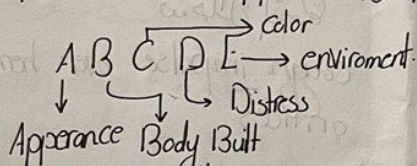


د. ناصر العطار (تلخيص ال Exam)

- 1) I have to wash my hand
- 2) I have to insure privacy
- 3) Permission + introduce your self
- 4) Position (Supine with one or no pillow)
- 5) Exposure / from nipples to Mid-thigh



I should measure the body Mass index

Vital Sign

BP / Pulse / Temp / RR

Abcd. Exam /

The abdomen is symmetrical and ()

- At the end of the bed /
- 1) Symmetry + contour
 - 2) Type of Respiration

1) Umbilicus / Centralized, inverted, no discharge or granulation

Inspection /

- 1) Stria (شوارين)
- 2) Swelling

3) Scar / حلقات عروق قبل حبس

4) Scratch Marks

5) Dilated vein

- ⑥ Visible Pulsations (النبض
ببؤة لحم نفس)
- ⑦ Visible Peristalsis
↓
بدها لحم النفس

⑧ Active inspection

↓
Divercation of recti

↓
يدير دسجوع
الحمة لثانية و دسجوع
ing. hernia عند
دسجوع لثانية

↓
Cough impulse over hernial
orifices

• Palpation / Superficial → Confidence, Tenderness, sup. Mass
Deep →

7	6	5
8	⑨	4
1	2	3

Percussion
تقسيم إلى
- مناظرة

Rt / Lt Lumber

Support

في منطقتيه بجالم

↓
نبات الإيد ونبط

↓
عناد ونبط
Loss of mass

organ assessment

Liver

في البالية

Liver Span

بخط ال

Edge

تم خط ال

لا يزال Liver بعد Exaggeration لـ 13 سم

الساعة فلت

علا وكبير ويستند لوماسعة

Present/Absent دبل

Exaggerated/Shuggish (ساجس)

خفيفا دقيقة وحدة

Rt upper
Rt lower

مساحة

Lower border

د فابصر dullness د فابصر ال Rt iliac fossa

ال upper من 2nd intercostal space كد فاسمع ال dullness

Liver

Female

8-9

Liver Span

tidal Percussion

11-10

Male

dullness نفس عيب وثقمة لتأكد من dullness

بعد حيلك palpation ← سحب نفس ونطاع فوق الح ال Edge

لما ترحم

في حال كان Sharp, nodular ← palp.

- Tender Hepatomegaly
- Hepatitis
- Budd C
- Pyogenic Liver abscess
- CHF

non-Tender

Spleen/

① Diagonal

② Causes of Massive splenomegaly/

Myelofibrosis, CMH, ^{خونستر}gauche, ^{فيلاريا} malaria, ^{ذئبة}DZ

other Causes/ Infection

Inflam → SLE, RA

تلايمية

Sarcoidosis, Amyloidosis

Hematological → Leukemia, Lymphoma, ~~MPD~~ Spherocytosis

← others

في مالطية

Infection/

Bacteria/

Infective endocarditis, brucellosis
Ricket cell DZ, tuberculosis

Virus/ EBV, Hepatitis, CMV, HIV

Protozoa/ ^{بلاريا}malaria / ^{بلاريا سيانتر}gout / ^{بلاريا}leishmaniasis

Fungus/ Histoplasmosis

Push to spleen ^{تدفع إلى الطحال} Support ^{دعم} ^{بإيدي الثانية} ^{عنه}

Gravity ^{الجاذبية} ^{تسحب} ^{في} ^{ال} ^{سpleen}

Trub's area / Costal margin و Midaxillary 6 ribs

Castell's Sign / reson بطن perc في last 3 intercostal space

(Positive) dull بصير

DD / Full stomach
✓ Splenomegaly
✓ PE

✓ Consolidation of Pneumonia

✓ Splenic mass

Kidney / ايدى تحت البطن عتاه لو في Mass والنظر مرة بآتاه فوق مرة بآتاه تحت

Ascites / Shifting Dullness (بب' افة epigastric بطن فوق ويني) area
Fluid thrill dullness لو صحت parallel ديف 2sec

dull ← reson ← dull

Ascultation / ① Aorta → Sternum, Umbilical

② B.S

③ Renal artery

④ Common iliac

I Should complete my
Exam by/

- 1) Virchow
- 2) Digital Rectal Ex
- 3) Back → Sacrum
- 4) Edema → Shite of tibia

Ankal edema, pedal edema

unitat / Trauma, Cellulitis, DVT, Rupture of
gating arthritis

COMPLICATIONS OF LIVER BIOPSY

1. Pain (0.056-22%)
 - Pleuritic
 - Peritoneal
 - Diaphragmatic
2. Hemorrhage
 - Intraperitoneal
 - Intrahepatic and/or subcapsular
 - Hemobilia
3. Bile peritonitis
4. Bacteremia
5. Sepsis (0.088%) and abscess formation
6. Pneumothorax and/or pleural effusion
7. Hemothorax
8. Arteriovenous fistula
9. Subcutaneous emphysema
10. Anesthetic reaction
11. Needle break
12. Biopsy of other organs
 - Lung
 - Gallbladder
 - Kidney
 - Colon
13. Mortality (0.0088-0.3%)

