

# ABDOMINAL EXAMINATION

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3<sup>rd</sup> year – General Medicine



MASARYK UNIVERSITY  
FACULTY OF MEDICINE



**Clinical Sessions 2011**



# **GASTROINTESTINAL EXAMINATION**

## **○ General examination**

- General inspection
- Hands and arms
- Face, eyes and mouth
- Neck

## **○ Abdominal examination**

- Inspection
- Palpation
- Percussion
- Auscultation

# GENERAL INSPECTION

- Nutritional state (wasting)
- Pallor
- Jaundice (liver disease)
- Pigmentation (hemochromatosis)
- Mental state (encephalopathy)



# HANDS

- Nails
  - Clubbing
  - Koilonychia
  - Leuconychia
- Palmar erythema
- Dupuytren's contractures
- Hepatic flap







# HANDS



Palmar erythema



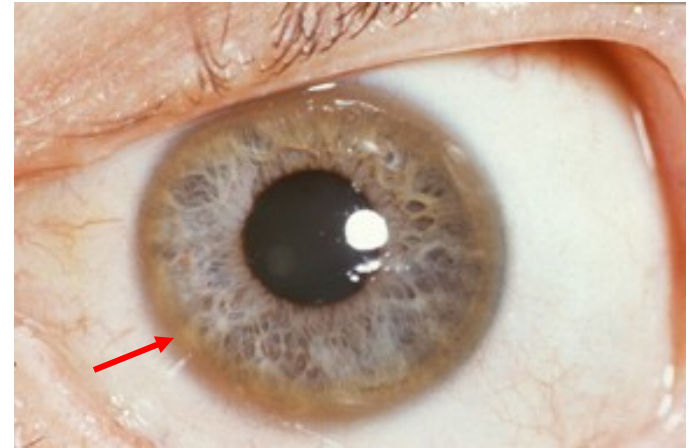
Dupuytren's contractures

# ARMS

- Spider naevi (telangiectatic lesions)
- Bruising
- Wasting
- Scratch marks (chronic cholestasis)



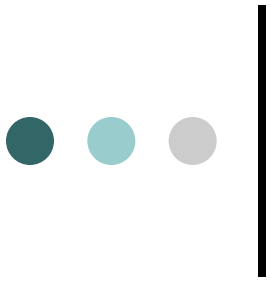
# FACE, EYES ...



- Conjunctival pallor (anaemia)
- Sclera: jaundice, iritis
- Cornea: Kaiser Fleischer's rings (Wilson's disease)
- Xanthelasma (primary biliary cirrhosis)
- Parotid enlargement (alcohol)







Parotid enlargement



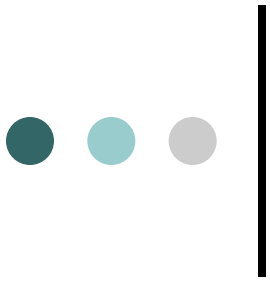
Xanthelasma



# ... AND MOUTH

- Breath (fetor hepaticus)
- Lips
  - Angular stomatitis
  - Cheilitis
  - Ulceration
  - Peutz-Jeghers syndrome
- Gums
  - Gingivitis, bleeding
  - *Candida albicans*
  - Pigmentation
- Tongue
  - Atrophic glossitis
  - Leicoplakia
  - Furring





Atrophic glossitis



Thrush

# NECK AND CHEST

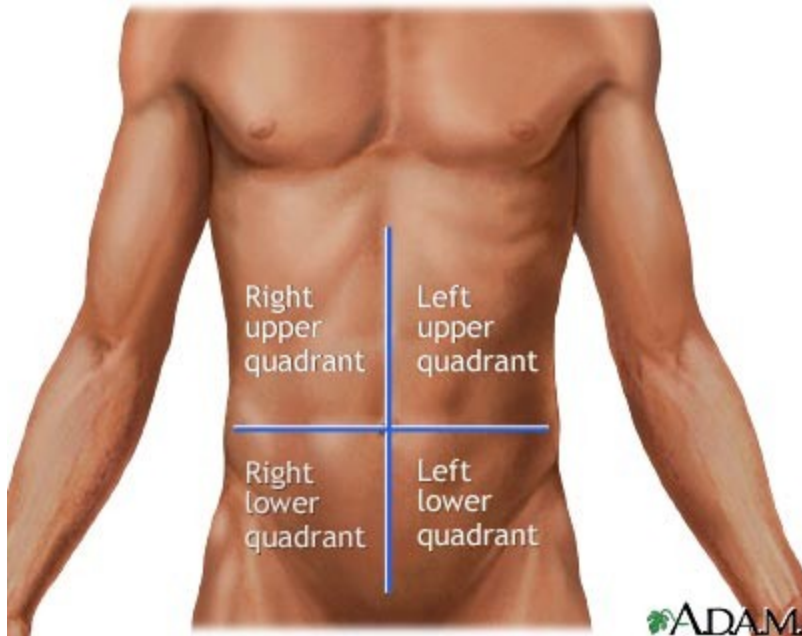
- Cervical lymphadenopathy
- Left supraclavicular fossa (Virchow's node)
- Gynaecomastia
- Loss of hair



