronic glomerulonephritis

**BRUISING** from nitrogen retention and clotting factor loss

**PIGMENTATION** of urochromes

**URAEMIC FROST:** the Last Sign of renal failure

**SENSORY PERIPHERAL NEUROPATHY** (low Ca<sup>++</sup>)

**MYOPATHY** from low Ca<sup>++</sup>

**BONY TENDRENESS** ... low Ca<sup>++</sup>...

## FACE

**RASH** assoc with Systemic Lupus and Glomerulonephritis

**Anaemia or Jaundice?** (hemolysis from nitrogenous wastes)

**Band Keratopathy:** **high Ca<sup>++</sup>**

## MOUTH

**Mucosal ulcers** from dehydration + immune suppression

**Uraemic Foetor**

## NECK: i.e the JVP

+ auscultate for carotid bruits ( generalised atherosclerosis)

## CHEST

Examine HEART and LUNGS thinking of volume under/overload  
? CONGESTIVE FAILURE?

? HYPERTENSION

?PULMONARY OEDEMA?

→ in absence of heart failure, oedema is non-cardiogenic (like lung ascites)

Pericarditis from metabolic toxin excess

## ABDOMEN

### INSPECT:

posterior nephrectomy scar

Ectopic pelvis kidney visible?

Peritoneal dialysis scars?

DISTENDED or ASCITIC? Inspect scrotum for oedema

### PALPATE

Enlarged kidneys protrude anteriorly

Perinephric abscesses protrude POSTERIORLY

HEPATOMEGALY?

ENLARGED BLADDER?

ECTOPIC KIDNEY?

AORTIC ANEURYSM?

### PERCUSS

For shifting dullness of ascites

Ausculatory percussion of bladder:

Put diaphragm over Sym. Pubis;

scratch from umbilicus down

over 8 cm = about 1 litre of urine (!!)

### AUSCULTATE

...for renal bruits above umbilicus, 2 cm left and right

...then sit them up and auscultate flanks

### MUST EXAMINE RECTUM AND PELVIS:

Prostatomegaly, prolapse...

## BACK

Rib-based bony tenderness? Chronic renal osteomalacia

Murphy's kidney punch: @ renal angle;

tender = infected pyelonephritis

Sacral oedema? Is it CHF or nephrotic syndrome?

## LEGS

Oedema?

Purpura?

Pigmentation or scratchmarks?

Peripheral vascular disease?

Peripheral neuropathy or myopathy ... or gouty tophi

## FUNDUS of EYE

Hypertensive / diabetic retinopathy

## What to look for in chronic renal failure

Lay the patient flat and supine

Is the mental state OK?

Are they "sallow" and weird coloured?

Are they dehydrated?

Hyperventilated, hiccupping?

### HANDS

Leuconychia

White transverse "Muehrcke's lines"

Single white band (Mee's line)

Distal brown arc

Asterixis

### WRISTS + ARMS

Vascular access

Bruising

Subcutaneous metastatic calcium nodules

Pigmentation

Scratch marks of pruritis

Gouty tophi

### FACE

Anaemia

Jaundice

Band keratopathy

Rash of vasculitis

### MOUTH

Dryness

Ulcers

Foetor

### ABDOMEN

Peritoneal dialysis

scars of transplant

palpate for kidneys (and ectopic transplanted kidneys)

!! Ascites ??

aneurysm

PERCUSS bladder

AUSCULTATE for renal bruits

Rectal exam for frozen pelvis, prostatomegaly etc

### SIT THE PATIENT UP:

Feel their back for tenderness and sacral oedema

### LAY THEM BACK DOWN:

Look for leg oedema

Bruising, pigmentation, scratch marks

Gouty tophi

Peripheral neuropathy a'la diabetes

### BLOOD PRESSURE , FUNDOSCOPY and URINALYSIS

