

repeated
(vomiting + diarrhea) + Rt + left iliac fossa pain

FMF

عمل الجراحات

Intestinal obstruction

Laparotomy

① general exam. related to abdomen ^{ال}organ

* shape of abdomen ← تغير عند آخر الرقبة
* respiration.

Hyper trophic scar → growth كبيرة
keloid scar → ugly عينة لاكثر

* clouter, Rt ventricle, left lobe of liver.
↓
المعدة
↓
المعدة
Pulsation.

* Fox → upper thigh ecchymosis
pancreatitis

د. percussion → spleen → لا

spleen	kidney	الفرق
dull	Bond, resonance of	<u>م</u>

* Friction rub → Peri hepatitis, Perisplenitis
STPs.

General examination

NOTES

(1) Introduce

ABCDE

environment.
(Carunla, ...)

(2) A

↓

Appearance

looks ill/well

Tachypnea

Facial expression

level of consciousness

oriented of site, time, person

B

↓ Built

Obese, cachexia

Normal

C

↓

Color

↓

cytosis → tongue, floor of mouth

pallor → anemia, shock
< 7.

decrease deoxygenated hemoglobin

D

↓

Decubitus

الآفة مع الآفة

E

Normal Billurbin (> 8 < 1)

> 5 gm

Central

Peripheral

5 Ts

Truncus arteriosus

2. Transposition of great arteries.
3. Tricuspid Atresia
4. Tetralogy of Fallot (pulmonary stenosis, RLA, overriding aorta, VSD)
5. Total Anomalous Pulmonary Venous Return.

(3) Vital Sign:-

- * Pulse.
- * Respiratory Rate 12-20 Breath / Min.
- * Temp (Axilla, rectum, Tympanic, Tongue)
+ S - S
- * O₂ Saturation (95-100)

* Leukocytosis → Hyperbilirubin.

* Staining → Yellow → lymphedema, oxidative
Black (tar) → Smoking pleural effusion

Clubbing grades:

Cause
Fine tremor ↔ kidney transplant
Tacrolimus, Sevelamer drugs

Degrees of clubbing:

- ♦ Grade 1 - Fluctuation of the nail bed.
- ♦ Grade 2 - Obliteration of the Lovibond angle.
- ♦ Grade 3 - Parrot beak appearance or drum stick appearance
- ♦ Grade 4 - Hypertrophic Osteo Arthropathy (HOA)



Infective endocarditis :-

* osler Nodes (Fingers, toes) + Painfull * Splinter
 * Janeway lesions (Palm, sole) + painless hemorrhage

alopecia → scarring → chemotherapy.
 Non-Scarring → Familial, Fungal infection

xanthelasma → hyperlipidemia (↑ cholesterol)

lower limb . اذا لم يوجد نبض
 puls → dorsalis pedis → Post tibial
 (or: absent)
 Normal variant.

groin LNI → horizontal → inguinal lig. as
 vertical → ↓ saphenous vein
 great.

edema → shin of tibia.

unilat.



obstruction.

Bilat.



systemic disease

Jugular Venous Pulsation
 Arterial vs Venous Pulsation

Characteristic	Venous Pulse	Carotid Pulse
Waveform	Diffuse biphasic	Single sharp
Positional change	Varies with position	No variation
Respiratory variation	Height falls on inspiration	No variation
Effect of palpation	Wave nonpalpable, pressure obliterates pulse, vein fills	Pulse palpable, not compressible
Abdominal pressure	Displaces pulse upward	Pulse unchanged

JVP vs Carotid

* Approach to patient with abdominal pain

pyloric stenosis, → Projectile vomiting.
meningitis (MCP)

Bile stained vomite → Bile erdis
(intestine) =

Non Bile → Stomach. =

Case scenario :-

* A.R. Male patient, 17 years old from Khanyani city,
present to the emergency department after
3 hours of severe vomiting and palpitation.
awareness of Heart beat.

* The patient experienced 3 episodes of vomiting in color.
The first was at Morning non projectile, Red,
fluidy watery, amount →
The 2nd was at afternoon ~, yellow in color.
Amount 2!

* The patient has No dysphagia,

No odynophagia, No abdominal pain,

No diarrhea, No constipation, No distention,
No jaundice, No scratch marks, No headache,
No convulsion, No confusion, No blurred vision,

* The patient ^{has} Rapid palpitation at Normal
physical activity, started at Morning
relieved by vomiting.