# ABDOMINAL EXAMINATION

## POSITIONING

- Abdomen can be divided in four quadrants
- Patient should be lying on supine position

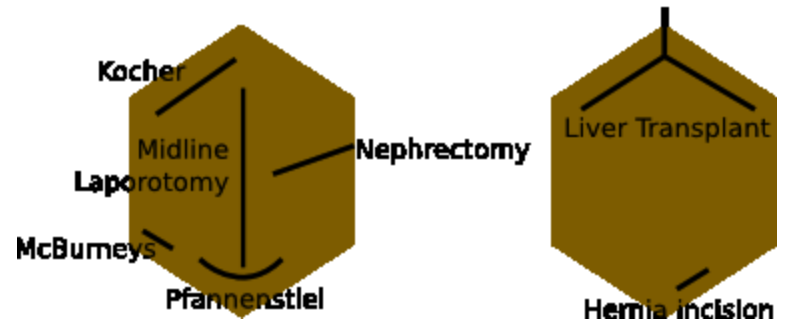




# ABDOMINAL EXAMINATION

## INSPECTION

- Shape and movements
- Scars
- Distension
  - Localised: mass, organomegaly
  - Generalized: 5 F's
- Prominent veins (*caput medusae*)
- Striae
- Bruises
- Pigmentation
- Visible peristalsis





*Tête de Méduse*, by Peter Paul Rubens (1618)





Campbell de Morgan spots



Ascitic abdomen

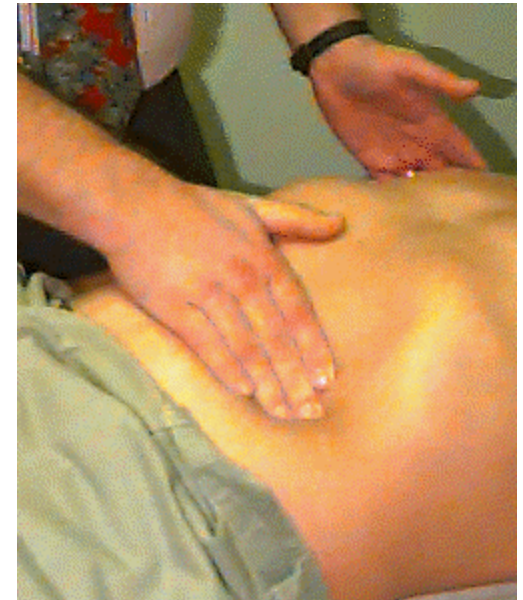
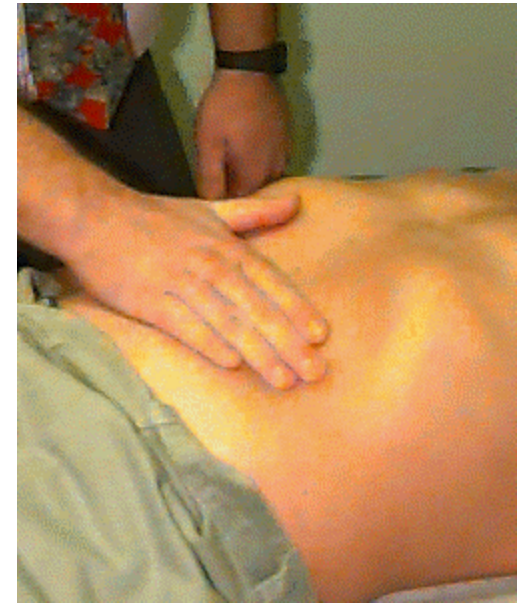




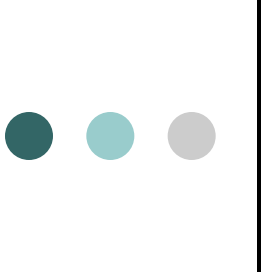
# ABDOMINAL EXAMINATION

## PALPATION

1. Ensure that your hands are warm
2. **Stand** on the patient's right side
3. **Help** to position the patient
4. **Ask** whether the patient feels any pain before you start
5. Begin with **superficial** examination
6. **Move** in a systematic manner through the abdominal quadrants
7. Repeat palpation **deeply**.







