

Surgery–General Surgery

Hx and Ex of Lump

A. Overview

Lump history, physical examination, possible abnormalities.

B. History Taking

1. Where is it?
2. **When** did you first notice it?
3. **How** did you notice it?(Patient may felt or saw the lump when he was washing, found lump when he had pain in the area of lump ,or some one else notice the lump)
4. Does it produce any ***symptoms**?(Fever, weight loss, night sweats, loss of appetite, pain, interfere with movement e.g.swallowing if it was in the neck)
5. Any **changes** size/color since it was first noticed?
6. Does it come and disappear? (Usually benign)
7. Do you have another lump? Contralateral or ipsilateral?
8. What do you think the cause is?

In thyroid:

Symptoms of hyper/hypothyroidism & compression symptoms.

In breast:

Nipple discharge, trauma.

Hernia:

Symptoms of obstruction (vomiting, constipation, ascites, reducible or not, anything can increase abdominal pressure)

NOTE

Don't ask the patient what is the color of the lump ! You have to see it yourself in PEx while inspection, you can ask only about any changes in the color since it was first noticed

Pressure symptoms include:

1. difficulty swallowing or breathing
2. hoarseness
3. strider.

*Symptoms

Symptoms depend on type of lump: BPH, breast, thyroid...etc)

Example: thyroid lump might produce dysphagia.

C. Differential diagnosis

DDx	What support this diagnosis?
Miscellaneous	
Lipoma	<p>Risk factors: Family history. Being between 40 to 60 years of age. Having certain other disorders. (i.e. AdiposisDolorosa)</p> <p>Typical Symptoms: Located directly under the skin. Occur most commonly in the neck, shoulders, back, abdomen, arms and thighs. Grow very slowly.</p> <p>Not painful unless they press against a nerve or contain blood vessels.</p> <p>Complications: Muscle dysfunction. Bowel obstructions.</p> <p>Note: lipoma is smooth in surface, rubbery in texture and <u>slippery in edges.</u></p>
Goiter	<p>Risk factors: A lack of dietary iodine. Radiation exposure. Positive history of autoimmune disease. Pregnancy and menopause.</p> <p>Typical Symptoms: Symptoms of hypo/hyperthyroidism. Cough. Hoarseness.</p> <p>Complications: Breathing/ swallowing difficulties (with very large goiters)</p> <p>Myxedema. Infertility</p>
Swollen Lymph Nodes	<p>Risk factors: Upper respiratory infections (URI). Infections in tissues near the swollen lymph node</p> <p>Complications: Abscess formation. Bacteremia.</p>
Gastrointestinal/Urogenital Systems	
Inguinal Hernia	<p>Risk factors: male. Family history. Chronic cough. Chronic constipation. Premature birth.</p> <p>Typical Symptoms: A bulge in the groin or scrotum. Groin discomfort or pain.</p> <p>Complications: Pressure on surrounding tissues. Incarcerated hernia. Strangulation.</p>
Hydrocele	<p>Risk factors: Premature birth. Scrotal injury.</p> <p>Infection, including sexually transmitted infections. (STIs)</p> <p>Typical Symptom: Painless swelling of one or both testicles.</p> <p>Complications :Infection or tumor. Inguinal hernia.</p>
Vascular System	
Arteriovenous Malformation (AVM)	<p>Typical Symptoms: Muscle weakness. Inability to move the affected limb. Pain wherever it develops.</p> <p>Complications: Intracranial hemorrhage. (if in brain) Thin or weak blood vessels.</p>

