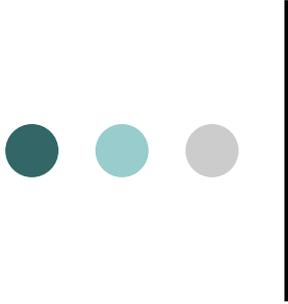




GASTROINTESTINAL EXAMINATION

Dr Khalid Shahab





GASTROINTESTINAL EXAMINATION

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

- **Abdominal examination**
 - Inspection
 - Palpation
 - Percussion
 - Auscultation



GENERAL INSPECT

- 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

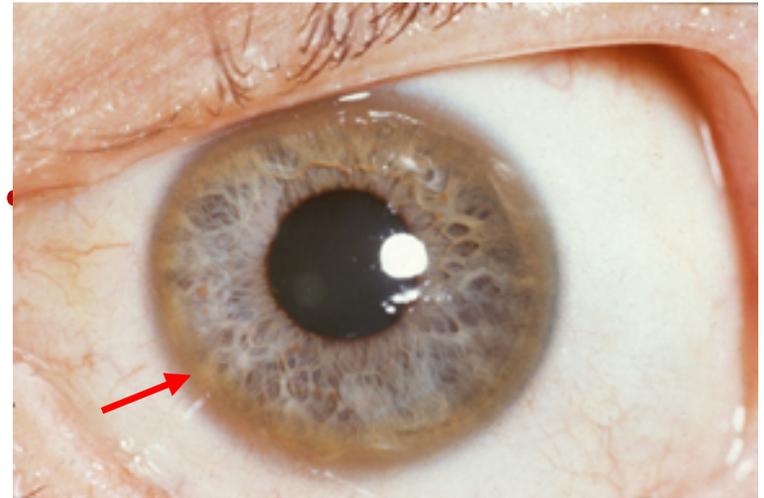


ARMS

- 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

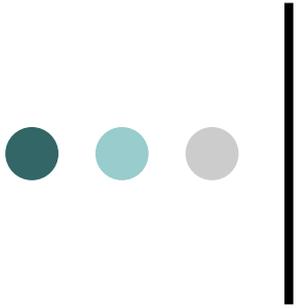


... AND MOUTH



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





Atrophic glossitis



Thrush



NECK AND CHEST

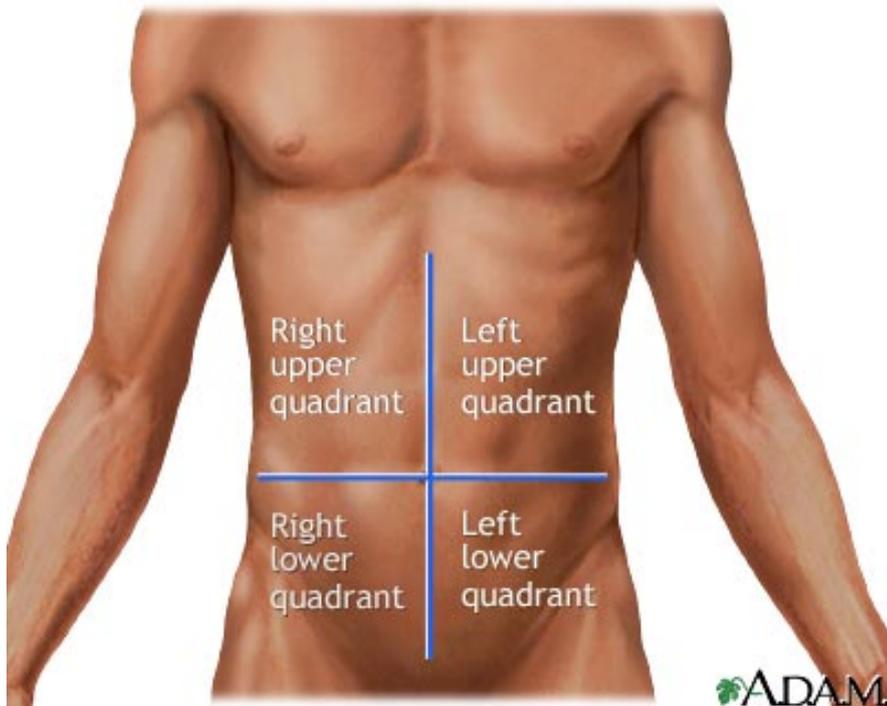
- Cervical lymphadenopathy
- Left supraclavicular fossa (Virchow's node)
- Gynaecomastia
- Loss of hair