# ABDOMINAL EXAMINATION

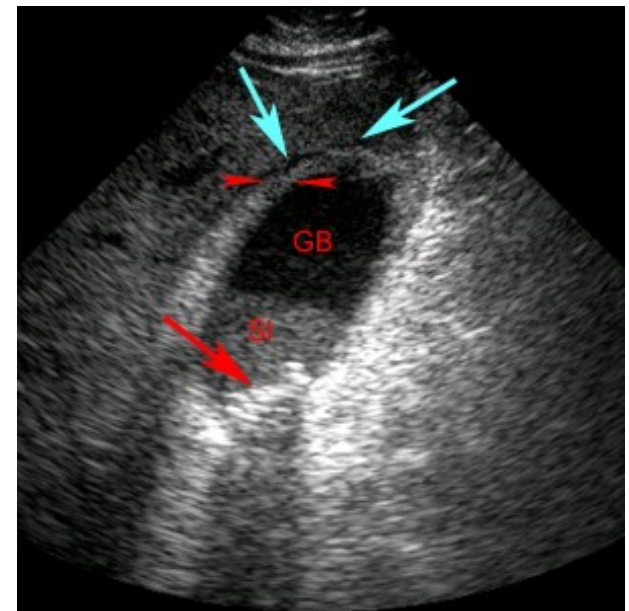
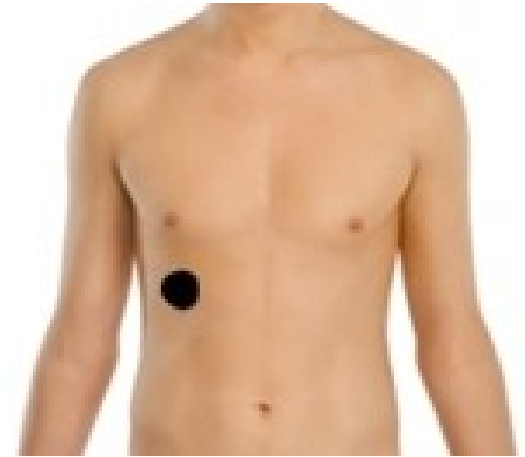
## **PALPATION**

- **Tenderness:** discomfort and resistance to palpation
- **Involuntary guarding:** reflex contraction of the abdominal muscles
- **Rebound tenderness:** patient feels pain when the hand is released
- **Tenderness + rigidity:** perforated viscus
- **Palpable mass** (enlarged organ, faeces, tumour)
- **Aortic pulsation**

