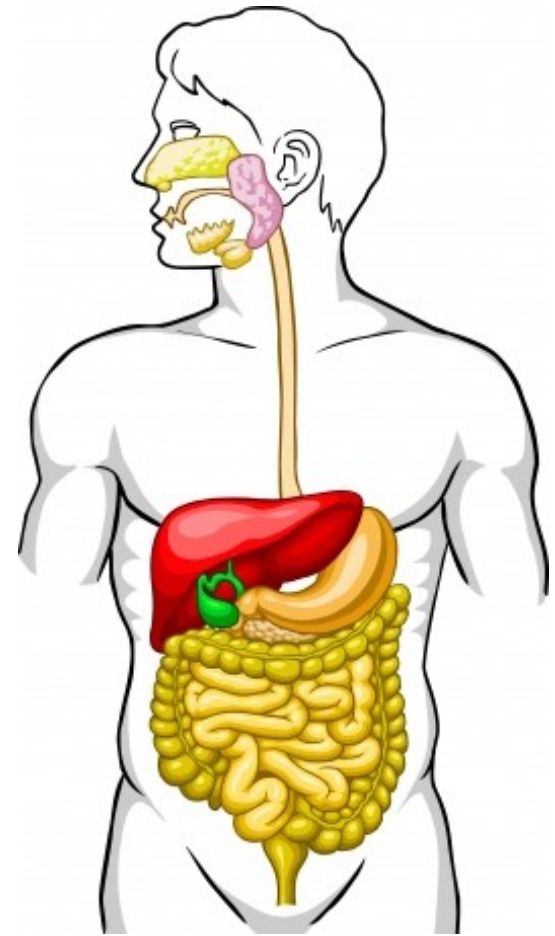


# GIT HISTORY AND COMMON SYMPTOMS

Afonso Sequeira  
3rd year - General Medicine



**Clinical Sessions 2011**

# PRESENT COMPLAINT

## COMMON SYMPTOMS

- Anorexia and weight loss
- Dysphagia
- Heartburn
- Dyspepsia
- Nausea and vomiting
- Haematemesis
- Abdominal pain
- Wind
- Abdominal distension
- Altered bowel habit
- Rectal bleeding
- Jaundice



# ANOREXIA AND WEIGHT LOSS

- **Anorexia:** loss of appetite
- **Weight loss:** energy expenditure exceeds calorie intake

## CAUSES:

- DM type 1
- Hyperthyroidism
- Malabsorption
- Diuretic therapy
- Severe burns



*“Do you still enjoy your meals?”*

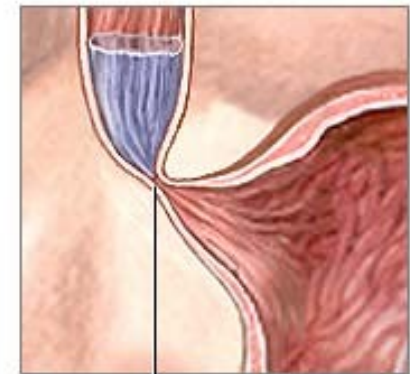
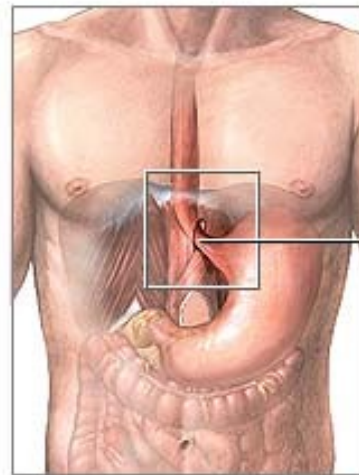
# DYSPHAGIA

- Difficulty swallowing

## CAUSES:

- Oral
  - Ulcers
  - Mouth infections
- Neurological
  - Stroke
  - Bulbar palsy
- Neuromuscular
  - Achalasia
  - Myasthenia gravis
- Mechanical
  - Oesophageal cancer

Lower esophageal sphincter fails to relax



Lower esophageal sphincter

ADAM.