ABDOMINAL EXAMINATION POSITIONING

- Abdomen can be divided in four quadrants

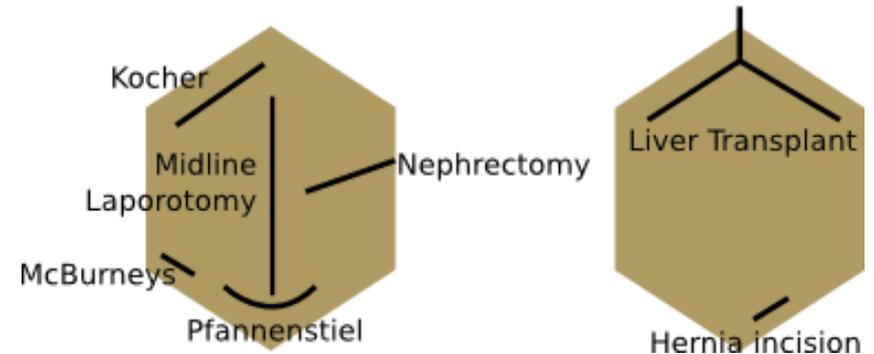
Patients should be lying on supine position



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



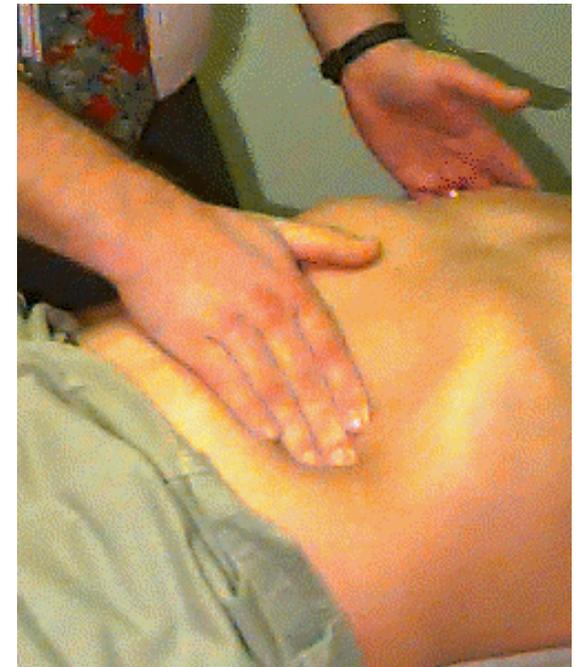
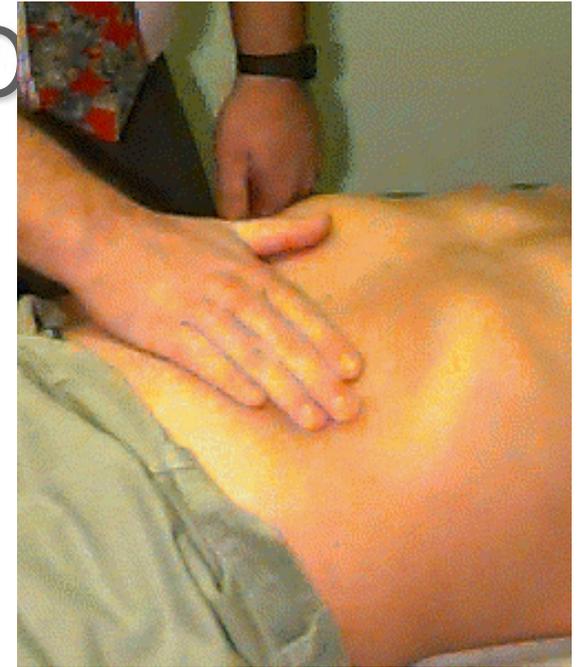
Ascitic abdomen

