Lump examination.

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434 clinical guides + Doctors notes.

After WIIPPE start your examination

- **Inspection: (6S)**
  - **S**ingle or multiple?
  - **S**ite: right or left? organ? medial or lateral? Anterior or posterior or nearest anatomical landmark?
  For example: there is a swelling in the posterior surface of the left forearm midway between lateral and medial border.
  - **S**ize: three dimensions (width, height and depth)
  - **S**hape & mention the edges (margins): Spherical, hemispheric, or asymmetrical with defined or diffused edges.
  - **S**kin color & surrounding: any discoloration, ulcer, red/inflamed, bloody, scar, necrosis.
  - **S**urface: smooth, irregular or nodular. *Not always applicable.

If Goiter (lump in the neck):

➔ Ask the patient to swallow and protrude the tongue.

If Hernia (Central swelling)

➔ Cough and inspect the orifices.

➔ Position: while the patient is lying ask him to sit without using his hands and look at the lump (it disappear → intraabdominal, increase → superficial, No change → intramuscular)

if lump in the peripheral area (hand lump):

➔ Distal pressure effect: check for damage in 1-Nerve 2-Artery (bluish) 3-Muscle (wasting) 4-Bone.

- **Palpation:** (ask about the pain first) how to palpate? First contact then circular movement.
  - 2t's:

Tenderness (always feel the non-tender area first and don't forget to watch the patient's face)

In OSCE say that the pt is in pain then start your palpation.

Temperature (Feel with back of your fingers on surface of the lump and surrounding area and compare)

- 4S's:

- (Size, Shape, Surface, Single or multiple?) + Edges (well defined or ill defined).

Size using a measuring tape.

- Consistency: Soft, firm, rubbery and hard

Soft: fluid. firm: fat/muscle/ vessels. hard: calcification.

If the swelling is soft: test for transillumination and fluctuation.

- Pulsatile: rest a finger of each hand on opposite side of the lump for few sec and then watch your fingers:
  - -Transmitted pulsation: Fingers will be pushed in the same direction.
  - -Expansile: both fingers will be pushed apart.

If hernia -> ask the patient to cough and check if expansile or not.

- Compressibility Vs. reducibility:
  - Compressible: mass decreases with pressure, but reappears immediately upon release.
  - Reducible: lump reappear only on application of another force e.g. Cough

- **Tests:**
  - Fluctuation:
    - Place 2 fingers at the opposite sides of the lump and press the middle of the lump with your index of your other hand.
    - Very large masses can be assessed by a fluid thrill
  - Mobility**:**
    -Move the 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.
  - Thrills:
    -Detected by tapping one side of the lump and feeling the transmitted vibration when it reaches the other side.
  -Transillumination:
    We point a bright light at one pole of the lump 45 degree in a dark room if the content of a lump is clear fluid you will see the light comes from other pole.
- **Percussion:** usually for central swelling.

- Resonant (gas filled lump) Dull (solids or fluid filled lump)

- **Auscultation:**

- For arterial bruit, venous hum and bowel sounds

- **End your examination with:**
  - Examine the regional lymph node
  - Distal neurovascular exam: distal pulses and veins, distal sensory and motor exam
  - Movement of the nearest joint if the lump is in a limb
  - General examination

  Hernia: PR/PV and expose genitalia.

  Goiter: Murmurs, Pretibial myxedema, Reflexes.

Lipoma (Commonest)	Sebaceous cysts
slow-growing benign tumor of fatty tissue that forms a lobulated soft mass enclosed by a thin fibrous capsule.	dermal swellings covered by epidermis. Common site: Scalp. A small surface punctum is often visible.
+ve slip sign	-ve slip sign
should be removed, either by surgical excision or by liposuction.	Excision is deferred until the inflammation has settled. In some cases, the inflammation destroys the cyst lining so that excision is not necessary. Dermoid

FOR EVERY SWELLING CHECK THE DRAINING LYMPH NODES BY INSPECTION AND PALPATION.

Arm -> axillary.

Lower limb -> Inguinal.,

Abdomen -> cervical.

