

First day in Nasser hospital:

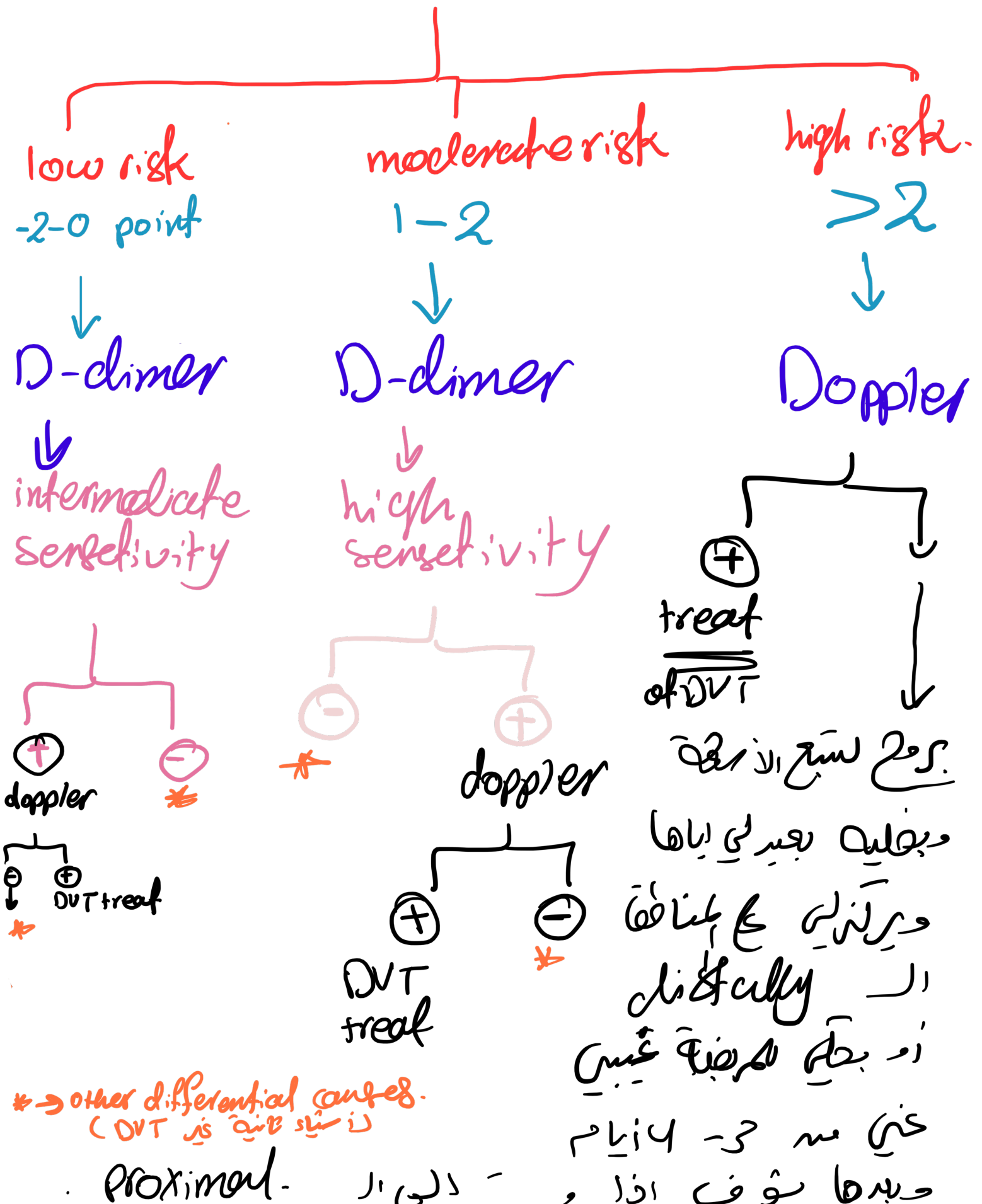
- DVT with Dr. Alla.
- Asthma + Upper GI Bleeding with Dr. Mohammed. (أحمد).

~DVT~

Wells score:

Clinical Feature	Points
<u>Active cancer</u> (on treatment, treated in the last 6 months or palliative)	1
Paralysis, paresis or plaster immobilisation of the lower limb	1
Bedridden for 3 days or more, or major surgery in the past 12 weeks requiring general or regional anaesthesia	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg swollen	1
<u>Calf Swelling</u> 3 cm larger than the symptomatic side	1
<u>Pitting oedema</u> confined to the symptomatic leg	1
Collateral superficial veins (non-varicose)	1
<u>Previous DVT</u>	1
Alternative diagnosis is at least as likely as DVT	-2
Clinical probability simplified score	Points
DVT likely	2 points or more
DVT unlikely	1 point or less

According to the wells score the DVT classification:



note / D-dimer → (منفی ولا مثبت)