# ABDOMINAL EXAMINATION

## MURPHY'S SIGN

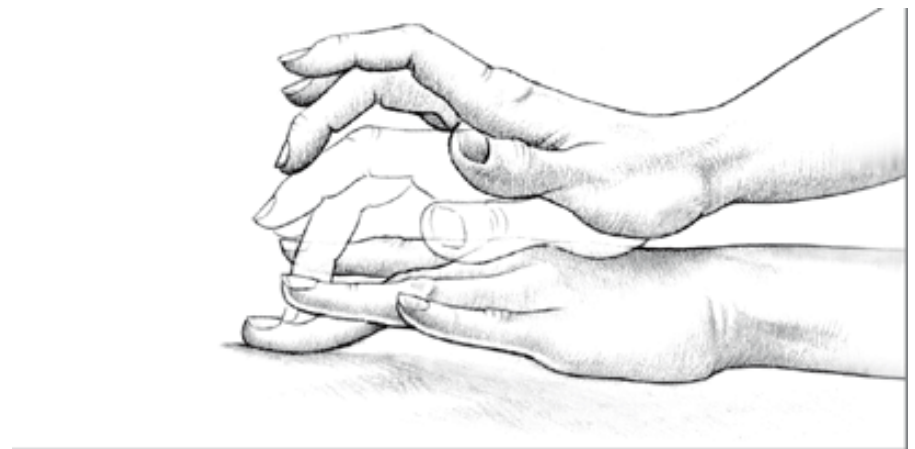
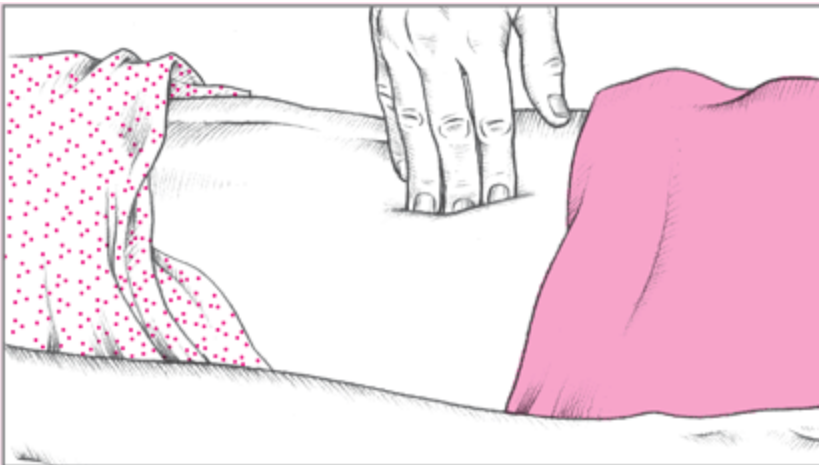
- Pain in RUQ
- Inflammation of gallbladder (cholecystitis)
- Courvoisier's law



# ABDOMINAL EXAMINATION

## BLUMBERG'S SIGN

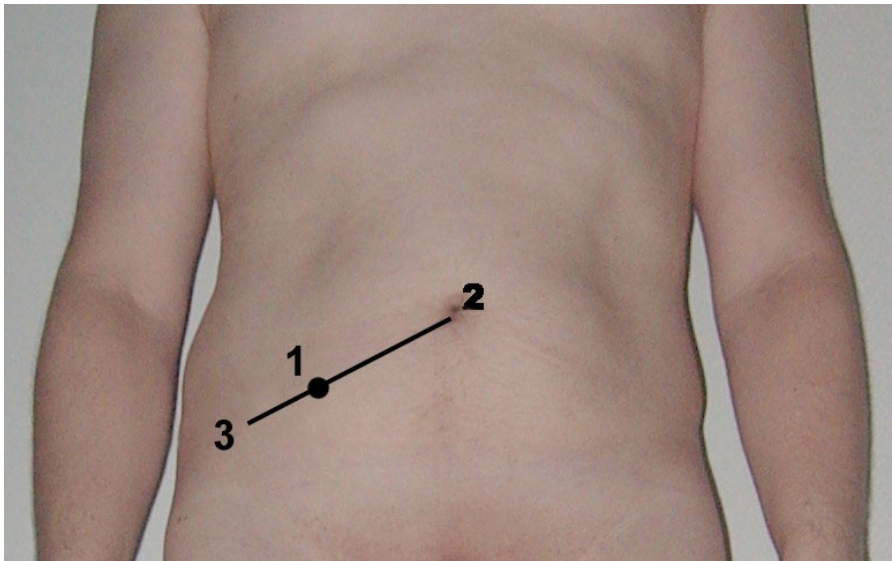
- a.k.a. rebound tenderness
- Pain upon removal of pressure rather than application of pressure to the abdomen
- Peritonitis and/ or appendicitis



# ABDOMINAL EXAMINATION

## MCBURNNEY'S POINT

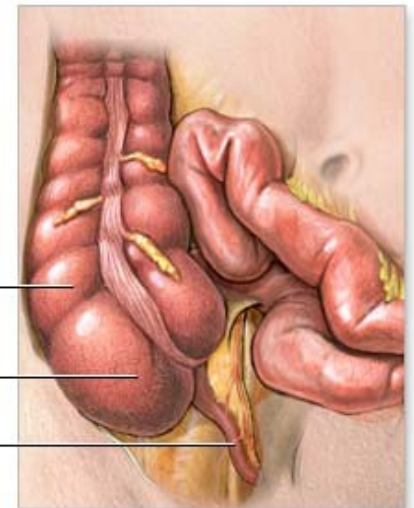
- 1/3 ASIS to umbilicus
- Location of AV in retrocecal position
- Deep tenderness (= acute appendicitis)



