

Medicine –Abdominal

Physical Examination

Start the examination with: (WIP³E) - (WI-CE-P³E) (y-c-p) (why see bee)

1. **Wash hands:** I've already washed my hand
2. **Introduce yourself:** My name is (Yor Name). I'm a 3rd year medical student
3. **Explain the examination:** I'm going to do physical examination for your gastrointestinal system which involve look, feel and listen to your abdomen by stethoscope
4. **Permission:** Is that ok with you?
5. **Check patient details:** what is your name? / How old are you?
6. **Position:** The position should be supine
7. **Privacy:** I Should maintain patient privacy
8. **Exposure:** ideally from nipple to mid-thigh but for privacy I will expose up to the groin:
Can you take off your shirt ?

Be confident!

****DON'T MISS THE ROOM LIGHTING****

General Examination :(ABC²DE)(stand in front of the patient)

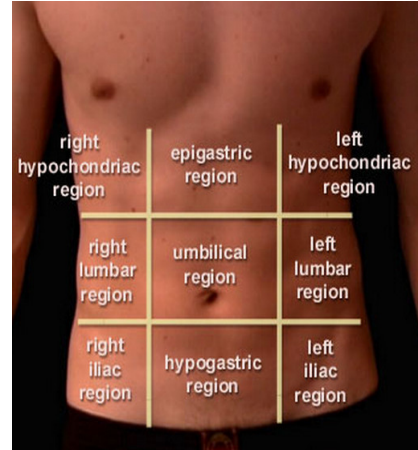
1. **Appearance:** The patient is (young, middle aged or old) and looks well.
2. **Body built:** He looks (normal, thin or obese.)
3. **Connections:** Around bed I can't see any medications or any equipment connecting to the patient.
4. **Color:** He doesn't look pale or jaundiced.
5. **Distress:** The patient look comfortable and he doesn't appear short of breath and he doesn't use accessory muscles
6. **ELSE:** He is conscious - I can't see any pigmentation or thickening of the skin.

Example: The patient looks well, he is lying comfortably on the bed, not distressed, the patient is having good body shape, and he is obviously not jaundiced , not connected to I.V lines nor oxygen mask.

Local examination of the abdomen:

Inspection: (Go to the front of the patient after exposing him)

1. Check for **scars**: e.g laparotomy (midline scars) , appendectomy or cholecystectomy (right subcostal)
2. Check for **Abdominal movement**: is it symmetrical?
3. Check for **abdominal distension**
4. Check for **local swelling**
5. Check for **prominent veins, pulsations or peristalsis**
6. Check for **skin lesion**: Like scratch mark
7. Check for **skin discoloration**: Like Cullen's sign or Grey-Turner's sign
8. Check for **striae**
9. Check for **umbilicus**: (inverted;which is normal or not)
10. Check for **obvious hernia**: Can you cough please?



The abdomen was symmetrical moving with respiration, umbilicus is inverted, and no visible pulsations, distended veins, or scars, hair distribution is normal, without pigmentation. Hernial orifices were intact.



Abdominal jaundice



Striae



Cullen's sign



Grey-Turner's sign

Peripheral Examination:

Hands

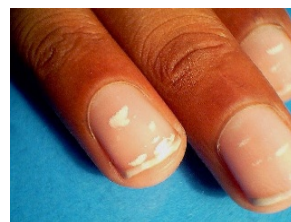
1. Check for **pallor** which is sign of anemia
2. Check for **leukonychia & koilonychia**
3. Check for **finger clubbing**
4. Check for **Palmar erythema**
5. Check for sign of **dupuytren's contracture**
6. Check for **flapping tremors**: Can you extend your arms and raise your wrists to 90 degrees?



Palmar erythema



Dupuytren's



Leukonychia



Koilonychia

In the Arm and axilla:

1. Check for **bruising**
2. Check for **petechiae**
3. Check for **scratch marks**
4. Check for **spider nevi**
5. Check for **Acanthosisnigricans**

Face:

Eyes:

1. Check for **pallor in conjunctiva**
2. Check for **jaundice in sclera**
3. Check for **Xanthelasma**
4. Check for **iritis**



glossitis



Xanthelasma

Mouth:

1. Check for **angular stomatitis**
2. Check for **oral dental hygiene**
3. Check for **ulcers or pigmentation**
4. Check for **gum hypertrophy**
5. Check for **oral thrush**
6. Check for **glossitis**
7. Check for **foul smelling**