Doppler VS

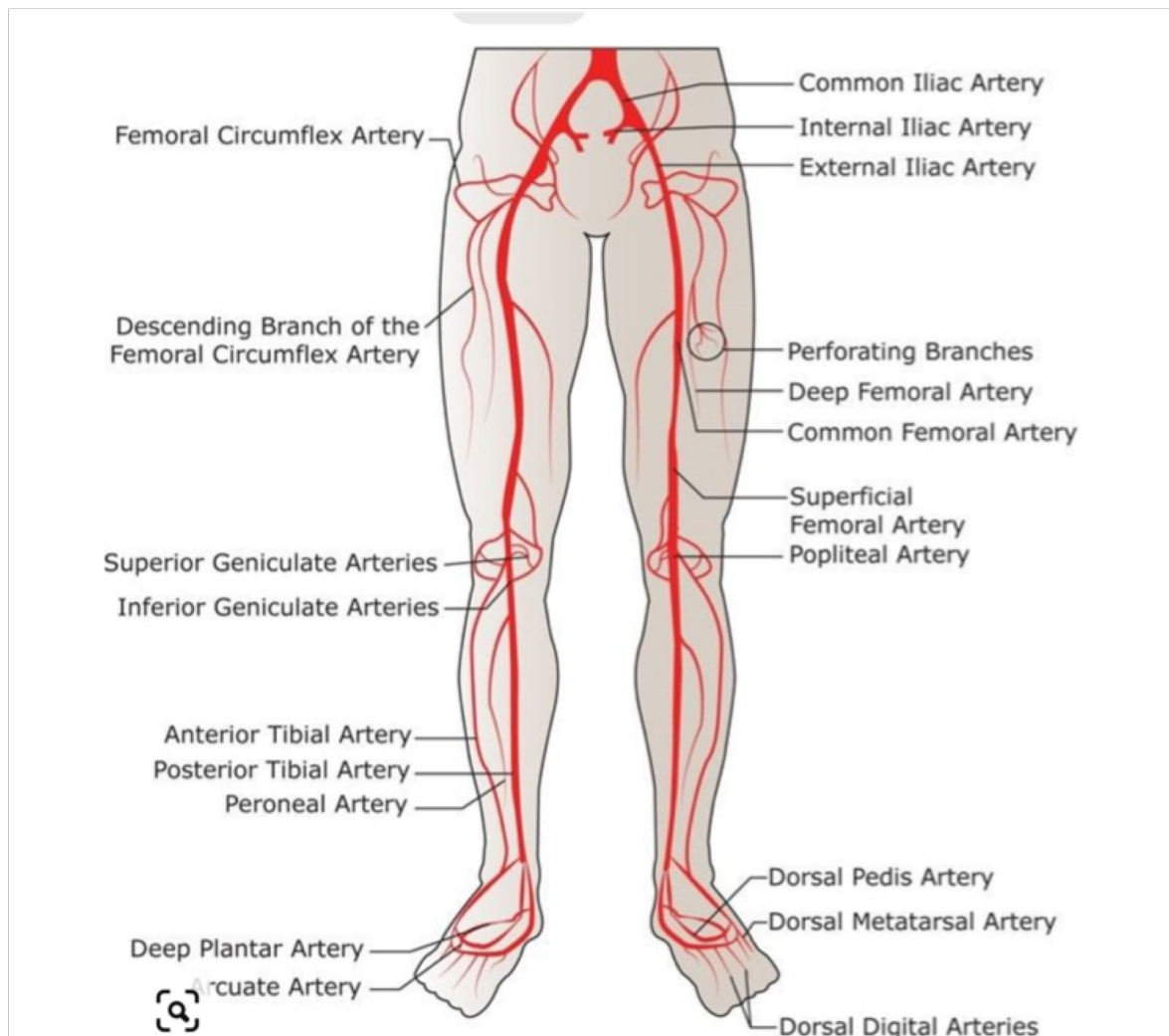
compression
US proximal.