Large  
intestine

Cecum

Appendix





# ABDOMINAL EXAMINATION

## FLUID THRILL

- **Place the palm** of your left hand against the left side of the abdomen
- **Flick a finger** against the right side of the abdomen
- Ask the patient to put the edge of a **hand on the midline** of the abdomen
- If a **ripple is felt** upon flicking we call it a fluid thrill = ascites



# ABDOMINAL EXAMINATION

## PALPATION OF THE LIVER

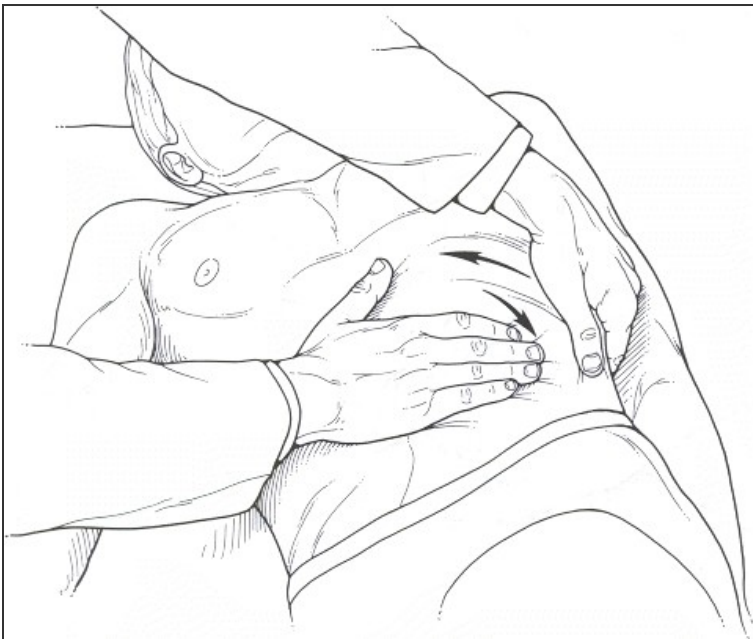
1. Start palpating in the right iliac fossa
2. Ask the patient to take a deep breath in
3. Move your hand progressively further up the abdomen
4. Try to feel the liver edge



# ABDOMINAL EXAMINATION

## PALPATION OF THE SPLEEN

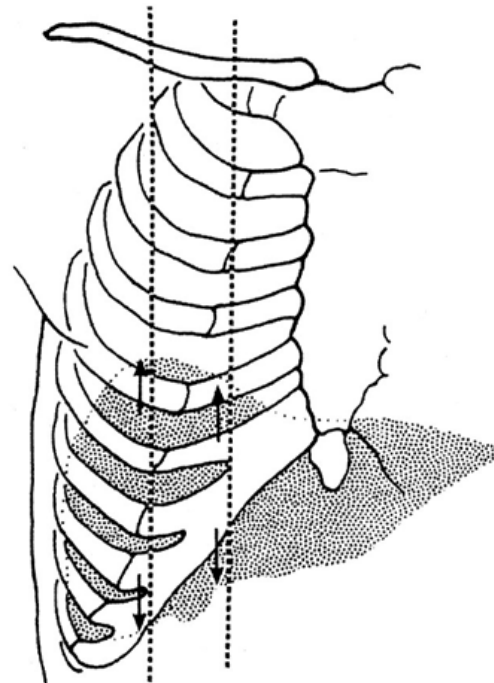
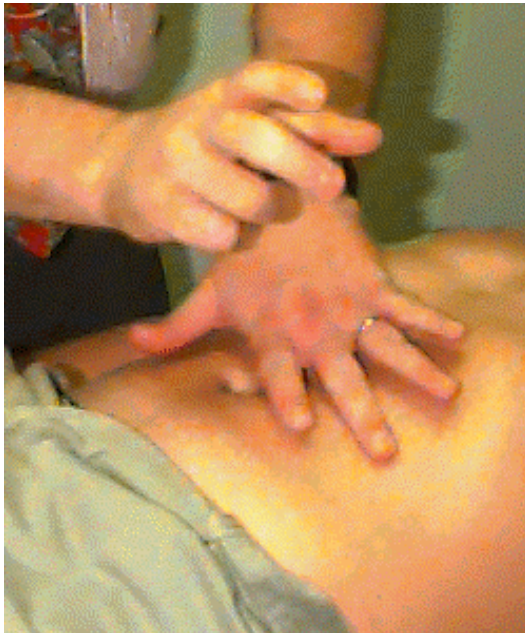
1. Roll the patient towards you
2. Palpate with your left hand while using your right hand to press forward on the patient's lower ribs from behind
3. Feel along the costal margin



