BST Surgery (Plastic surgery – Mass)

History Taking.	Physical Examination.
1. Duration.	Local examination:
How long? A few days? A few months or years?	Inspection.
Hint; Recent swellings, a few days old. are usually inflammatory, such as abscess. Swellings	1. Number, Size (Sebaceous cysts& most abscesses are small, < 5 cm while Cancers maybe larger), Site
that have been there for months are typically neoplastic.	(Hernias occur only in the abdomen).
2. Onset.	2. Shape. Spherical, oval, pear-shaped, butterfly-shaped, or irregular? (Groin hernias are typically "pear-
How did it start? After trauma? (<u>maybe hematomas</u>) After an operation? (<u>abdominal</u>	shaped". Diffuse thyroid enlargements are usually oval, but may (rarely) be butterfly)
operation, it is likely an incisional hernia) After an insect bite? (or after minor injuries may	3. Edge. well-defined or poorly-defined (a "poorly-defined" edge means that you cannot see the edge
be <u>abscesses</u>) On its own?	clearly. Swellings that are deep obviously will have poorly-defined edges like abscesses)
3. Progression.	4. Margins. regular or irregular. (Benign conditions, including benign neoplasms, regular margins.
Is there a change in rate of growth? Has the mass started growing quickly? Is	Cancers maybe irregular margins).
there a sudden increase in size?	5. Surface. smooth or irregular or lobulated or nodular.
Hint; A <u>very sudden increase</u> in size within minutes or hours suggests <u>a bleed into a mass.</u>	6. Overlying skin.
<u>A rapid increase in size indicates malignancy: sarcomas</u> tend to grow faster than carcinomas.	- Color; <u>Abscesses > reddish</u> . <u>Melanomas > black</u> . <u>Hemangiomas and hematomas > bluish</u>
If a swelling is getting smaller, think of an abscess that is resolving.	- Dilated veins; means it is rapidly growing. A typical example is a sarcoma.
4. Features.	- Ulceration.
- Pain? throbbing &painful Abscesses. Painless; Neoplastic.	7. Adjacent structures.
- Discharge? Pus; abscess. Sebum; Sebaceous cvst.	Palpation.
- Persistence? always present or has it ever disappeared.	1. Tenderness, Painful or Painless,
- One or multiple masses.	2. Temperature. If raised > High vascularity > inflammation
5. Cause.	 Consistency. soft, spongy, rubbery, firm, or hard (cancers > hard, benign tumors > firm, cysts > soft.
What, in the patient's opinion, has caused the lump? <i>Maybe an injury before the lump</i>	Metastatic lymph nodes from a carcinoma > hard, while in a lymphoma the lymph nodes > rubbery)
6. Similar lump.	4. Surface. smooth or irregular or lobulated or nodular.
•	5. Mobility/ fixity. Benign masses > mobile. Malignant masses that invade tissues > restricted or lack of
Is there an existing similar lump, or a previous similar lump? Maybe a previous swelling that was taken out, only to recur: this would favor a diagnosis of malignancy.	mobility.
swenning that was taken out, only to recur, this would javor a alagnosis of manynancy.	6. Reducibility. Reducible or Irreducible. (can be pushed back or not) e.g. Hernia
7. Diabetes? Past cancer? Past surgery or radiation?	7. Compressibility. Compressible > reappear immediately after compression is removed.
Hint; <u>Infective conditions like abscesses are commoner in diabetics</u> . <u>Past cancer in one breast</u>	8. Pulsation.
predisposes to a cancer in the other. Past surgery or trauma maybe epidermal inclusion cvst or a	9. Fluctuation. (two apart feeling fingers& a displacing finger) (+ve in fluid filled mass)
keloid, in the abdomen may an incisional hernia. Past radiation to neck, risk of thyroid cancers.	10. Transillumination. (Using light>clear fluid) (+ve in hydroceles & cystic hygromas)
	11. Regional lymph nodes. must ALWAYS be examined.
	Percussion. important in abdominal masses.
	Auscultation. Listen for a <u>bruit</u> , occurs in <u>vascular masses</u> like aneurysms.
Cases (similar to doctor's slides)	



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