Symptoms

1. Right hypochondrial pain due to stretching of liver capsule as a result of hepatomegaly.
2. Ankle swelling due to fluid retention.
3. Gynaecomastia (enlargement of male breast), loss of libido and amenorrhea due to endocrine dysfunction
4. Pruritus due to cholestasis, this is often an early symptoms of primary biliary cirrhosis.
5. Hematemesis and melena from GIT hemorrhage
6. Confusion and drowsiness due to neurological complication (hepatic encephalopathy).

Signs:**Skin**

- Palmar erythema indicating hyperdynamic circulation. (may also occur in pregnancy, thyrotoxicosis, rheumatoid arthritis, CO₂ retention and old age).
- Clubbing occasionally occur.
- Dupuytren's contracture (often in alcoholic cirrhosis).
- Spider nevi: these are telangiectasias that consist of a central arteriole with radiating small vessels. They are found in the distribution of the superior vena cava (i.e. above the nipple line).
- Jaundice

Abdomen

- Initial hepatomegaly followed by small liver in well established cirrhosis.
- Splenomegaly – indicating portal hypertension.

Endocrine system

- Testicular atrophy
- Gynecomastia: enlargement of male breast occurs due to decreased estrogen metabolism in diseased liver, it also results from treatment with spironolactone, a diuretic commonly used for edema and ascites in cirrhosis.

SIGNS & SYMPTOMS OF LIVER DISEASE**ACUTE LIVER DISEASE****Symptoms**

- Anorexia
- Malaise
- Fever
- Jaundice

Signs

- Jaundice
- Hepatomegaly
- Pale stool and dark colored urine

With complications

- Jaundice
- Encephalopathy: (drowsiness, stupor, flapping tremor of outstretched hands, and fetor hepaticus).
- Collateral veins e.g. veins around the umbilicus forming *caput medusae*
- Peripheral edema
- Ascites.

HOW TO EXAMINE PATIENT OF CLD

Sequence of examination in chronic liver disease (ranging from chronic hepatitis to cirrhosis of liver) should be as following:

Hand

- Clubbing, leuconychia
- Pallor, palmar erythema, Dupuytren's contractures, flapping tremor.
- Spider nevi, scratch marks (due to pruritus) generalized pigmentation.

Eyes and face

- Jaundice, cyanosis,
- Parotid enlargement.

Chest

- Spider nevi
- Loss of axillary hair
- Gynecomastia.

Abdomen

- Splenomegaly, Hepatomegaly
- Ascites

Legs

- Pedal edema

ACUTE LIVER DISEASE

CAUSES

1. Viral infections

- Hepatitis virus A, B, C, D, E
- Epstein – Barr virus
- Cytomegalovirus
- Yellow fever virus

2. Non-viral infections

- Leptospira
- Toxoplasma gondi
- Q fever

3. Poisons

- Aflatoxin
- Carbon tetrachloride
- Mushrooms

4. Drugs

- Paracetamol
- Halothane

5. Alcohol

6. Other

- Pregnancy
- Shock
- Wilson disease

CAUSES OF HEPATOMEGALY

Infections

viral

- Hepatitis
- Infectious mononucleosis

Bacterial

- Pyogenic liver abscess
- Typhoid
- Brucellosis syphilis of liver

Parasitic

- Malaria
- Kalazar
- Schistosomiasis
- Hydatid cysts

Early cirrhosis

Alcoholic fatty liver

Congestive

- Congestive cardiac failure
- Constrictive pericarditis
- Budd- Chiari syndrome (obstruction of hepatic vein)

Neoplasm

- Hepatocellular carcinoma
- Cholangiocarcinoma
- Secondary tumors (metastatic)
- Leukemias
- Lymphoma
- Myeloproliferative disorders

Apparent

- Low-lying diaphragm as in emphysema
- Reidel's lobe of liver (projection in right iliac fossa)

Causes of painful hepatomegaly

- Viral hepatitis
- Liver abscess
- Congestive cardiac failure
- Hepatocellular carcinoma

Causes of hepatosplenomegaly

- Chronic liver disease
- Myeloproliferative diseases
- Lymphoproliferative disorders such as chronic lymphocytic leukemia, lymphoma.
- Disseminated tuberculosis
- Brucellosis, Infectious mononucleosis
- Megaloblastic anemia
- Chronic hemolytic anemia
- Gaucher's disease
- Amyloidosis
- Congestive cardiac failure

CAUSES OF SPLENOMEGALY

Massive

More than 8 cm below the costal margin or reaching to the umbilicus.

- Chronic malaria, kalazar
- Chronic myeloid leukemia (CML)
- Myelofibrosis
- Primary lymphoma of spleen
- Rarely in portal hypertension also

Moderate

About 4-8 cm below costal margin or large but not reaching to umbilicus.