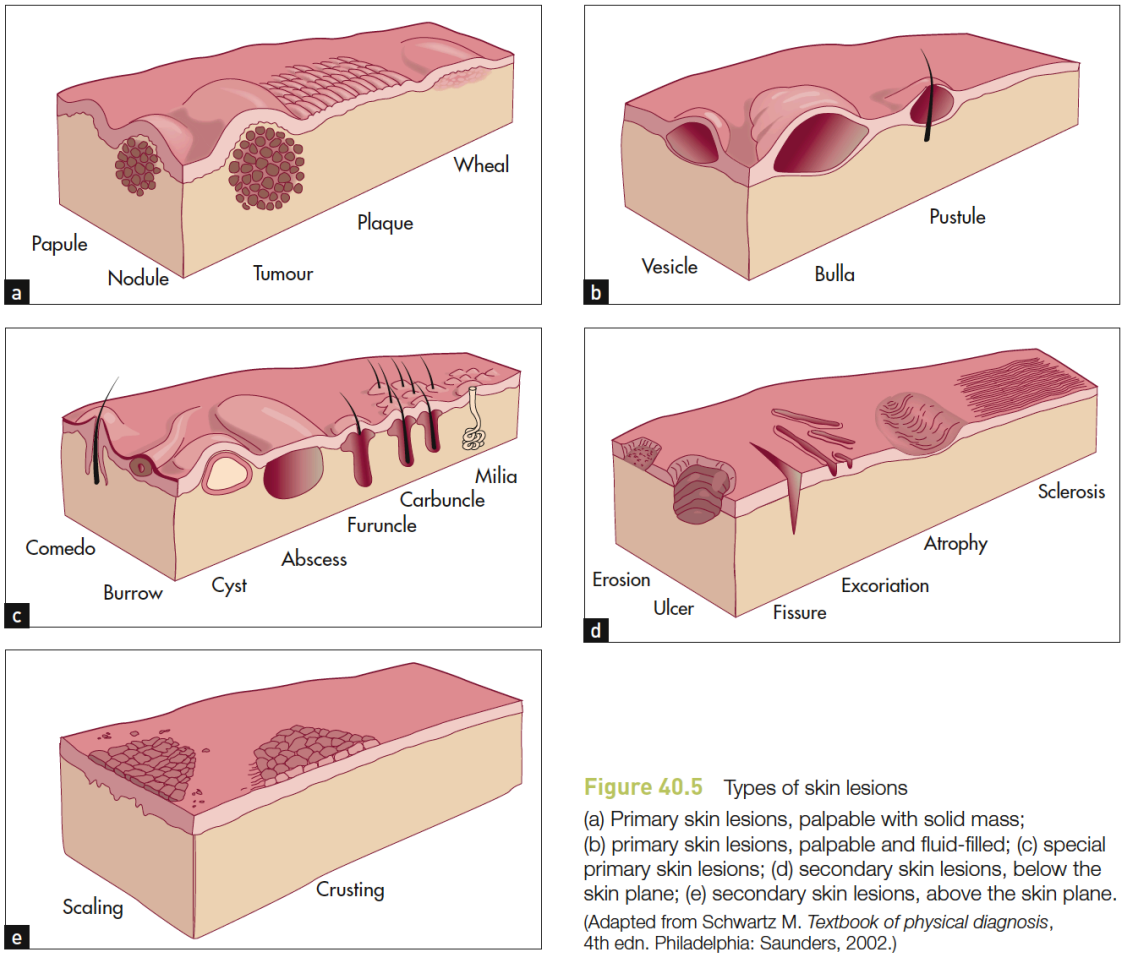

Figure 40.5 Types of skin lesions

(a) Primary skin lesions, palpable with solid mass; (b) primary skin lesions, palpable and fluid-filled; (c) special primary skin lesions; (d) secondary skin lesions, below the skin plane; (e) secondary skin lesions, above the skin plane.

(Adapted from Schwartz M. *Textbook of physical diagnosis*, 4th edn. Philadelphia: Saunders, 2002.)