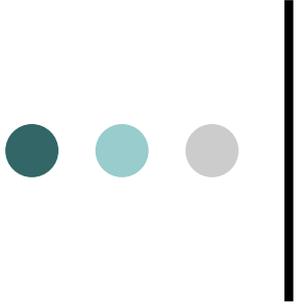


ABDOMINAL EXAMINATION

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

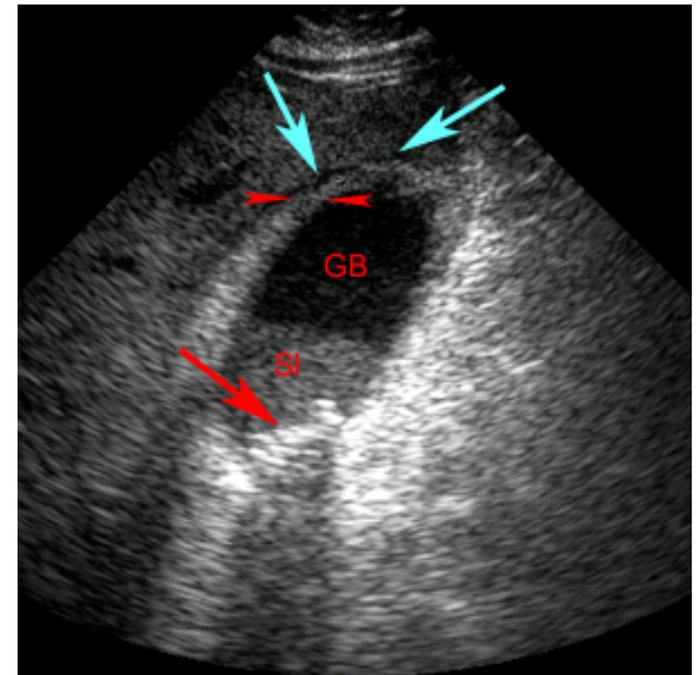
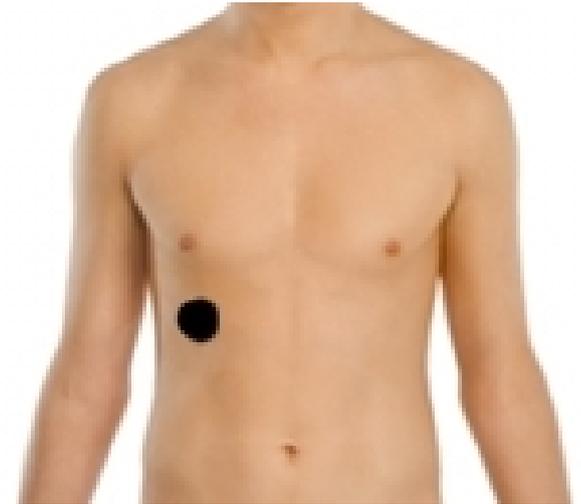
- **Tenderness:** discomfort and resistance to palpation
- **Involuntary guarding:** reflex contraction of the abdominal muscles
- **Rebound tenderness:** patient feels pain when the hand is released
- **Tenderness + rigidity:** perforated viscus
- **Palpable mass** (enlarged organ, faeces, tumour)
-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



ABDOMINAL EXAMINATION

MURPHY'S SIGN

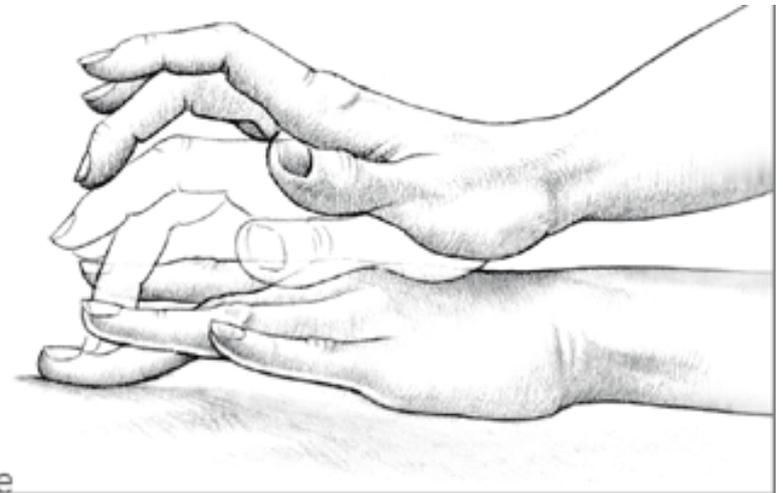
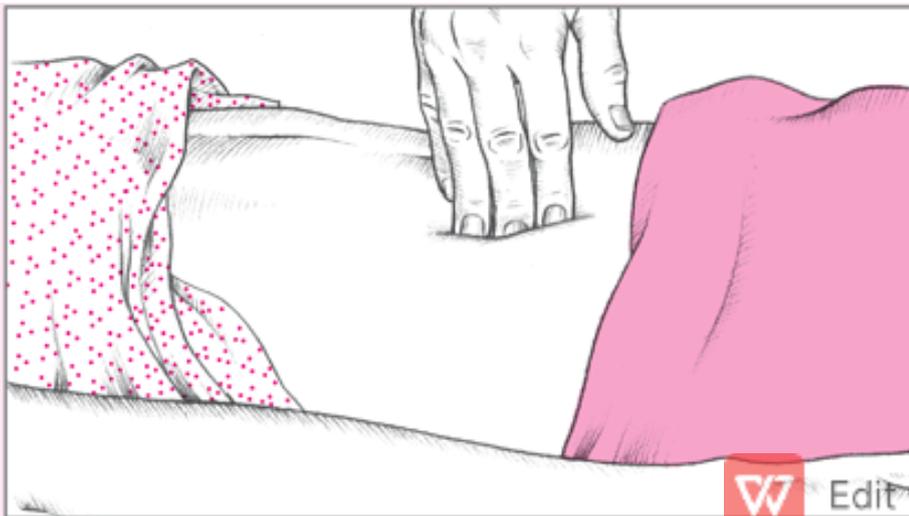
- Pain in RUQ
- Inflammation of gallbladder (cholecystitis)
- Courvoisier's law