- All causes of massive splenomegaly (obviously it is moderate before massive)
- Portal hypertension
- Leukemia, lymphoma
- Thalassemia
- Gaucher's disease

Small

Just palpable or 2-4 cm

- The causes listed above
- Polycythemia, hemolytic anemia
- Malaria, infective endocarditis, hepatitis, infectious mononucleosis.
- SLE, RA, polyarteritis nodosa

Common causes of hepatomegaly

- Hepatitis
- Cirrhosis
- Liver abscess
- Congestive
- Neoplastic
- Hydatid cyst

بسم الله الرحمن الرحيم

General Ex.

د. ناهي اعطار

insure privacy قبل ما تدخل لازم
معلخ حلو وعمر

Position زي ما عيب المريض / ناييم احسنك

فيس حد بالمعنى العيب < كلم unwell

I Should measure BMI في B.B

Hand

Claw hand

- RA, Distal
- Chronic injury
- Confidence
- Deformity
- Rhynod phenomena
- Dry, Cold, hot, Sweaty

Clubbing نزل مع صور المريض في استوسع
Grade [1]: obliterating of angle
Grade [2] ليه فليها

Test

Grade [2] الـ Fluctuation هو
Edema

لو شطيت
انفو عنس Clubbing

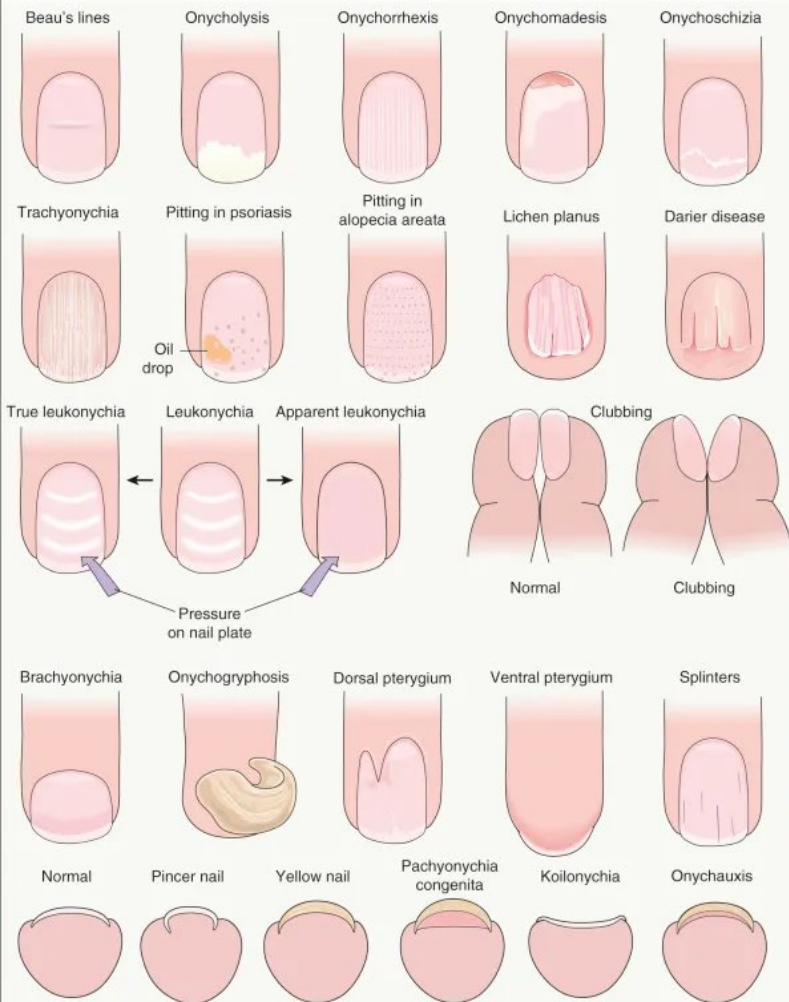
Grade [3] increase curvature

Drum stuck

Causes / Resp.: Sup. → Bronch, abscess, Emphy
TB, cystic Fibrosis, Cancer, Mesothelioma, interstitial Lung
fibrosis

Cardio: Cong Cy, Inf. End, Myxoma → Lt atrium (تومة عباره عن)
AV fistula

NAIL SIGNS AND NAIL DISORDERS



Leuk, Koli, onych, splinter hemorrhage
 Trauma → Infective endocarditis → JLE → RA

- Wasting? Nails → interossal Muscle
- Reynold phenomena, peripheral cyanosis ⇒ في أطراف الأصابع
- Palmar erythema, wasting on thenar and hypothenar, Dup. contraction
- Tremor → Tension/Fine → Flapping → failure. → hypothyroid. Anorexia

↓
 outstretched hand. ← رجع إليه لورا وهو فلق
 الأصابع إليه.