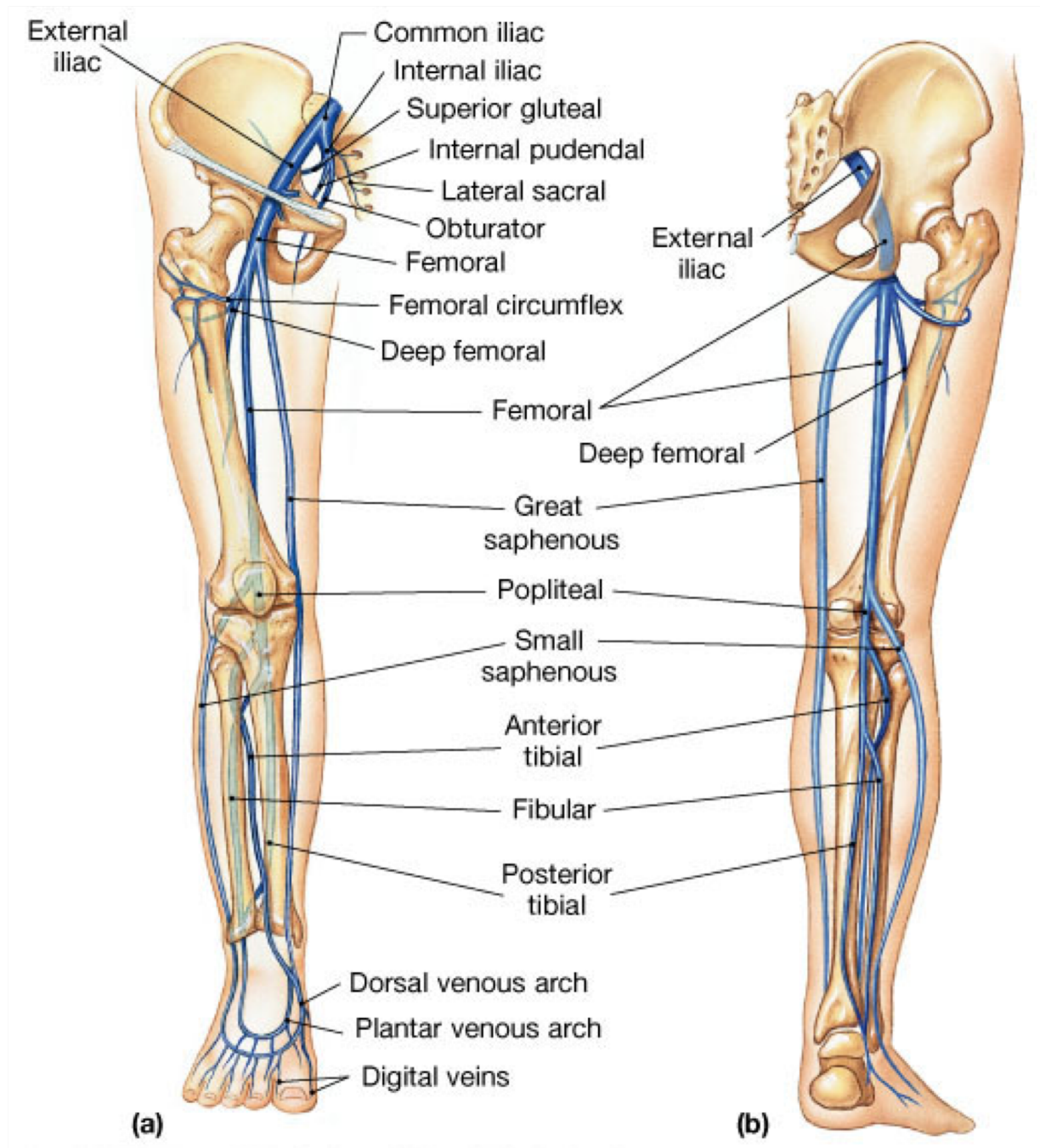
(15 min)

more common

whole leg
US

(time spend more
35-40 min).





proximal, distal, posterior,

*Sign of dehydration:

- palpitation.
 - dizziness.
 - fatigue
 - urine output
 - dryness.
-

epigastric pulsation causes:

- Liver Pulsation. (Right hepatic)
- Aneurysm of Aorta
- Right ventricular Hypertrophy
- Aortic pulsation in thin chest wall

* visible peristalsis strongly indicates intestinal obstruction

↳ in hernia, Diverticular disease, Tumour (lymphoma, colorectal).

↳ Adhesion → congenital, surgery, inflammation

Umbilicus common:

1. centralized or not
2. inverted or everted

3 - pigmentation

4 - discharge

5 - nodule

(its maybe distorted)
ao 

Causes of gynecomastia:

- serious cause is the obesity.

- hypogonadism.

- H₂ Blocker

- Liver cirrhosis

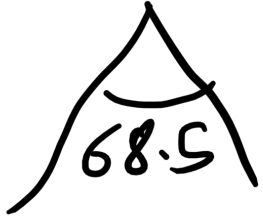
- spironolactone.

nodule of Umbilicus:

- ↳ Sister-Joseph nodule cause:

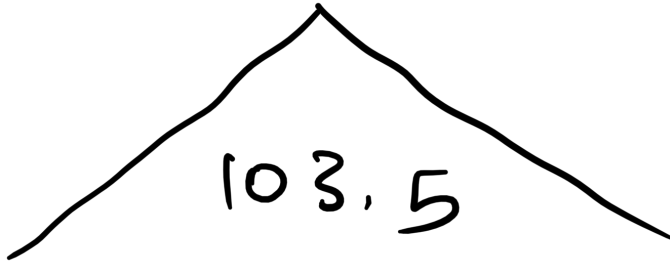
- GI malignancy.