ABDOMINAL EXAMINATION

BLUMBERG'S SIGN

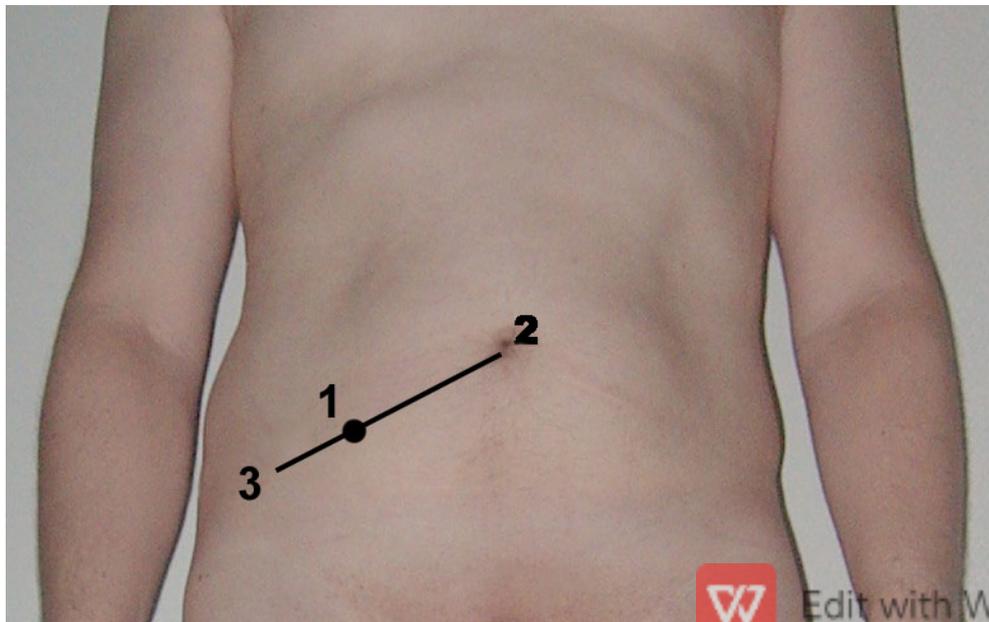
- a.k.a. rebound tenderness
- Pain upon removal of pressure rather than application of pressure to the abdomen
- Peritonitis and/ or appendicitis