[2] Arm / [1] Vital Sign: ① pulse → زيادة سرعة
 Pulse Catch
 في

regular ← [1] اه انت و بصر في [2] ←
 بغير لمدة
 irregular ← بعده في دقيقة
 خط حائلي وخط اعلى
 Apex beat لمدة دقيقة عشان
 Pulse deficit.

✓ Pulse بتوف ال rate / rythem / Volume
↓ ③

Big vessels
↓

Carotid ال

Thumb ال
unitat.

Normal, small / Large
بعض

بعض Bihat عتاه
syncope, hypoxemia
فارسير

✓ Dissecting aortic aneurysm ← equal Bihat.
Pulse بتوف ال rate / rythem / Volume
↓ ②

✓ Takayasu's.

Radial ال, femoral ال ← Radiotemoral Delay
Coagulation. ↓
of Delay بلا فيه فيه
Aorta.

② RR → حجب في دقيقة لافلة

↓

Pattern
of apnea

↓

Mov. of Abd.

12.16

③ Temp.

④ Blood Pressure.

③ Hair / ^{نارباتا} Alopecia areata ^{ساحة صغيرة}
^{نوتال} Alopecia totalis (post chemotherapy)

④ Eye / Loss of outer third of eyebrow

Hypo senility (الطار)

Jandice, Pallor (

Sclera

Conjunctiva

عيه وحدة ديزل الجفم في تحت
وايدي الثانية على زاسع المرض

تظلمت

Nose + Ear $\Rightarrow$ Discharge / deformity.

① Angular stomatitis $\leftarrow$ المريض الحارثية

IDA

② Lips

Cynosis = peripheral or central

لأنه أهم سبب peripheral هو central

يفتح المريض فمه ويقلب لسانه ويطبع ::

① Cynosis (Central)

② Dehydration $\rightarrow$ dorsum part of tongue
Mouth Breathing
Dry لسان

Soft palate $\leftarrow$ Jaundice

Painful

① IBD

② Behcet's D ϕ

③ Malignancy

④ Celiac D ϕ

Mouth ulcer

SHE

Painless

Mouth ulcer.

(Smooth, Red, loss of papilla) Glossitis

IDA

Anemia

Vit

(B12)

Plummer Vinson syndrome

Betty tongue

$\rightarrow$ urine output

$\rightarrow$ hypotension

$\rightarrow$ Tachycardia

$\rightarrow$ Dry MM

$\rightarrow$ oral breathing

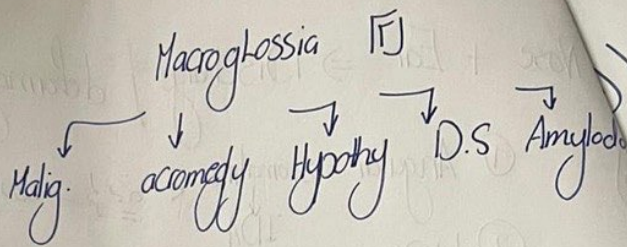
$\rightarrow$ Sunka guest

$\rightarrow$ Skin hunger

2 sec

في الباروف

stomach



Red, Easy Bleeding ← Gingivitis [1] ← Gum J.

↓ سكري
S Curvy Df = Vit C def.

[1] Drugs / النشويات
Cat chamber / سكرين
Gum hypertrophy [1]

[2] AML

Pet2
خوش
syndrome

= Gingival hyperplasia.
Addison ← pigmentation.

Dental

Caries
= hyaline
توحيد الأسنان

[7] Neck ⇒ Neck Swelling
↓
Goiter, Thyroid cyst.
thyroglossal

Amr Lymph nodes/

تقفورا الحريصة

- ① Sub mental
- ② Sub mandibular
- ③ Preauricular
- ④ ^{Post} Auricular

فسورا

⑤ Cervical

مربوطة
sternoclav. M

↓
Sup Middle Inf

⑥ occipital

من الأمام
خبط

من خلف الكتف ويدبر وجهه

⑦ Supraclavicular

Left
↓
GI Malign.

Rt
↓
Lung Cancer
TB

⑧ Axilla → 5 Groups

شمال بضع باليمين وشمال باليد الثانية وايد على ايد

⑨ Epitrochlear

جيب ال Brachial

⑩ ing

⑪ Popliteal

لل Mid thigh عشاء
ال edema
||

لوقيت رطلع Sacrum ورا
فالقيت بي اشوف Ankal / pedla

بسم الله الرحمن الرحيم

هيل سيز قوت

General Exam

WIPF :: wash your hand → I have to wash my hand

Introduce yourself

مرحباً أنا د. هيل سيز قوت. طالبة سنة رابعة
هيب، عطف، تواصل، يتسألني، يوفيك؟

Insure privacy / take permission / Position.

Pt on spine position: with one or no pillow

Abd. Exam

عنه الحذيت عنه

Exposure / From the nipple to the Midhigh. (the ideal exposure)

I should expose the pt from nipple to midhigh
but for social reasons I will expose from the xiphisternum
to the symphysis pubis.