D. Questions to ask the patient with this presentation

Questions	What you think about ... !
Site "e.g. character, quality, duration... etc"	
Where is it?	
How did you notice it?	Could have been there long before the patient noticed it.
Onset/duration	
When did you notice it?	
Pain	
Does it hurt?	<ol style="list-style-type: none"> 1. Rule out painless lumps. (e.g. fibroadenoma) 2. Pain that is usually associated with inflammation, rules out a neoplastic change.
Other symptoms	
Does it produce any other *symptoms?	<p>Pressure symptoms include: Difficulty swallowing or breathing, hoarseness,</p> <p>*Symptoms depend on type of lump: BPH, breast, thyroid...etc)</p> <p>Example: thyroid lump might produce dysphagia.</p> <ul style="list-style-type: none"> • In thyroid: symptoms of hyper/hypothyroidism & compression symptoms. • In breast: nipple discharge, trauma. • Hernia: symptoms of obstruction (vomiting, constipation, ascites, reducible or not, anything can increase abdominal pressure)
Do you have any fever, weight loss, night sweats, or loss of appetite?	This might reflect malignancy.
Changes	
Any changes size/color?	
Does it come and disappear?	A lump may disappear on lying down, or during exercise.
Number	
Do you have another lump?	Contralateral or ipsilateral?

E. Systematic Review.

Physical Examination

Start the examination with:

WIPE

- Wash your hands.
- Introduce yourself to the patient.
- Positioning of the patient and his/her Privacy.
- Exposure.

Physical Examination:

(6s, all by **inspection** except for surface)

INSPECTION

1. SITE

- a. Right or left?
- b. Organ?
- c. Medial or lateral? (e.g. anteromedial aspect)
- d. How many centimeters below or above certain body landmark (e.g. umbilicus, medial or lateral epicondyle)

Examples:

Breast mass:E.g. Right breast, upper outer, at 11 o'clock and 4 cm away from the nipple.

Abdomen:E.g. Anterior abdominal, midline aspect, 2cm above the umbilicus.

- **Arms:**E.g. Right arm, medial aspect, 10cm above medial epicondyle.
- **Leg:**E.g. right leg anteromedial aspect , 6 cm below a knee.

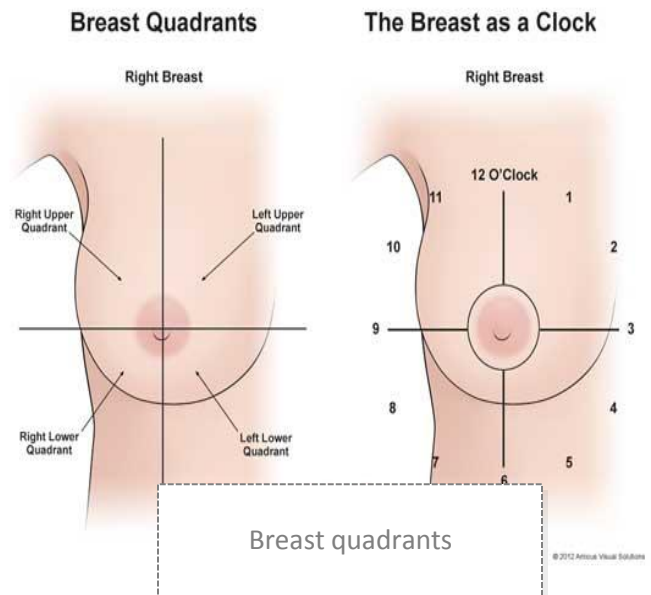
2. SIZE & SHAPE

- a. 3D: width, height, and depth.

Example:

“The mass/lump is circular with 4cm in diameter”

“The mass/lump is oval with 5 cm in diameter 6 cm in height”



3. SURFACE

- a. Smooth, irregular, or nodular? (This is done by palpation)

1. Depth cannot be appreciated by inspection.
2. It is better to describe it as “circular” as you only have to mention the diameter unlike “oval” which will require you to give two dimensions

4. SKIN

Skin lesion, scar, ulcer, discharge, red/inflamed, dilated vein, bloody (i.e. hematoma)

5. SINGLE / MULTIPLE

(e.g. lymph nodes)

PALPATION

1. Tenderness

2. Temperature

- Always compare to a normal area by the dorsum of your hand.

3. Surface

Smooth or irregular ?

4. Edges/margins

- Well-defined, ill-defined?
- Slippery edges -->Lipoma.
- Clear edges -->always on the OSCE!

5. Mobility

- Moves in 2 dimensions? with flexion? Relation to overlying skin?
- Completely free from skin -->Fibroadenoma
- Identifying the origin of the mass:
- Ask the patient to flex the muscle. **Upon muscle flexion:**

Mass disappears = it's under the muscle.