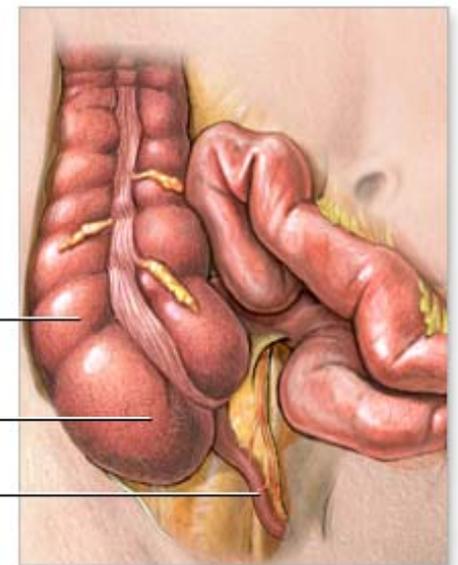
ABDOMINAL EXAMINATION

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

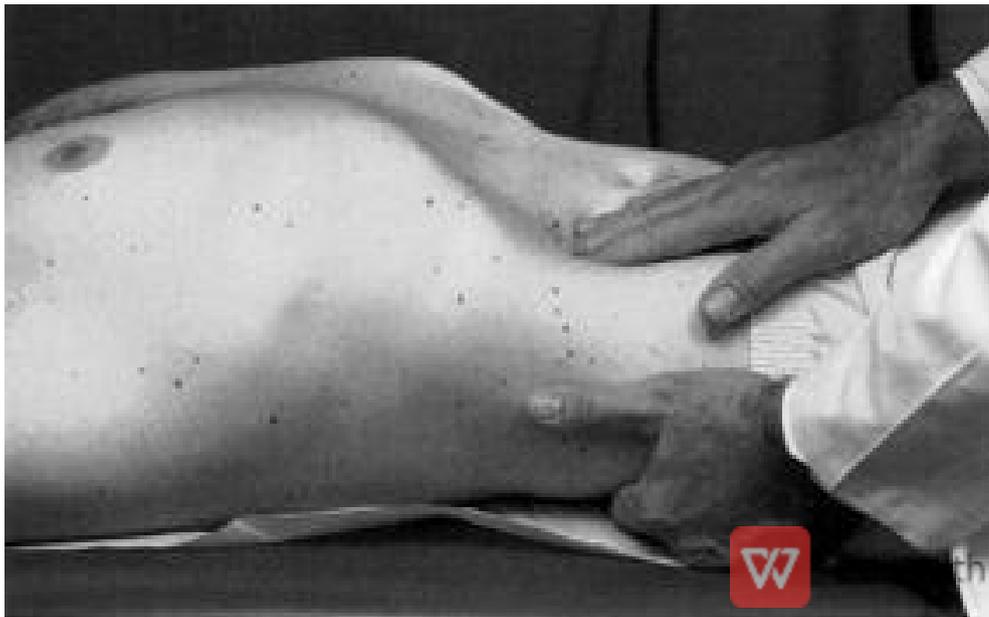
- Place the palm of your left hand against the left side of the abdomen
- Flick a finger against the right side of the abdomen
- Ask the patient to put the edge of a hand on the midline of the abdomen
- If a ripple is felt upon flicking we call it a fluid thrill = ascites



ABDOMINAL EXAMINATION

PALPATION OF THE LIVER

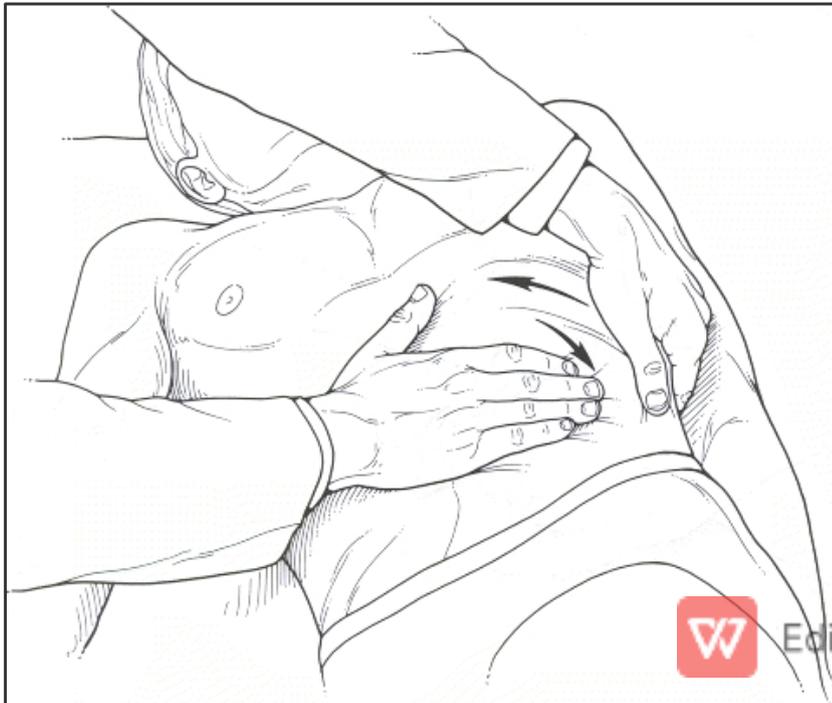
1. Start palpating in the right iliac fossa
2. Ask the patient to take a deep breath in
3. Move your hand progressively further up the abdomen
4. Try to feel the liver edge