***“Does food (or drink) stick when you swallow?”***

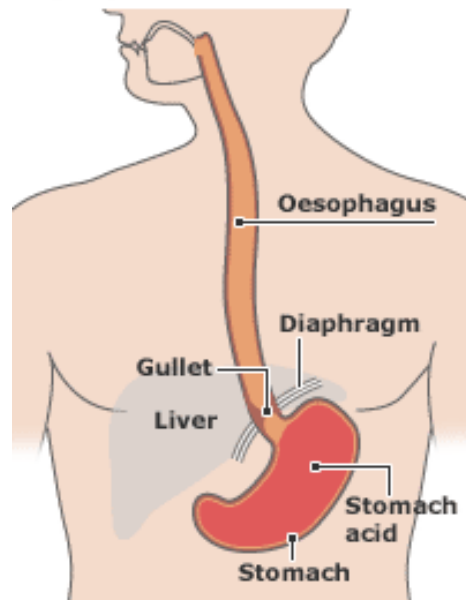
# HEARTBURN

- Hot burning, retrosternal discomfort
- Radiates upwards

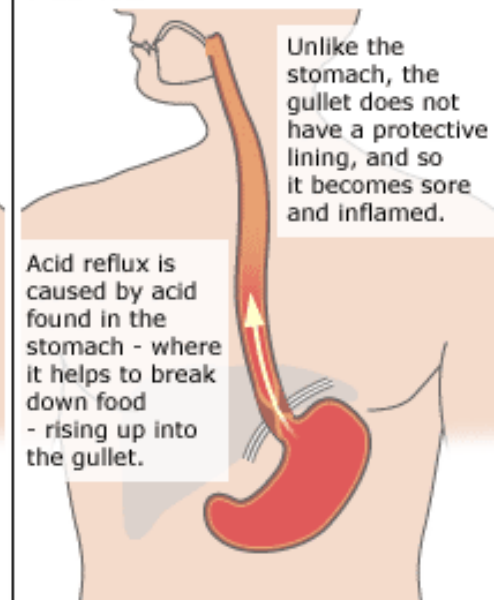


## WHAT CAUSES HEARTBURN

Normal



Heartburn



# DYSPEPSIA

- Pain or discomfort centred in the upper abdomen

## CAUSES:

- Gastro-oesophageal reflux disease
- Peptic ulcer disease
- Functional dyspepsia



# NAUSEA AND VOMITING



- **Nausea:** sensation of feeling sick
- **Vomiting:** expulsion of gastric contents via mouth.

## CAUSES:

- Dyspepsia
- Peptic ulcers
- Gastric outlet/ pylorus obstruction
- Gastroenteritis
- Cholecystitis
- Raised intracranial pressure



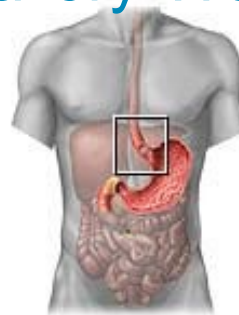


# HAEMATEMESIS

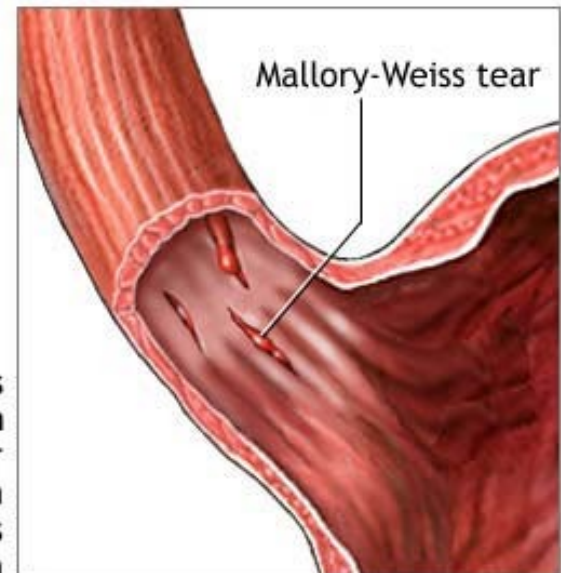
- Vomiting blood
- Above g-o sphincter (**oesophageal varices**)
- Below g-o sphincter (**Mallory-Weiss tear**)

## CAUSES:

- Gastric ulcer
- Oesophagitis, gastritis
- Oesophagic, gastric cancer
- NSAIDS



A Mallory-Weiss tear is a tear in the mucosal layer at the junction of the esophagus and stomach