Nipple

ملاحظة في موضوع ال Position للمريض لازم يكون مرتاح وراية على جنبه

لا يمكن تطبيب المريض بغير ركبته الارطاد عضلات البطن

Flex hip to 45°, knee 90° to Relax Abd. muscles

[2] ABCD

From the end of the bed.

[1] Appearance

[4]

- ① The pt is lying comfortable in position
- ② The pt looks (ill, well, in pain?)
- ③ Mental status (alter, conscious, comatose)
- ④ oriented to (time, place, person)

Temporalis Muscle wasting
Cachexia
في فرصة

لا انا جميع ولا ليل
لا ديه انا موجوديه
[3] عارف فيه انا فيه انا فعلى الشئ

[2] Body Built / The pt has average body Built.
under weight, over weight

مودة. ناهر لعمار بظلمة. I should measure BMI

weight
Height 2

[18.5] . [24.9] : Normal BMI

[3] Color / ① Pallor → Pale Skin due to anemia

② Jaundice → Yellowish discoloration

③ Cyanosis

Bluish discoloration due to increase deoxy Hb > sgl dh

Central

Peripheral

Lips / Tongue

Fingers / toes

[1] Sclera

[2] Skin

[3] MM

① Conjunctiva of eye (بطينه)

② Palms of Hand (Palm creases)

③ Lips + tongue

No abnormal discoloration, There's no Pallor, Jaundice, cyanosis.

Distress / dyspneic المريض كيف يتنفس هل هو

stomatodeidomatid tachypenic
Bradyenic.

The pt is not distressed.

stomatodeid.

Major ←

Trap

accessory muscle

← باخذ وبقيل

5 Environment / Nasogastric tube Catheter. IV Lines, NG tube, Stoma, O₂ mask, urine

The pt has لو Cannula in his لت arm
Connected to لو (normal Saline)

No any attachment

3 I have to take vital Signs. (دنا هم لعطار)

1 Pulse

2 RR

3 BP

4 Temp.

2

From the Rt Side / Take permission Again..

1] Hands / 1] Nails: ① Clubbing: Enlargement of the distal of the fingers / toes

من زرع ونفوذ كبر

Stages / 1] Fluctuation and softening of nail bed (normal appearance)

2] Obliteration of the angle between the Nail and proximal nail fold (Lovibond angle) / obliteration of Schamberg's Sign / w indow.

$> 180^\circ$
clubbed Nails

② 160° normal nails.

fold ← Plate

Plate

3] Increase Curvature of nail bed

4] Drumstick Appearance.

5] Hypertrophic osteoarthropathy

X Ray

General ← انواع كثيرة في General Cong / familial 5-10%

Causes of Clubbing

Bronchiectasis
Cancer
↑
Suppurative
Abscess/empyema
↑
interstitial

Acq.

Resp

CVS

GI

others

1] Lung Cancer, 2] Chronic suppurative Conditions: Bronchiectasis, lung abscess, Empyema, cystic Fibrosis
3] Fibroma 4] Pulm. Fibrosis
= 5] Mesothelioma.

① Infective endocarditis (white clubb.)
② Cyanotic Cong heart Df (blue clubb.)
③ Arteriovenous shunts and aneurysms

① Cirrhosis
② IBD
③ Celiac
④ GI Cancer lymphoma

Thyrotoxicosis
↓
Thyroid atropathy
Familial

leukonychia / white discoloration of nails (white patches or stria)

Causes / 1) IDA

2) Liver cirrhosis

3) Hypoalbuminemia in nephrotic syndrome

3) Koilonychia / Spoon nail

Causes / Anemia

Painless

4) Onycholysis / Separation of the nail plate from the underlying nail bed or lat. supporting structures.

Causes / 1) Fungal infection (onychomycosis)

2) Trauma

3) Psoriasis

5) Splinter Hemorrhage / Red to Black, Small, thin, long lines under the nail plate.

Causes / 1) MEC → Trauma, Nail biting

2) Infective endocarditis.

4

⑥ Terry's Nails | . Fingernails appear white with a thin band of pink at the base.
 "Ground glass" appearance, without lunula.
 Causes | ① Cirrhosis, ② DM

⑦ Tar Stains | SMOKER'S

⑧ Blue Lunulae | Wilson's

② Hand | ① Sweaty, warm/cold (Temp.) → Liver Cirrhosis or hyperthyroidism
 Dry wet

② Muscle wasting (Thenar, hypothenar).

③ Palmar erythema → ① Liver cirr. / ② Preg.

③ Thyrototoxicosis
 ④ Abnormal pigmentation → Primary biliary cholangitis.

⑤ Pallor → Palmer Creases.

⑥ Dupuytren's Contracture → Flexion deformity in Ring + Little finger.
 ① Alcoholic Liver
 ② DM

Fibrosis + thickening of Palmar fascia

Flapping tremor (Asterixis) / Tremor of outstretched hand.