ABDOMINAL EXAMINATION

PALPATION OF THE SPLEEN

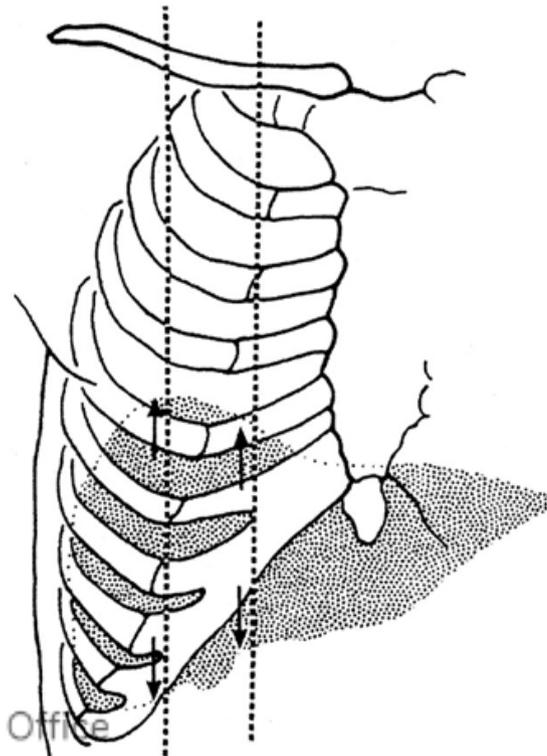
1. Roll the patient towards you
2. Palpate with your left hand while using your left hand to press forward on the patient's lower ribs from behind



ABDOMINAL EXAMINATION

PERCUSSION

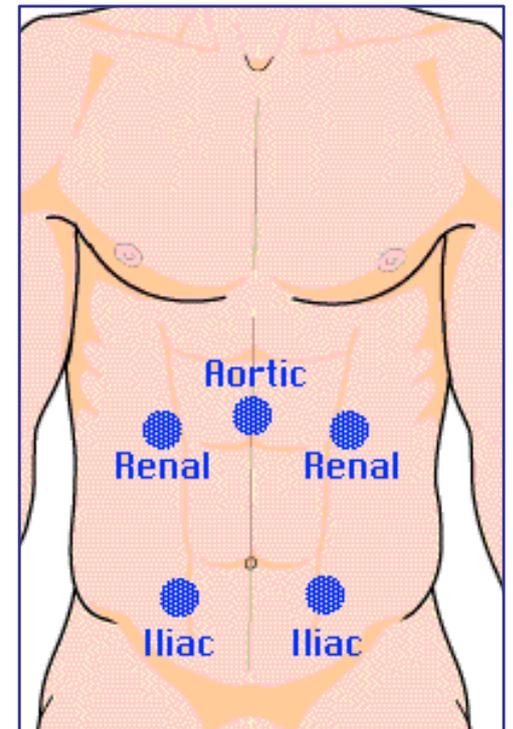
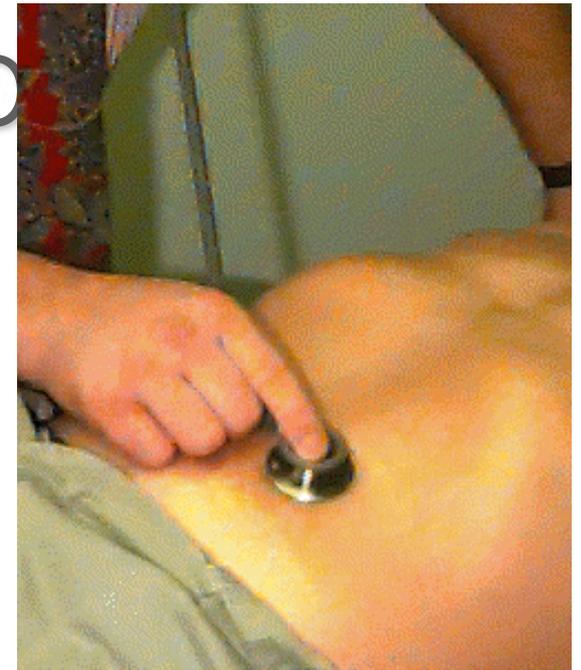
- Dull sounds: solid or fluid-filled structures
- Resonant sounds: structures containing air or gas



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



ABDOMINAL EXAMINATION



THANK YOU FOR
YOUR ATTENTION.