Sub costal angle :



acute

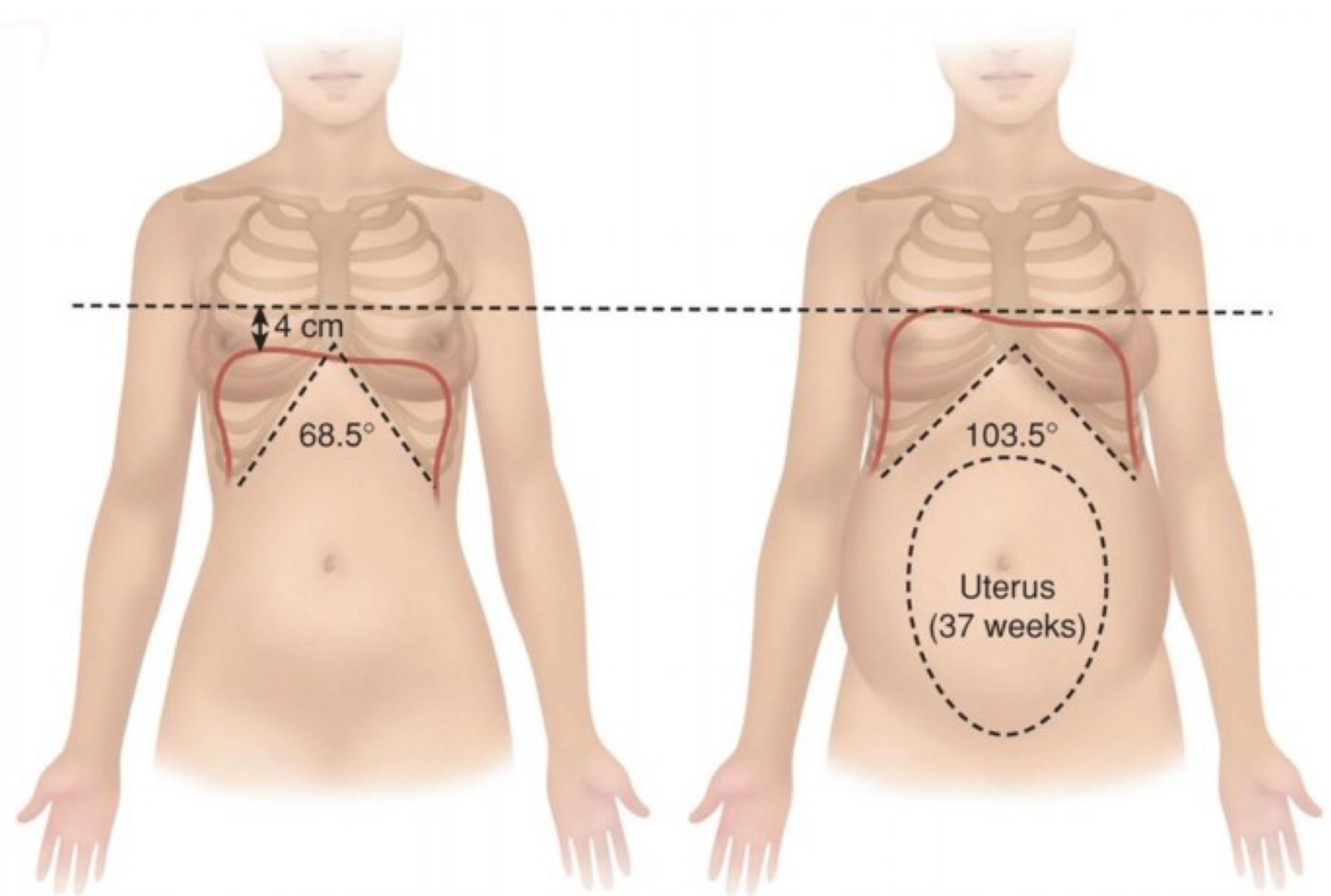
زاوية حادة



obtuse
angle.

زاوية منفرجة

- obesity
- upper abdominal mass
- hepatomegaly
- splenomegaly
- huge cysts.



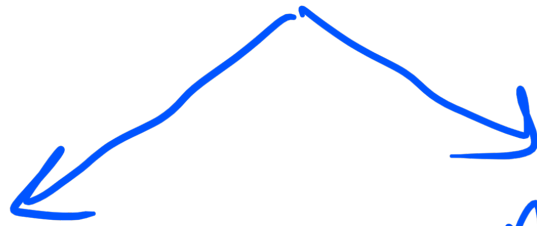
sub costal angle will feel
it in palpation.

- inspect the testes for testicular atrophy (patient of chronic liver disease could associated).

(if the patient have gynecomastia).

- inspect hair distribution.
- inspect the spider nevi

Striae



white
striae

wide

- obesity
- pregnancy

purpule
striae

thin

- Cushing syndrome

Scar :

- Kohler scar of cholecystectomy
(transverse or oblique subcostal)
- transverse scar, suprapubic
scar of CS.
- Mercedes-Benz scar in

liver transplantation

- McBurney's scar → appendectomy.

- flank scar → nephrectomy

- small scar⁽³⁾ of laparoscopy
Scar.

