ABDOMINAL
EXAMINATION

Afonso Sequeira
3rd year – General Medicine
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)
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 (Virchov’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

MCBURNEY’S POINT

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

It's your turn!!!
THANK YOU FOR YOUR ATTENTION.

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