عنه تظهر يدها كالقطة
عند إيداعه

- ① No abnormality maybe
② Sleep dist. Asterixis moderate usually
③ Drawiness, Confusion Asterixis usually
④ Marked confusion, Somnolent
⑤ Coma

- Causes / 1) Liver Failure
(Hepatic encephalopathy)
2) CO_2 Retention and Resp. Failure
3) Renal Failure
4) Electrolyte's disturbance
Hypo Mg^{+2} / K^{+} glycemic
5) Drug / Alcohol / opioids.

3) Arm and Forearm / 1) Spider nevi / Central arteriole surrounded by many smaller vessels → Pathological
In the distribution of SVC trunk, face Neck, upper limbs.
Liver Cirrhosis.

[2] Scratch Marks → PBC, Cholestatic pruritus

Bile Acid.

← بيب ال

[3] Tatto or needle marks → HIV, HCV

[4] Ecchymosis, petechia → Cirrhosis Coag. Factor

[5] Dermatitis herpetiformis extensor surface of arms and legs → Celiac D†

[6] Acanthosis Nigricans → GI cancer

[7] Water Hammer pulse → Radial pulse

Pulse
في راحة قبل طاعة
الاصابع

Aortic reg.
Hyperdynamic circula

Phy. → Pter preg
Cardiac → A.R.
→ Pat. duct arter
systolic hyper

Symptoms/Anemia
- thyroid toxicosis
- Paget's d†

↑ برفع ايده وخط اصابع وال thumb ورا ← حسه طاعة

[7] P.E. و S.N. ملاحة / (5) S.N. بكونه ملاحة / break down
preg Normal

1 Causes of Clubbing:-

① Respiratory:- ① Suppurative lung dz lung empyema
Lung Abscess
Bronchiectasis.

②- TB, cystic fibrosis.

③- Lung Cancer

④- Mesothelioma. $\Rightarrow$ pleural effusion

⑤- interstitial lung fibrosis $\Rightarrow$ common.

⑦ CVS $\Rightarrow$ - cyanotic H. dz.
- infective endocarditis.
- Myxoma (Benign tumor affecting chambers of Heart)
- AV-fistula

③ GI $\Rightarrow$ - Celiac
- IBD
- Cirrhosis
- Hepatocellular Carcinoma.

④ Endocrine $\Rightarrow$ Hyperthyroidism (Graves' acropathy).

⑤ familial.

2 Causes of Asthenia:-

① Failures Res.
CVS Heart
Cirrhosis
CKD

3] Causes of unequal Bilateral pulse?

1 - Dissecting aortic aneurysm.

2 - Takayasu

4] Causes of delay radio femora?

Coarctation of aorta

5] Cause of loss of entire 1/3 of eye brow?

1 - Scurvy

2 - Hypothyroidism.

6] Angular stomatitis

IDA
~~IDA~~

7] Causes of ulcer :-

- SLE → painless

- Bacterial

- Catarrh → painful

- IBD

8] Signs of Dehydration :-

oral breathing,
rhinorrhea
Sunken eye

9] Causes of beefy tongue (glossitis)?

B12 D (More common).

IDA

Plummer Verson

10] Causes of pigmentation

PetZ.
Jehgar
Addison

11] Macroglossia

12] Causes of gingival hyperplasia

13] Causes of gingivitis
↓
Scurvy. 14]

Inflammation $\leftarrow$ SLE
RA

Hematological $\leftarrow$ leukemia
lymphoma
thalassemia

other cause $\leftarrow$ Gaucher disease
amyloidosis
Sarcoidosis

Abdomen questions

1) Causes of tender hepatomegaly?

- Budd Chiari ~~to~~
- Hepatitis.
- Pyogenic liver abscess.
- Rt side liver failure.

2) Causes of Massive Splenomegaly?

1) ~~infectious~~ Malaria, CMV,
Kala-azar, Gaucher dz
, Myelofibrosis.

2) infection $\leftarrow$ infective endocarditis
T.B
Typhus ab.
brucellosis

back
in
list

viral $\leftarrow$ CMV
EPV
HIV
acute hepatitis

Protozoa $\leftarrow$ malaria
Kala-azar
schistosomiasis

Fungal $\Rightarrow$ Histoplasmosis

6.13 Causes of splenomegaly

Haematological disorders

- Lymphoma and lymphatic leukaemias
- Myeloproliferative diseases, polycythaemia rubra vera and myelofibrosis
- Haemolytic anaemia, congenital spherocytosis

Portal hypertension

Infections

- Glandular fever
- Malaria, kala-azar (leishmaniasis)
- Bacterial endocarditis
- Brucellosis, tuberculosis, salmonellosis

Rheumatological conditions

- Rheumatoid arthritis (Felty's syndrome)
- Systemic lupus erythematosus

Rarities

- Sarcoidosis
- Amyloidosis
- Glycogen storage disorders

6.14 Causes of ascites

Diagnosis	Comment
Common	
Hepatic cirrhosis with portal hypertension	Transudate
Intra-abdominal malignancy with peritoneal spread	Exudate, cytology may be positive
Uncommon	
Hepatic vein occlusion (Budd–Chiari syndrome)	Transudate in acute phase
Constrictive pericarditis and right heart failure	Check jugular venous pressure and listen for pericardial rub
Hypoproteinaemia (nephrotic syndrome, protein-losing enteropathy)	Transudate
Tuberculous peritonitis	Low glucose content
Pancreatitis, pancreatic duct disruption	Very high amylase content