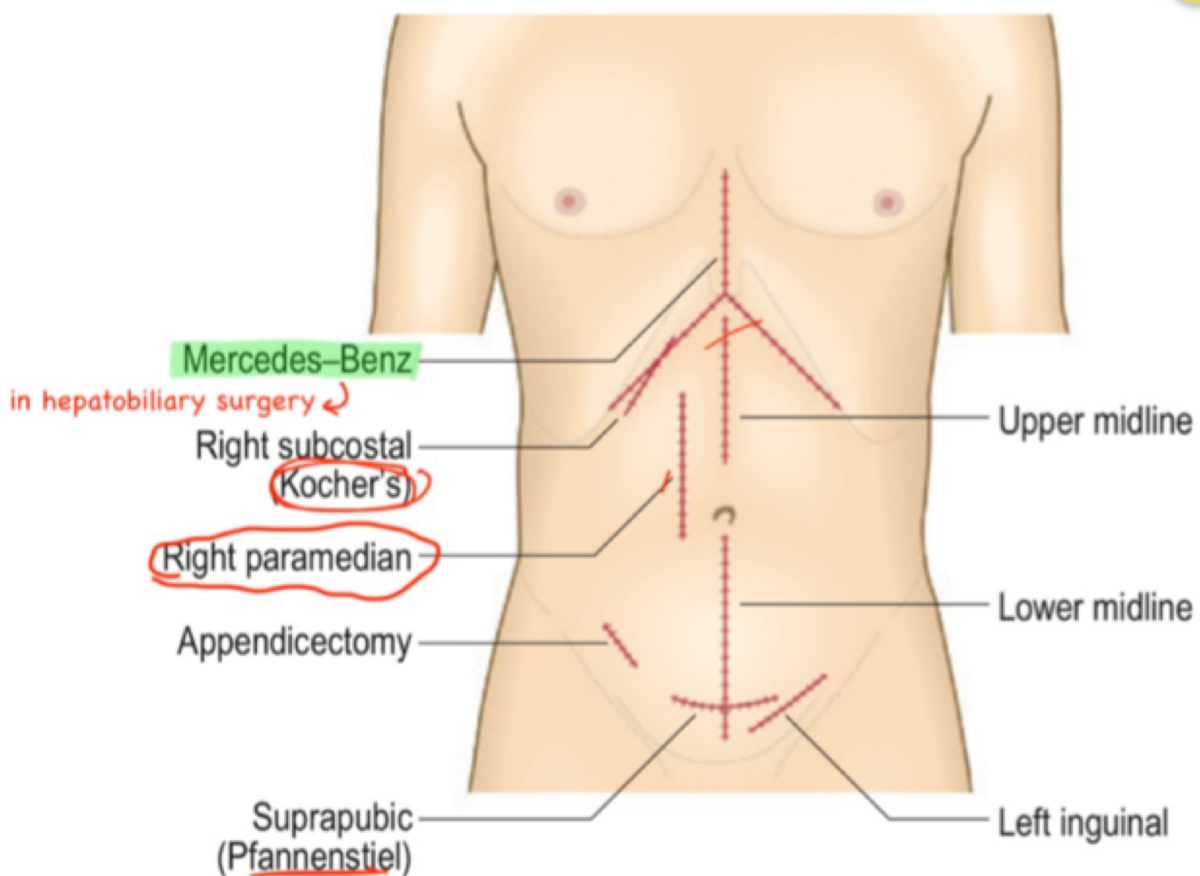


Fig. 6.10 Some abdominal incisions. The midline and oblique incisions avoid damage to innervation of the abdominal musculature and later development of incisional hernias. These incisions have been widely superseded by laparoscopic surgery, however.

① Periumbilical ecchymosis is called Cullen sign.

- ecchymosis of the abdominal wall is an important sign of retroperitoneal or intraperitoneal hemorrhage

② ecchymosis on flank →

Grey Turner's sign is an uncommon subcutaneous manifestation of intra abdominal pathology.

↳ correlates with severe acute pancreatitis

③ Fox's sign on the upper thigh or seen over the inguinal ligament.

↳ pancreatitis or rupture aortic aneurysm (late come).

* tidal percussion -

عنا ~ طينا ~ مبريق يا خدني
لعل كناه هذا انكم
(percussion of liver).

تيف بفدور 6 rib IS

فقا 6 rib ripple

6 rib 5 rib 6 rib

6 rib 6 rib

dullness of Traube's area causes:

* stomach fullness (لا زخم في البطن)
صاح 4 5 6 7 8 9 10 11 12

* pleural effusion.

* splenomegaly.

* Consolidation (pneumonia)

* Cardiomegaly

• pericardial effusion.

• lung mass

* thickening pleural

• colonic mass.

• huge enlarge in kidney.

• spleen (palpation from the R. iliac fossa)

* Percussion maybe

① from iliac fossa.