* when, Medications, controlled? , follow up?

The patient has Type 1 DM, diagnosed
5 years ago due to ~~polyuria, polydipsia~~,

sweeting treated with
insulin lispro - ~~Novorapid~~ 10 ^{international units} / lunch,

~~Novomixed~~ 15 ~~ml~~ / dinner, 35 ml / Breakfast.

The patient is Committed to treatment with
No complication

The patient experienced 2 seizures attack,
3 years ago, treated with ~~Depakine~~.

non-significant past Medical / history ^{Valproic acid.}

~~No past Medical, Surgical history.~~

No allergy, No travel history.

His father has DM Type 2 ,
2 episodes of MI .

Systemic review is unremarkable.

DDX → DKA, food intolerance (toxicity), hepatitis ^A

Day 2

liver cirrhosis signs

① Onychomycosis → Fungal infection.

② Central line → Subclavian ^{vein}

③ desquamation

④ Trophic changes

↓
SVC
↓
to Rt atrium

وإذا كان راي للجلود
فيعيب ذلك

Omphalitis = inflammation of
umbilicus .

herpetiform

heive .

{ Rt ventricular dilation / hypertrophy ~
 AAA

pathologically diminished pulsation.
 aortic.

Bloaring Sound 'je' Crep

Bruit



artery

Murmur



heart

Hum



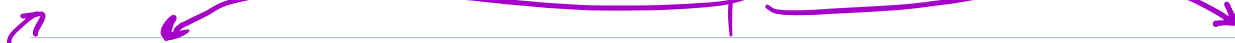
venous.

Jaundice :-

Massive Blood transfusion, Hematoma, Hemolytic anemia,
 Malaria → Pre hepatic → Best

Hepatitis C, D

hepatic → Normal



inflamm.

conjugation

Congenital

PSC

(abuse enzyme) conjugation ← Crigler Najjar

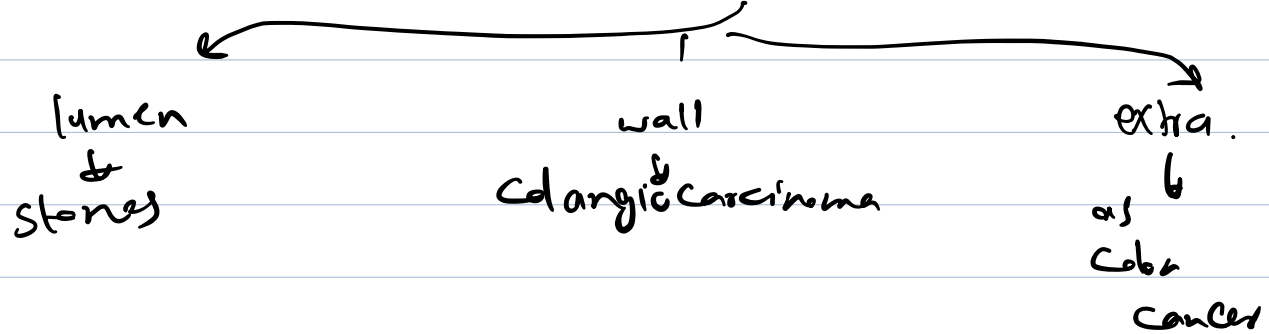
conjugation uptake ← Gilbert

(↓ enzyme)

excretion

← Thomson, Rotes

Post hepatic →
dark urin, pale stool ← obstruction



History Taking

* Onset Course duration associated Sympt.
↓

itching / scratch marks, loss Appetit ---
Stool / urin color.

Common Cases.

* Jaundice + Abdominal pain + Vomiting ⇒
(obstruction) Biliary colic.

* Fever + anorexia + Malaise + weakness ⇒

viral Hepatitis. Painless.

* Jaundice + anorexia + Palpable mass ⇒
weight loss. Cancer.

estrogen, pregnancy ← Jaundice
↓
Oral Contraceptive drugs.

relaxation of Biliary Muscle → Stasis ∴ Jaundice

Stigmata of chronic liver Dis

• Chronic liver Failure
or
• Portal HTN

ascitis, esophageal
varices,

Caput Medusae, Collateral circulation.