TABLE 2

Causes of Leg Edema in Older Patients

Bilateral Leg Edema

- Congestive heart failure
- Renal failure
- Hepatic cirrhosis
- Malnutrition (hypoalbuminemia)
- Myxedema
- Drug reactions
- Lymphedema

Unilateral Painful Leg Edema

- Deep venous thrombosis
- Trauma
- Ruptured muscle
- Ruptured baker's cyst
- Abscess
- Cellulitis
- Compartment syndrome (Post-leg bypass)

Unilateral Painless Leg Edema

- Chronic venous insufficiency
- Lymphedema
- Soft-tissue or vascular tumors
- AV fistula
- External venous compression

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With edema

- Primary superficial chronic venous disease
- Primary deep chronic venous disease
- Postthrombotic syndrome
- Constant venous compression
 - Lymph node affections
 - Tumors
 - Retroperitoneal fibrosis
 - Arterial aneurysm
- Sporadic venous compression
 - May-Thurner syndrome (Cockett's syndrome)
 - Pregnancy

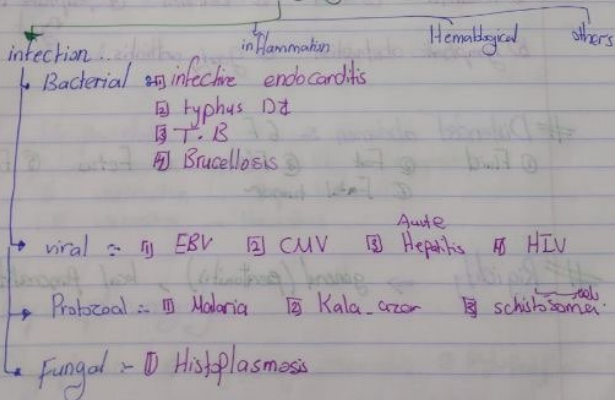
Anti-hypertensive drugs

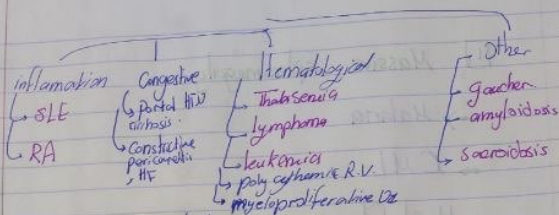
- Calcium channel blockers
- Beta blockers
- Clonidine
- Hydralazine
- Minoxidil
- Methyldopa
- Hormones
 - Corticosteroids
 - Estrogen

[1] Massive splenomegaly :-

- Malaria
- CML
- Myelofibrosis
- Kala-azar (visceral leishmaniasis)
- Gaucher disease

[2] other causes splenomegaly





Dullness - costelli sign :-

- 1] splenomegaly
- 2] consolidation
- 3] Full stomach
- 4] pleural effusion
- 5] splenic mass

unilateral L.L. edema

- 1] Trauma
- 2] DVT
- 3] cellulitis
- 4] Rupture Baker cyst
- 5] lymphatic obstruction
- 6] gouty arthritis

Distended abdomen :- 6 F

- 1] Fluid
- 2] Fat
- 3] Flatus
- 4] Fetus
- 5] Feces
- 6] Fatal tumor

Rigidity $\Rightarrow$ general (peritonitis), local pancreatitis

scratch Marks & (liver cirrhosis + cholestasis)

splinter Hemorrhage :- (Trauma + infective endocarditis)

tar Staining (smoking) is

stages of encephalopathy :-

- 0 no change
- 1 ~~impaired~~ sleep disturbance, ^{Impaired} attention span
Euphoria, asterixis
- 2 lethargy, drowsiness, slurred speech
- 3 confusion, absent asterixes, stupor
- 4 coma

clubbing :-

- ① Thoracic :
 - ① lung cancer
 - ② suppurative lung dz
 - ↳ empyema
 - ↳ lung abscess
 - ↳ Bronchiectasis
 - ↳ cystic fibrosis
 - ③ Mesothelioma
 - ④ Pulmonary Fibrosis
- ② GIT :
 - ① celiac
 - ② IBD
 - ③ liver cirrhosis
- ③ Cardiovascular :
 - ① Cyanotic Heart Dz
 - ② infective endocarditis
 - ③ AV. shunt
- ④ other : thyrotoxicosis
- ⑤ Familial

Causes of asthenia :-

↳ 4 Failure

- ↳ Resp
- ↳ Heart
- ↳ Liver
- ↳ Kidney

Cause of unequal Bilat. Pulse ?

① Dissection aortic aneurysm ② ~~for~~ for Kayasu

Cause of Delay Radiu femoral ?

② Coarctation of aorta

Cause of loss outer $\frac{1}{3}$ of eyebrows.