② Traube's area

③ Castell's spot.

or Bimanual (the same method of kidney)

Bimanual. (تفكير بين kidney و spleen):

باللوازيّة



① kidney is Balottable, but spleen is not.

② Notch on anterior border, palpable in spleen, but not in kidney.

③ spleen enlarges diagonally towards ALQ, while the kidney enlarges inferiorly

④ kidney can be resonant to percussion
(due to overlying bowel), but spleen
should be Dull

⑤ upper edge of spleen not palpable,
but upper edge of kidney palpable.

⑥ in spleen I can insinuate
my hand beneath costal margin
but in kidney I can't.

(how to differentiate
between spleen & kidney
if you palpate masses
on left hypochondriac?)

- Aorta Auscultation:
superior 5cm & laterally
5cm.
- Renal artery auscultation.
sup 2cm & lateral 2cm
above the Umbilicus.
- iliac artery:
inferior 2cm & laterally
2cm.
- Bowel sound.
 - small intestine → periumbilicus
 - large intestine → iliac fossa

Common of Auscultation of Bowel sound:

① frequency ② intensity.

↓

3-4 min

→

weak strong

• organ enlargement
as liver → friction rib.
or liver.

↓

mean capsule have
inflammation ↓

per: hepatitis
or per: splenitis

• pericarditis → leathery sound
(scratching sound) -

* venous hum → blowing sound
on liver (Right hypochondrial
to people have portal hypertension)

↑ increase vascularity on liver.

↳ on vein.

* Bruit → blowing sound ^{زغ} →
on artery

* murmur → on heart.

(Bruit, murmur, venous hum)
^{per} (A) (H) (V)

↳ same sound but different
site.

Hand exam, Related
to abdomen.

- clubbing
- leukonychia $\rightarrow$ hypalbuminemia
- koilonychia $\rightarrow$ iron deficiency
anemia
- muscle wasting
- pulser erythema.
- Dupuytren contracture.
- pallor.
- asterix of hepatic coma.
- tato mark (hepatitis)

- First & second metacarpal pharyngeal joint affection.
→ hemochromatosis

Can damage this two joint with liver & can cause D.L.

face :

xantholasma → primary Biliary
Collangitis.

- Bulky eye lid →
nephrotic syndrome
hypoalbuminemia.
malabsorption.

- pallor
 - malabsorption
 - GI Bleeding
 - GI malignancy.

• outer third of eye brow
→ constipation causes is
hypothyroidism.

• angular stomatitis → iron
deficiency anemia.

• mouth ulcer.

• Behcet

• IBD. ...

- telangiectatic changes
 - osler weber renaud syndrome

neck:

→ lymph node

patient have hepatosplenomegaly
+ cervical lymphadenopathy

↳ CMV or EBV

or leukemia or lymphoma.

* supraclavicular lymph node.

↳ GI malignancy

*Goiter → so the constipation
from hypothyroidism

↳ diarrhea from
hyperthyroidism.

pleural effusion:

by inspection:

* the affected side bulging (may be according to the volume of fluid).

gas, pneumothorax, hemothorax ...

* chest expansion decreased on affected side ($\text{تقلص في حركة الصدر} = \text{انخفاض في حركة الصدر}$)
($\text{تقلص في حركة الصدر} = \text{انخفاض في حركة الصدر}$)

by palpation:

decreased tactile fremitus.

by percussion:

stony dullness on affected side.

by auscultation:

decrease vocal resonance &

decrease the vesicular breathing sound (normal sound)

Sepsis :

Definition → Life threatening condition characterized by multi organ dysfunction syndrome due to dysregulated immune response of Body to presence of infection.

د شلخ (infection) ځي ځان په ډېر ډول نه ځي نه ځي

ډېر ډول ځي (پوښتني ځي) pneumonia ډېر

ډېر ډول ځي (ډېر ډول ځي) Kidney Function ډېر

ډېر ډول ځي (ډېر ډول ځي) Creatinine ! ډېر ډول ځي

ډېر ډول ځي (ډېر ډول ځي) lung ډېر ډول ځي

ډېر ډول ځي (ډېر ډول ځي) Brain ډېر ډول ځي

ډېر ډول ځي (ډېر ډول ځي) GI ډېر ډول ځي

multi organ dysfunction syndrome.

ډېر ډول ځي (ډېر ډول ځي) screening ډېر ډول ځي

Clinical recognition ډېر ډول ځي

organ dysfunction ډېر ډول ځي

Respiratory fail, hypotension, Urine output, Kidney function

الفرق بين infection و sepsis

infection هو درجة أعلى من infection

مثلاً زكام ١٥ يوم على التهابات pylonephritis

عنه ٨-٩ يوم simple (antibiotic)

نوع واحد من ١٥ صلاته sepsis هنا stop

هنا درجة أعلى فالبشر طابيع يقع على بسبب

need high level of care $\Rightarrow$ sepsis

* mortality rate more.

in sepsis بعد حالة يحتاج فيه

intermediate icu

* need close observation.

