OSCE TEAM
MED434

جامعة الملك سعود
King Saud University

Examination of Lumps, Ulcers, & Hernia

Med 434

:Feel free to contact us on
OSCE434@gmail.com

Lumps

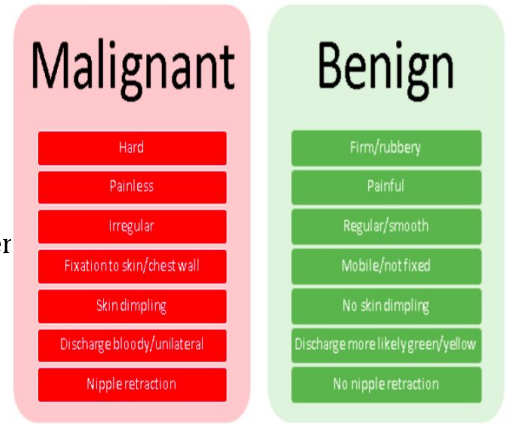
Inspection:

1. Site "Distance from a bony prominence landmark"
2. Size
3. Shape
4. Surrounding "Remote surrounds first, then local surrounds. Also, surrounding neurological or motor deficits.
5. Surface smooth vs. rough vs. indurated.
6. Color
7. Edge "well or ill defined"
8. Transillumination
    - Whether a torch behind lump will allow light to shine through.
    - Esp. used in testicular mass.

Palpation: *ask of the patient have any pain!!*

- Temperature
    - Feel with back of fingers on surface, surrounds and compare !"
- Tenderness
    - Ask to tell when feel pain.
    - Nerve: can cause pins and needles
- Consistency
    - Stony, hard, firm, rubbery, spongy, or soft
- Composition "soft, liquid, or gas"
- Mobility and attachment
    - Move lump in two directions, right-angled to each other

  Then repeat exam when muscle contracted:
    - Bone: immobile.
    - Muscle: contraction reduces lump mobility.
    - Subcutaneous: skin can move over lump.
    - Skin: moves with skin.



- Pulsatility

  Assess with 2 fingers on mass:
    - Transmitted pulsation: both fingers pushed same direction.
    - Expansile: fingers diverge (esp for AAA)
- Compressibility VS Reducibility.
    - Compressible: mass decreases with pressure, but reappears immediately upon release.
    - Reducible: mass re-appears only on cough, e.g. hernias
- Fluctuation
- Relation to skin and underlying tissue.

Percussion:

- Tone: resonance or dullness
- Fluid thrill "percussion wave"

Auscultation:

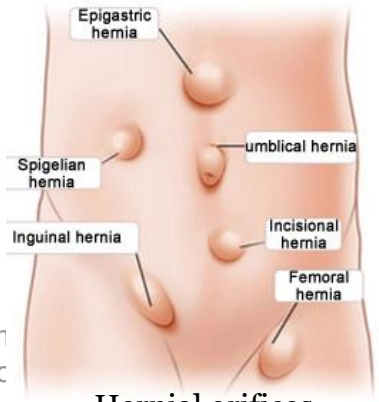
- bruits

Other:

- Regional lymph nodes
- Local tissue: skin, subcutaneous tissue, muscle, bone, local circulation & nerve supply

Hernia

- **Position** : lying down
- **Exposure** : the area of abdominal swelling or as abdomen if needed.
- **Inspection :**
  - Stat of local tissues and scars
  - **Describe the lump** (**s**ize , **s**ite , **s**hape , **s**kin)
  - **Observe cough impulse and reducibility :** swelling expands upon coughing
  - **Look at other hernial orifices** (Look in the groin for evidence of a swelling.)
  - NOTE : Abnormal umbilicus :
    - Fecal discharge : advanced colon cancer
    - Hard nodule : intra abdominal malignancy
    - Everted out : hernia , ascites .
  - **Palpation :**
- **Examine the lump :**
  - **Temperature , Tenderness**
  - **consistency :** soft, fluctuant, Pulsatile
  - **Reducibility :**
    - **Reducible:** it can be pushed back into the abdom
    - **Irreducible**: cannot be pushed back into the abdc
  - **Mobility :**
  - Check for Cough impulse (expansile or not) : placing your hand firmly over the lump and asking the patient to cough. If a hernia is present, the area will expand and become tense.
  - **Position :** while patient lying ask him /her to sit without using hands.
    - Disappears : intraabdominal
    - Increases in size :superficial
    - No change : intraabdominal



Hernial orifices

- **Percussion :** note , thrill (A resonant hernia is more likely to contain loops of bowel.)
- **Auscultation :** Bowel sounds

★ That completes the examination of the hernia, but offer to examine the abdomen for any cause that can predispose to herniation:

- **Raised intra-abdominal pressure** : chronic bronchitis , urine retention , constipation , intra abdominal obstruction
- **Masses**

★ You should repeat the examination on the contralateral side of the groin and carry out a full scrotal and abdominal examination. (The examiner will tell you whether or not to carry out these examinations.)

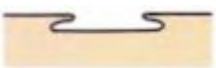
Ulcers

- Inspection : 3S

Useful video

- Site : the exact location(e.x : right lower sole)
- Size : 2D of ulcer
- Shape : regular or irregular edge

❖ 4 types of edges:

Flat, sloping edge	Punched out	Everted, raised edge	Undermined edge	Rolled edge
Healing ulcer	Trophic ulcer syphilis	malignant	Tuberculous ulcer	Basal cell carcinoma
				

❖ Margin : redness or pigmented

❖ Depth : record it in mm, describe the structures it penetrated or reached

❖ Floor of ulcer : granulation, color & discharge (serous or purulent) :

❑ Solid brown or grey dead tissue indicates full thickness skin death

❑ Syphilitic ulcers have a slough that looks like a yellow- grey wash- leather

❑ Tuberculous ulcers have a base of bluish unhealthy granulation tissue

❑ Ischemic ulcers often contains poor granulation tissue

- Palpation :
- Surrounding tissue around the ulcer (temperature, tenderness)
- Feel the edge & the base of ulcer (soft , firm , hard)

Then you should examine the area around the ulcer :

- Regional lymph node

-The circulation (pulse)

- Nerves : check for sensation (loss of sensation in trophic ulcer like in DM)

In the end of ulcer examination , examine the whole patient with care, looking especially at their hands and facies.

Ischemic ulcer can present with gangrene of the toes.

Trophic ulcer usually 2ry to diabetic peripheral neuropathy , leprosy, 1ry neurological abnormality.