① Hypothyroidism ② senility

angular Stomatitis :- IDA

oral ulcer :-

① SLE → Painless

② ^{case} Behcet's ~~Dis~~ celiac ④ IBD (Painful)

Sign of dehydration :-

- oral breathing
- sunken eye
- ~~flaccid~~ ^{flaccid}

glossitis $\Rightarrow$ $B_{12} \downarrow$, IDA, Pellagra

Macroglossia $\Rightarrow$ ① acromegaly
② malignancy
③ Hypothyroid
④ Down $\downarrow$
⑤ amyloidosis

oral pigmentation $\Rightarrow$ Addison, Peutz Jegher

Cause of gingivitis $\Rightarrow$ scurvy

gum hypertrophy $\Rightarrow$ AML

② Drugs $\Rightarrow$ ventral, cyclosporine, Ca^{2+} channel

investigation Asitis //

① SAAG ② total p. ③ cell count ④ culture
⑤ Amylase ⑥ pH ⑦ glucose ⑧ cytology

antiphospholipid \$:- (یپ)

II 2 clinical

- ↳ recurrent DVT
- ↳ recurrent abortion

III 3 Lab

- ↳ anticardiolipin
- ↳ anti B₂ glycoprotein
- ↳ lupus anticoagulant

Bilateral L.L. edema (یپ)

- chronic
- ↳ systemic d_t (Cardiac / Renal / Hepatic)
 - ↳ lymphedema
 - ↳ lipedema
 - ↳ venous insufficiency

- acute
- ↳ Medications
 - ↳ Bilateral DVT

stria :- 1) Pregnancy 2) 6Fs distension
3) Rapid wt gain or loss 4) HS cushing

Periumbilical nodule (GI Malignancy) $\Rightarrow$ Sister Mary Joseph N.

semilunar umbilicus $\Rightarrow$ Paraumbilical Hernia

epigastric Pulsation :-

- 1) Aortic aneurysm
- 2) Pulsating liver (2nd tricuspid regurg)
- 3) Rt. ventricular Hypertrophy
- 4) normal (in thin pt)

Hypoactive Bowel sound :- intestinal obstruction.

Absent " " " " Paralytic ileus

visible peristalsis :-

- $\rightarrow$ Pyloric stenosis $\Rightarrow$ Lt to Rt in epigastric
- $\rightarrow$ SB obstruction $\rightarrow$ Step ladder
- $\rightarrow$ LB obstruction $\rightarrow$ Horseshoe

Hepatosplenomegaly :-

- 1) Lymphoma
- 2) amyloidosis, sarcoidosis
- 3) Myeloproliferative DZ
- 4) cirrhosis + Portal HTN
- 5) glycogen storage dz

tender Hepatomegaly:-

① Acute Hepatitis

Inflammation
infection

Bacterial
Pyogenic
abscess

viral
HAV
HEV

Parasite

② Drug induce
liver injury

③ alcoholic Hepatitis

② Impaired venous outflow:-

↳ Budd Chiari

↳ RHF

↳ Hepatic sinusoidal obstruction syndrome

Non tender Hepatomegaly:-

① liver cirrhosis (early)

② Hematological (leukemia, lymphoma, myeloproliferative etc)

③ Infection (viral (HBV, HCV, EBV, CMV), Bacterial (cryptosporidiosis))

④ infiltrative (sarcoidosis, amyloidosis)

⑤ Polycystic liver dz

⑥ malignancy

⑦ Metabolic (glycogen storage, Gaucher, Fatty liver)

Late Hepatomegaly liver cirrhosis:-

- 10 tumor
- 12 Fatty liver
- 13 Hemochromatosis
- 14 Wilson's

ascites :-

10 SAAG

→ High SAAG (≥ 1.1) Portal HTN

≥ 2.5 (Hard)

- ↳ R. HF
- ↳ Constrictive pericarditis
- ↳ Tricuspid regurg

< 2.5 (river)

- ↳ Portal HTN
- ↳ Hepatic outflow obstruct
- ↳ Budd-Chiari
- ↳ Hepatic SOS

→ Low SAAG (< 1.1) Non Portal :

- ↳ Peritoneal TB
- ↳ pancreatitis
- ↳ Peritoneal carcinoma
- ↳ Nephrotic obstruction
- ↳ Lymphatic obstruction

Late Hepatomegaly liver cirrhosis:-

- 10 tumor
- 12 Fatty liver
- 13 Hemochromatosis
- 14 Wilson's

ascites :-

10 SAAG

→ High SAAG (≥ 1.1) Portal HTN

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- ↳ R. HF
- ↳ Constrictive pericarditis
- ↳ Tricuspid regurg

< 2.5 (river)

- ↳ Portal HTN
- ↳ Hepatic outflow obstruct
- ↳ Budd-Chiari
- ↳ Hepatic SOS

→ Low SAAG (< 1.1) Non Portal :

- ↳ Peritoneal TB
- ↳ pancreatitis
- ↳ Peritoneal carcinoma
- ↳ Nephrotic obstruction
- ↳ Lymphatic obstruction