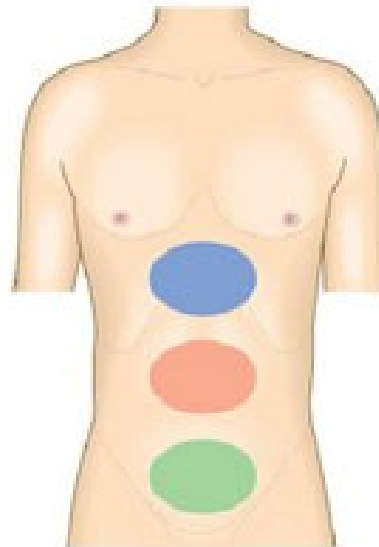
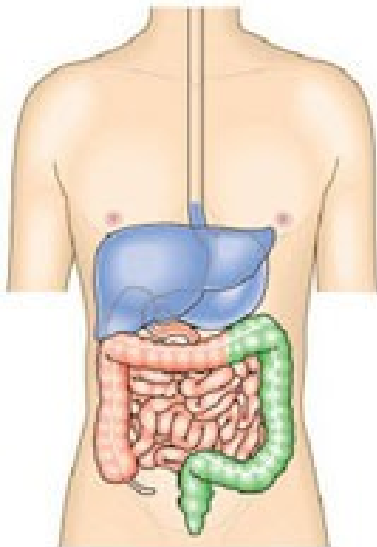




# ABDOMINAL PAIN



- **Visceral abdominal pain:** distension of hollow organs, smooth muscle contraction (deep poorly localized)
- **Somatic pain:** irritation of parietal peritoneum



*Foregut – pain localizes to epigastric area*

*Midgut – pain localizes to periumbilical area*

*Hindgut – pain localizes to suprapubic area*



*Access its characteristics!*

*(site, timing, severity, what makes it worse and what makes it better)*

# WIND

- Repeated belching, excessive flatus, abdominal distension
- **Borborygmi**: bowel sounds, movement of fluid and gas along the intestine



*Ask the patient to describe what is being experienced.*



# ABDOMINAL DISTENSION

- **Factors (the 5 Fs)**

- **FAT**
- **FLATUS**
- **FAECES**
- **FLUID**
- **FOETUS**

## **Consider**

- Excessive alcohol consumption
- Obstruction
- Obstruction, constipation
- Ascites
- Date of last menstrual period

# ALTERED BOWEL HABIT

- 3x each day to 1x every 3 days is considered normal
- **Constipation:** infrequent passage of hard stools
  - Impaired mobility
  - Physical obstruction
- **Diarrhoea:** frequent passage of loose stools
  - Impaired water absorption



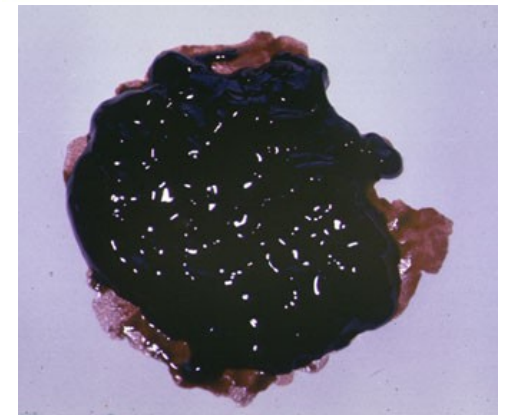
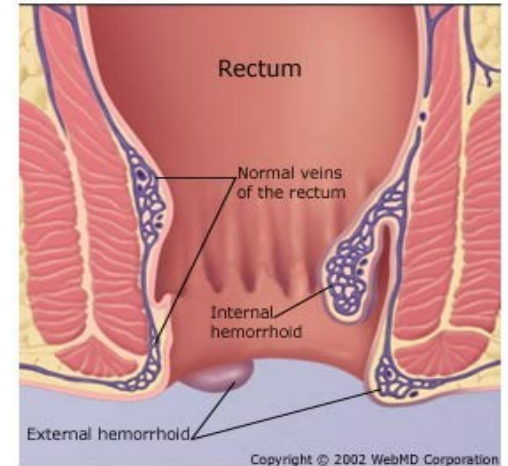
*Ask for change in stool consistency, increased frequency of defecation, urgency, etc*



# RECTAL BLEEDING

- Fresh rectal bleeding
  - Haemorrhoids
  - Anal fissure
  - Colorectal cancer
  - IBD
  