# ABDOMINAL EXAMINATION

## PERCUSSION

- **Dull sounds:** solid or fluid-filled structures
- **Resonant sounds:** structures containing air or gas

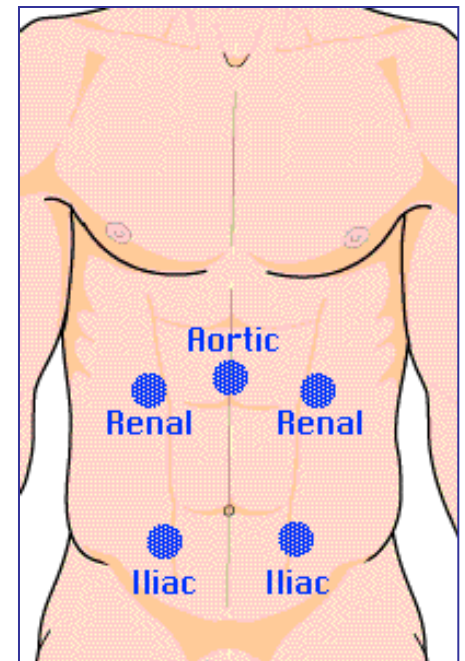
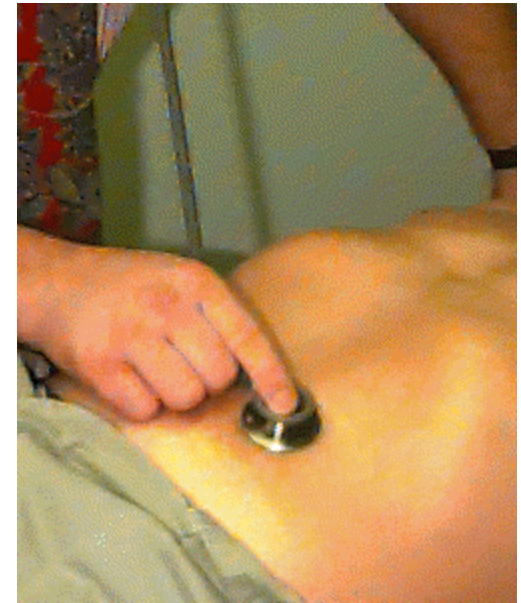