Angular stomatitis



Oral candidiasis

Neck:

Check for **Lymph nodes** (palpable or not)

Chest:

1. Check for **spider nevi**
2. Check for **Gynecomastia**



Gynecomastia



Spider Naevi

Palpation*:

- ✓ I'm going to feel your abdomen, tell me if there is **any pain**
- ✓ Check for **tenderness, guarding:** (involuntary tension in the abdominal muscles), **rigidity, superficial masses & Rebound tenderness:** (pain is worsened on releasing the pressure)
- ✓ Now, I will press more deep
 1. Check for **deep masses**
 2. Check for **hepatomegaly**
 3. Check for **splenomegaly**
 4. Check for **Kidneys:** (palpable or not)
 5. Check for **Murphy's sign**
 6. Check for **expansile pulsation** over the abdominal aorta

- Ask about areas of pain (examine these last).

- Look at patients face while palpitating.

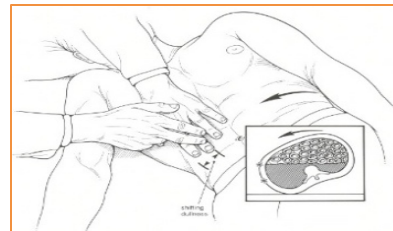
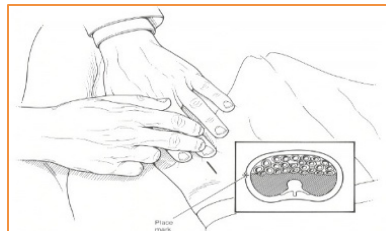
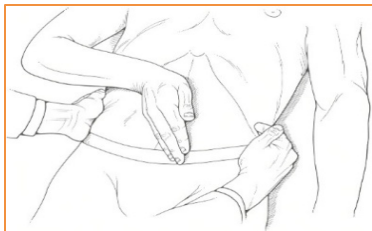
- You should be sitting or kneeling beside the patient during palpation.



Percussion:

1. Check for **hepatomegaly** (determine liver span, normally it is 8 ± 10) percuss the liver area and detect its upper border (usually found in the fourth intercostal space).
2. Check for **splenomegaly**
3. Check for **Shifting dullness**
4. **Bladder distension:** Percuss the suprapubic area for undue dullness. Bladder- dull. Bowel- resonant
5. Check for **Fluid thrill**

“We are looking here for organomegaly and fluids”



Auscultation:

1. Check for **gurgling sound of bowel**
2. Check for **aortic bruit** – above the umbilicus
3. Check for **renal bruit** - above the umbilicus slightly lateral to the midline

End the examination with: (to complete my Examination)

1. Perform a Per rectal examination, per vaginal (female).
2. Perform an examination of the external genitalia.
3. Check for hernial orifices.
4. Do Dipstick urine

Interpretation of the abnormal findings

Abnormality	Indicates
Hand	
Clubbing	Inflammatory bowel disease / cirrhosis / coeliac disease
Koilonychia	Chronic iron deficiency
Leukonychia	Liver disease
Palmar erythema	Liver disease
Dupuytren’s contracture	Alcoholic liver disease
Face	
Jaundice of sclera	Liver cirrhosis / biliary obstruction (gallstones, malignancy)
conjunctival pallor	Anemia
Xanthelasma surrounding eyes	Hyperlipidemia
Angular stomatitis	Iron/B12 deficiency
Oral candidiasis	Iron deficiency / immunodeficiency
Mouth ulcers	crohn’s disease / coeliac disease
Tongue (glossitis)	Iron/B12/folate deficiency
Chest	
Spider naevi	Chronic liver disease
Gynecomastia	ALD/digoxin/spironolactone
Caput medusa	Liver disease
Abdomen	
striae	Portal hypertension
Cullen’s sign	Pancreatitis/ruptured abdominal aortic aneurysm (AAA)
Grey-Turner’s sign	Pancreatitis/ruptured AAA
Rebound tenderness	Peritonitis, appendicitis
Positive Murphy’s sign	Cholecystitis
expansile pulsation of aorta	Abdominal aortic aneurysm
Absent Bowel sounds	Ileus / peritonitis
Aortic bruits	Arteriosclerosis or aneurysm
Renal bruits	Renal artery stenosis

432 OSCE TEAM

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