Mass is fixed(not mobile) = it's attached or adhering to the muscle. Huge lump .

Mass becomes more prominent and mobile = it's above or superficial to the muscle.

Revision panel 1.11 The examination of a lump or ulcer

Local examination

Site
Size
Shape
Surface
Depth
Colour
Temperature
Tenderness
Edge

Composition:

■ consistence
■ fluctuation
■ fluid thrill
■ translucence
■ resonance
■ pulsatility
■ compressibility
■ bruit

} Solid, fluid or gas

} Vascular

Reducibility

Relations to surrounding structures – mobility/fixity

Regional lymph glands

State of local tissues:

■ arteries
■ nerves
■ bones and joints

General examination

- If the mass is on the anterior aspect of arm, flex **biceps**.
- If the mass is on the anterior aspect of leg, **dorsiflexion**.

Important technique to differentiate between lipoma and sebaceous cyst: Pinch the skin!
Lipoma will allow the skin to rise but the sebaceous cyst will not.

6. Texture (content and consistency)

consistency	Soft (like lips or ear loop) Firm (like tip of nose) Hard (like forehead or bone) Rubbery (e.g. lymphoma, prostate PR)
Fluctuation	Always perform a bi-dimensional fluctuation so you can detect pseudo-fluctuation seen in Lipoma. Bimanual fluctuation in hydrocele. (يد ضاغطة ويد راحية) When fluctuation is positive, the lump either contains: 1. *Gas (resonant) 2. *Fluid (dull) If fluid is suspected, perform transillumination. (Transillumination should be in a dark room or with a torch & a paper rolled up.)
Fluid thrill.	Detected by tapping one side of the lump and feeling the transmitted vibration when it reaches the other side. A percussion wave is easily conducted across a large fluid collection (cyst) but not across a solid mass.
Compressibility	Once you remove your hand, the depression disappears. Arteriovenous malformation: it <u>doesn't</u> need force (تنضغط وإذا بعدت يدك ترجع)
Reducibility	Hernia: it <u>needs</u> force to be reproduced (by cough or straining for example).
Pulsatile	<u>Pulsatile/Expansile pulsation:</u> “if you put two fingers, they’ll go up and down with separation (e.g. aneurysm)” (يدك تفتح وتسکر) <u>Transmitting pulsation</u> “if you put two fingers, they’ll go up and down without separation (lump is on top of major vessel)”. (يدك ترتفع وتنزل)

AUSCULTATION

Hernia:

Bowel sounds --> Bowel.

Nothing --> Omentum.

AV Fistula:

Compressible lump with bruit.

RUQ (liver) or thyroid lump, a bruit might be heard.

Venous hump = spleen.

Pseudo-fluctuation = positive in one dimension only.

***PERCUSS** to differentiate between the two!

Notes on general examination:

- A. Keep it to the end, and if asked what else is needed.
- B. If you see both Lump + ulcer = we call it ulcerated mass
- C. **Draining lymph node, should be examined in trunk:**
 - 1. Above umbilicus: axillary.
 - 2. Below umbilicus: inguinal.
 - a. Distal to lump, neurovascular bundle. (pulse, sensation)
 - b. Proximal to lump, draining lymph node. (inguinal, axillary, cervical)

Tips:

- a. Thank the patient and present your findings.
- b. You might wanna bring a measurement tape with you.
- c. Always ask the patient if he/she has any pain before touching them!

End the examination with:

- **General examination:** keep it to the end, and if asked what else is needed.

Interpretation for abnormal findings you may see in this case:

Abnormality	Indicates
Red, tender, and hot mass	Most likely to be an abscess.
Slippery edges	Lipoma.
When pinched, it won't allow the skin to rise.	Sebaceous cyst Breast cancer (peaud'orange)
Completely free from skin	Fibroadenoma
Nodular	Goiter
Pseudo-fluctuation seen in Lipoma	Lipoma
Compressible lump with bruit.	AV Fistula

432 OSCE TEAM

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