- ***Melaena***: blood loss in upper GIT tract

Hemorrhoids



# JAUNDICE

- Yellow discoloration of the skin, sclerae and mucous membranes ( $> 50 \mu\text{mol/L}$ )
- Hyperbilirubinaemia
  - Prehepatic (haemolysis, Gilbert's syndrome) +Ubg
  - Hepatocellular (viral hepatitis, drugs, cirrhosis)
  - Obstructive (drugs, gallstones, cancer) +UnBil

# PAST HISTORY

- Similar problem might suggest diagnosis
- Previous abdominal surgery

# DRUG HISTORY

- OTCs
- Aspirin and NSAIDs
- Opioids
- Antibiotics





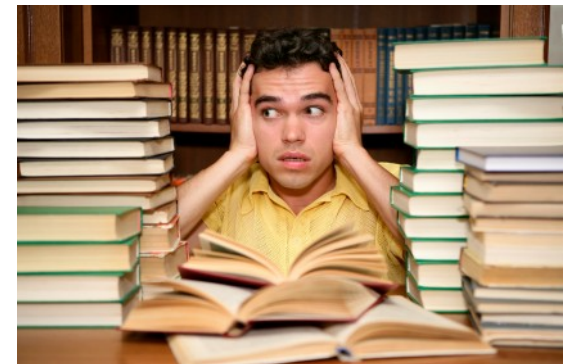
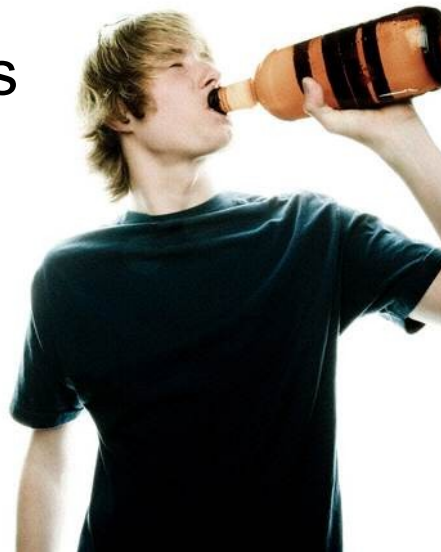
# FAMILY HISTORY

- Colorectal cancer in a < 50 years old, first degree patient
- IBD
- Crohn's disease
- Ulcerative colitis
- +ve family history in most of GI diseases is not helpful



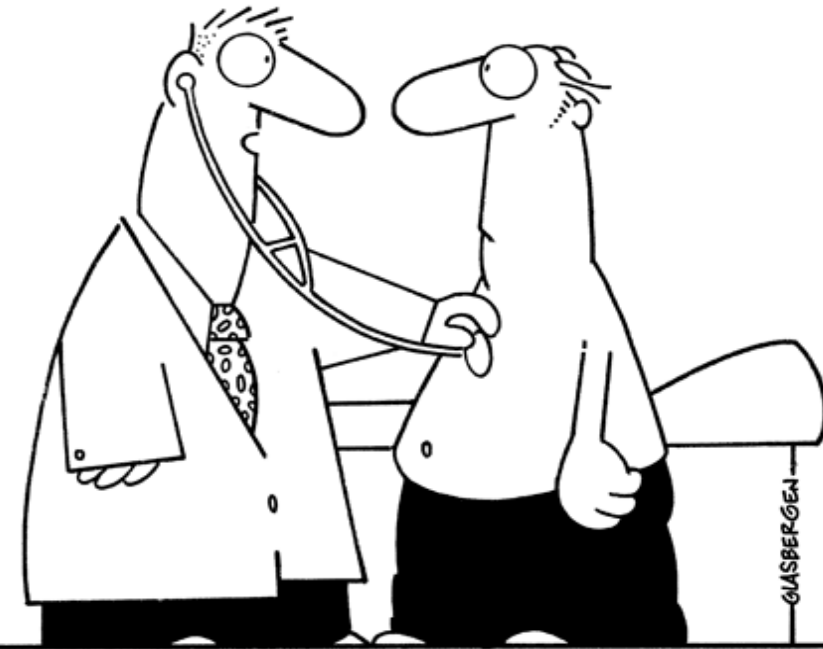
# SOCIAL HISTORY

- Dietary history
- Alcohol consumption
- Smoking
- Stress
- Specific risk factors





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3rd year - General Medicine



**“It’s easy to tell the difference between good cholesterol and bad cholesterol. Bad cholesterol has an evil laugh.”**



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