← كيف نبي الواصلات الـ sepsis

طال مدة عمل جسم (مختلفة من شخص لآخر)

وقال انه يحدد genetically
genetic component

هذا يضر لئلا يحمي في family

* يعني كل ال pathogens هو ال بيحس ال S. origin
ال immune system.

ال pathogens بيحس ال switch ال immune system.

س. infection

معنا ال bacteria ديت مكان ال sterile
لأنه .

interstitial ال pneumococcus
of lung

من الجوفاء

ECOL و ال parenchyma
ال kidney من مفرص ال

so infection mean :

Bacteria invading sterile site ...

Bacterimia: (Blood culture)

[Bacteria في وجوده في tissue + culture
Viable Bacteria in the Blood. Blood]

(Blood culture اذا كانت positive)

انف sepsis) 1.70 infection, no
could be complicated by Bacterimia

عندما 1.70 meningitis يقال انف
Complicated by Bacterimia.

Clinical recognition of sepsis:

في قول المريض دخل في sepsis .

SIRS → systemic inflammatory
Response syndrome.

فدرياً كانه يفرز بانو ايجي مرضي عند infection و صار حاله
في حاله اصل ي في حاله نفعه ا SIRS كنا نقول
عنو سepsis نرجاه كنا نقول عنو septicemia

Temp : > 38 < 35 }

HR : > 90

R.R : > 20

WBC : $> 12,000$ $< 4,000$
or Band $> 10\%$

دي في حاله هون ي مرضي عند pneumonia او
cellulitis ، colangitis ، colocolitis كنا
كاي عنوزمان سepsis به به علوفه 2018

او حنلا مرضي سepsis (مرض الموت) يكون

عنده حرارة مرتفعة و قلة خلايا leukocytes

على هال عدد كبير من مرضي هون هين تصنيف سepsis

فوجدوا انه overestimate on sepsis $\Rightarrow$ SIRS

خلفوا في 2018 حاسي بار SIRS

والتضيق في فلسطين فقط ← Sepsis و septic shock

* Sepsis common في أفريقيا

* 1,665,000 yearly. ↓

* African American ويقال انو ال more to exposure to sepsis.

* in age > 65 (كثير امراض حسيمة)

* يزيد في فصل الشتاء اكثر.

* 50% need ICU

* 17 need intermediate care.

* في 1, no sepsis تلقى ال golden hour on sepsis
↓
early sepsis في 2

لذلك لا نرم ياقه عندي parameter
حيزان اسي عليه :

* يوجد ٣ اشرار رئيسية على
الشفل على

① qSOFA

② NEWS system

③ SIRS.

* يوجد ١ انو SIRS اقل من qSOFA
اي انهم لا يفرق بينات

qSOFA :

- $R.R > 22$.
- alter mental status
- Blood systolic < 100 .

فالمطلوب انو أي مريض عنده infection
نطلع على هذين البندين فإذا أصبت
أي واحدة عندهم حتماً مشقة مطلوب
فقطه ل Complete SOFA عنده
توقف المريض علاج Sepsis

الـ qSOFA
Clinical cognition -
detected early
والا هو
screening tool

* ووجدوا qSOFA

qSOFA
more sensitive than qSOFA
to detect sepsis

فرجوا لائن قدعوا اب لاسيافا
ك 980FA .

NEWS : score

علوا البرطانيه نوو نوو
ككك .

0-4 : low risk

5-6 : medium risk (ضمانه)
لزم الصي يكو شافوا

7-9 : high risk immediately
الصي لزم صفو .

how can identify sepsis?

SOF A score

→ sepsis ← نل قول نس

- * neurological system → glascoma scale
- * cardiovascular → MAP → ABG
- * Respiratory system → PaO₂ / Fio₂.
- * Renal system → Urine output, creatinine
- * liver → Bilirubin
- * Coagulation → platelet
- in ventilation or not.

any patient have
infection + SOFA ≥ 2
its sepsis.

So Use the SOFA
to identify the sepsis

* (detection the early
sepsis either SIRS or
SIRS + qSOFA $\Rightarrow$ screening
(low qSOFA infection))

don't use qSOFA alone
as screening tool to sepsis.

SOFA $\rightarrow$ diagnostic
prognostic $\downarrow$

mortality & duration of
stay

~~#~~ septic shock:

sepsis $\Rightarrow$ SOFA ≥ 2
+ shock (hypotension
need vasopressor despite of

Fluid resuscitation +
lactate > 2 mmol or
> 18 mg

لحمية فيرا في سepsis
✓ 40 mortality زنده ال
✓ 10 sepsis كنه ال

Shock → tissue hypoperfusion

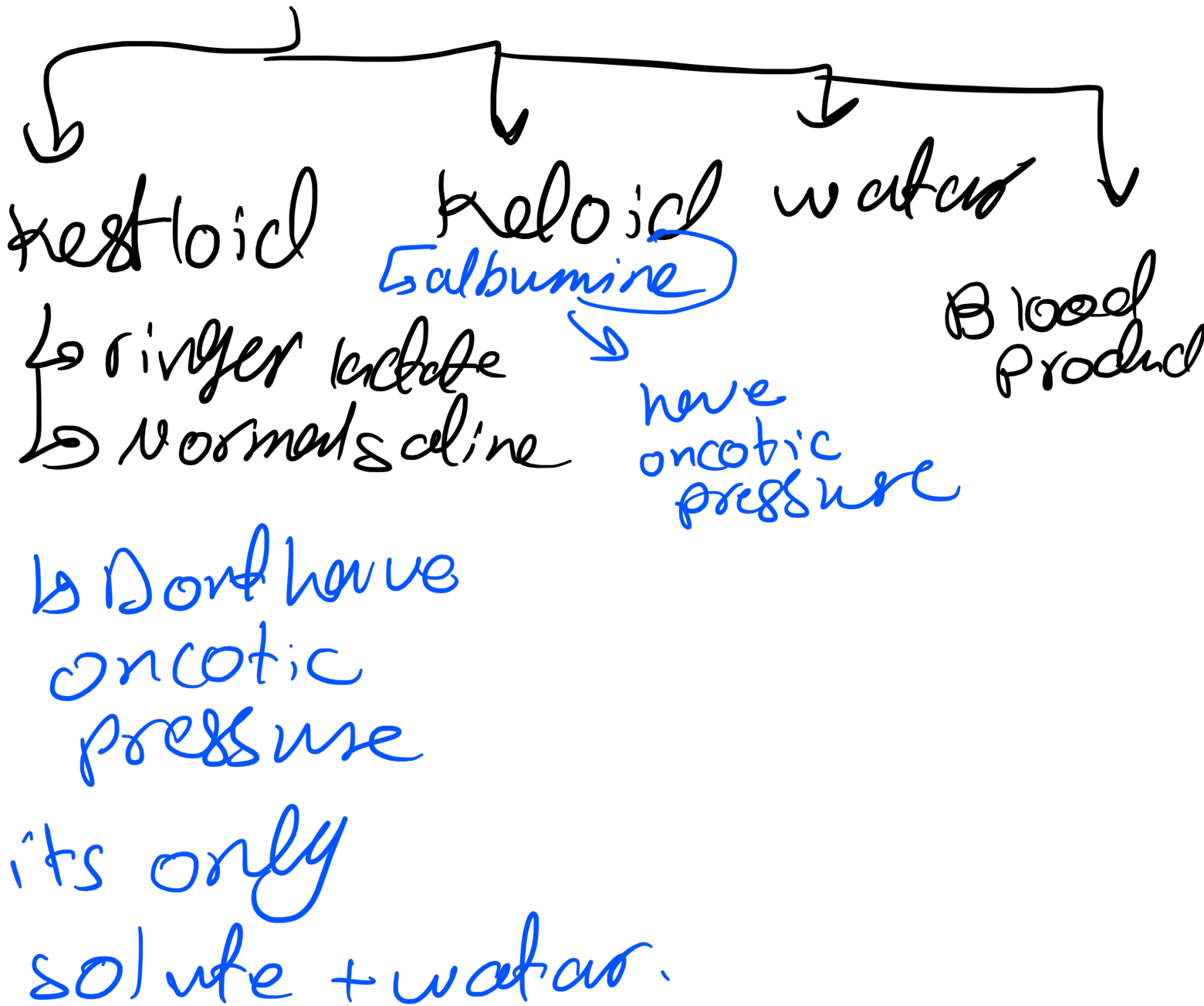
التي
→ ischemic
→ anaerobic glycolysis
→ lactate ↑

lactate test not only
the diagnostic but
also to follow up
sepsis. (تیس بی ایف)
مرضی حسن اول ؟ تیس بی ایف
هل اعطیو fluid ص اول

لازم lactate تنزل
خ اول $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ تنزل
عالی علاج ا
fluid

so lactate test diagnostic
+ follow up.

fluid



30mmHg في الشرايين في الرئة في

pulmonary $\in$ catheter $\rightarrow$
capillary wedge pressure
(PCWP) $\rightarrow$

pulmonary artery catheter (swan
ganz
catheter)

RA $\in$ catheter $\rightarrow$

pulmonary $\in$ RV

pulmonary artery catheter $\rightarrow$ في الشرايين في الرئة في

fluid ویا بیکار سی ۱
2004 ع ۱۲

PCWP $\approx$ 12-20

fluid ← ویا بیکار سی ۱

کتری ویا بیکار سی ۱

hypovolemia $\Rightarrow$

و یا بیکار سی ۱

PCWP > 20 Cardiogenic shock.

↳ fluid overload

maybe heart failure,
liver failure $\Rightarrow$ need diuretic

PCWP < 12 shock

hypovolemic shock

⇒ need fluid

- on Bleeding.

(PCWP invasive)