# ABDOMINAL EXAMINATION

## AUSCULTATION

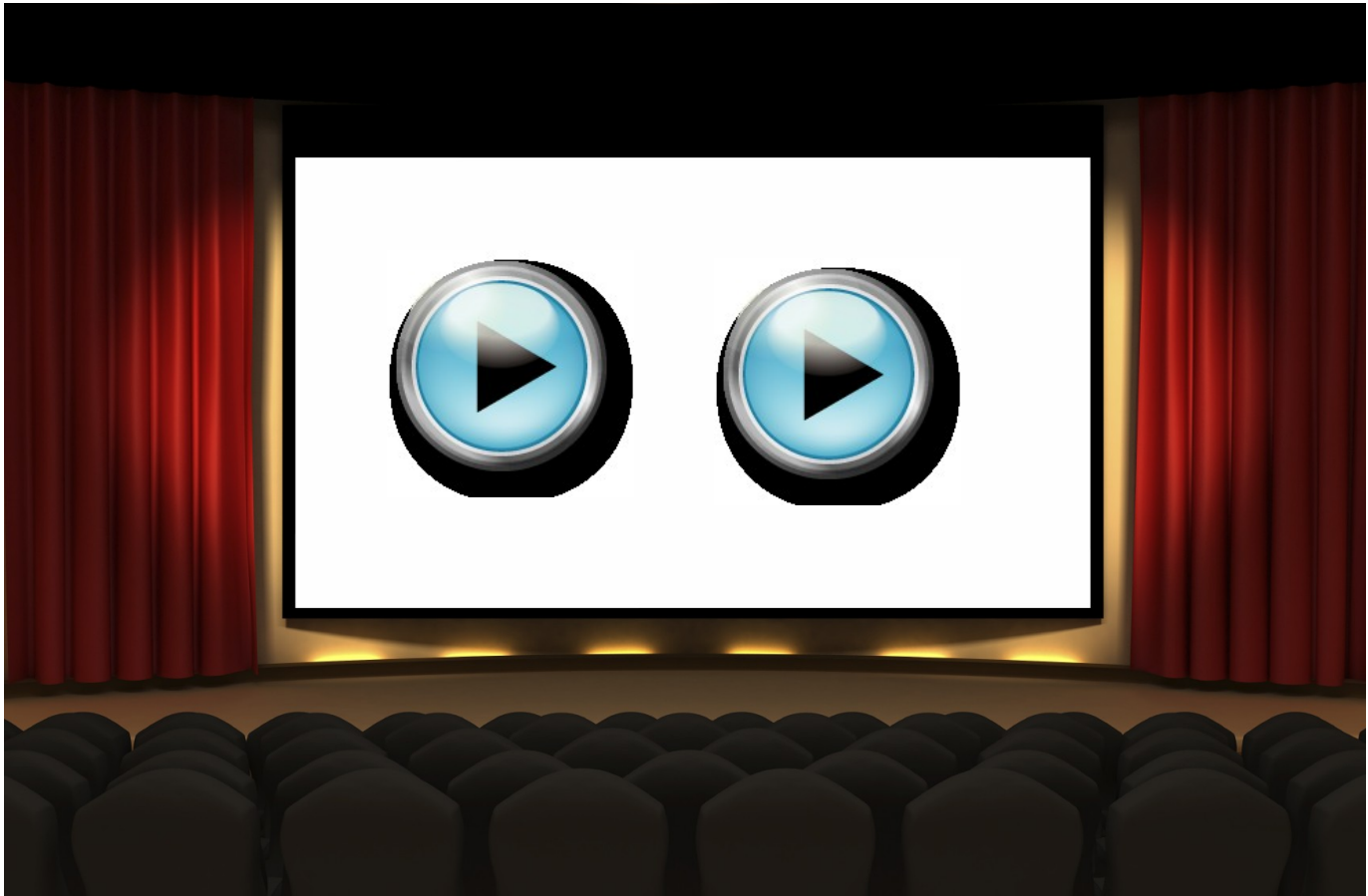
- Place the diaphragm of the stethoscope to the right of the umbilicus
- Bowel sounds (borborygmi) are caused by peristaltic movements
- Occur every 5-10 sec.
- Absence of b.s.: paralytic ileus or peritonitis
- Bruits over aorta and renal a. could be a sign of an aneurysm and stenosis



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# VIDEO

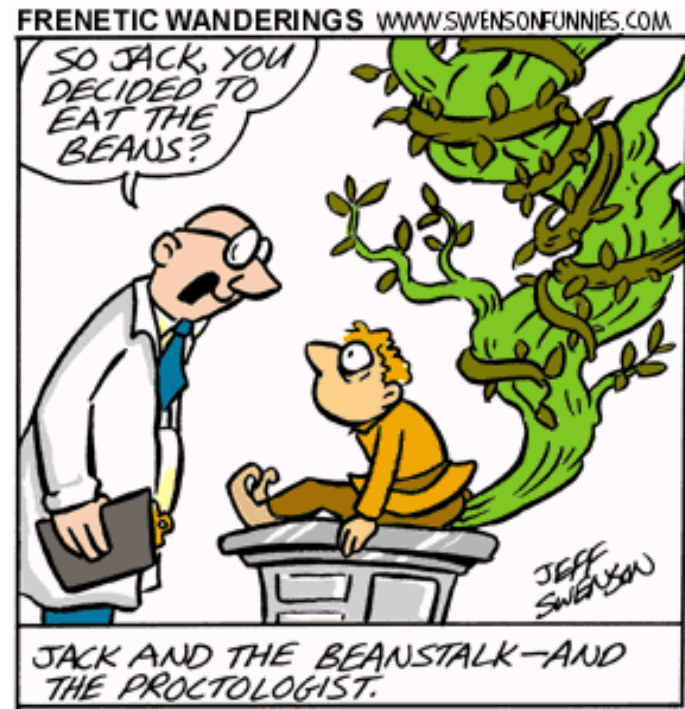


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# THANK YOU FOR YOUR ATTENTION.

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