GIT HISTORY AND COMMON SYMPTOMS

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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

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

- Hot burning, retrosternal discomfort
- Radiates upwards

**WHAT CAUSES HEARTBURN**

- Unlike the stomach, the gullet does not have a protective lining, and so it becomes sore and inflamed.
- Acid reflux is caused by acid found in the stomach - where it helps to break down food - rising up into the gullet.
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
- Oesophageal, gastric cancer
- NSAIDS
**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
JAUNDICE

- Yellow discoloration of the skin, sclerae and mucous membranes (> 50 μmol/L)
- Hyperbilirubinaemia
  - Prehepatic (haemolysis, Gillbert’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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“It’s easy to tell the difference between good cholesterol and bad cholesterol. Bad cholesterol has an evil laugh.”