Wilson Disease : - Penicillamine

Kayser ?! ch13

Hemochromatosis. ch 7.

α_1 antitrypsine deficiency

= Non-Surgical.

Medical causes of acute peritonitis :

1. DKA.

2. FMF.
3. adrenal crisis.
4. lead poisoning.
5. sickle cell
6. acute intermittent porphyria attack.

↪ Most common type → taricha

ALC enzyme deficiency →
amino levulinic
(ALA) acid

NEJM

موقع
اقرائتي حياطة
History.

How to proceed long cases

کتاب
اقرأ استر لدول

72 ← 48 ← 36
عدد البرزخ

Sulbetamol = Albetol > Scientific Name
Acetaminophene

day 3 :

Clubbing → chronic hypoxemia, ischemia.

Cardiac → cyanotic heart disease

Pulmonary → lung abscess, Support LP

~XCPD, Bronchiectasis, lung Cancer.

liver → PPC

renit → vascular disease, trauma

IBD as Crohn's

anti TTJ → celiac tests.

IgA

more specific

IgG

if recurrent

IgA deficiency.

chronic infection, sinusitis, diarrhea, Blood transfusion

1/5 of patients celiac.

giardiasis $\leftarrow$ chronic allergic reaction to

Rheumberg test +
central Nystagmus.

Case scenario :-

^{Femal} ^{lives in.}
N.K.G, 85 years old, Sheikh Naser, she has.
~~5 children~~ presented to the ER due to
4 days diarrhea and vomiting.

* The patient's experienced ~~3 episodes~~
~~of diarrhea a year ago~~, The diarrhea
amount ~~1 glass~~ ^{cup}.

3-4 times per day, yellowish color, watery.
No tenesmus, all day, not related to specific type

* The vomiting is normal color, ^{containing} No blood
No mucus, preceded by nausea through day
Non projectile, ^{unspecified pills.} relieved by yellow tablet $\rightarrow$ Imo
No dysphagia. No odynophagia. No headache.

No confusion, No head trauma, No trauma.
* No significant weight loss; ~~No~~ Normal appetite,
No fever. The patient experience
colic abdominal pain relieve by
vomiting, diarrhea. Not radiated.

Past Surgical →

* 7 years stroke history affect Right
arm and leg. with residual Right side
weakness. of —
* Cardiac Stent 5 years ago

* appendectomy 10 years ago.
HTN enalapril 10 mg.

* DM type 2 → regular Follow up?, last H A1C.
Metformin 800 mg → 20% stopped due to
abdominal pain.

glizorex 80 mg

after

Breakfast

50% HTN ~~increased~~

50% uncontrolled
B.p due to HTN

Drug history →

* aspirin 75 mg

atrophastatin.

50% دراز

150

No significant ROS.

Travel History → unremarkable

Family History → X

Vaccination → Cerona.

Upper GI Bleeding.

* hematochezia → 10% upper massive bleed
90% lower GI Bleed

MCC

UPUD

Esophageal varices.

Causes

- * Mallory weiss Syndrome.
- * Borehau Syndrome.
- * esophageal ulcer.
- * esophagitis.

} esophagus

gastritis
PUD
cancer.

} stomach

- * hereditary telangiectasia
- * AV malformation.
- * AAA → enterocolic fistula
surgery or medical

4 types of PUD

नंबर 1

- 1 antrum
- 2 gastric & duode
3. upper lesser curvature (cardia)
4. lower ~ ~ (antrum)

Fornest criteria

Stage 1 $\begin{cases} \rightarrow A & \text{active Bleeding} \\ \rightarrow B & \text{ozing Bleeding.} \end{cases}$

Stage 2 $\begin{cases} \rightarrow A & \text{non-bleeding, visible vessel} \\ \rightarrow B & \text{adherent clot.} \\ \rightarrow C & \text{Flat spot} \end{cases}$

Stage 3 $\rightarrow$ clean Base ulcer.

Investigation

- ① CBC
- ② renal Function test urea : creatinine
 copper GI bleed $\leftarrow$ اسباب
- ③ endoscopy.

A	B	C	
Age	Blood test	comorbidity.	$\leftarrow$ SG RG
	<u>urea</u>		death.
	creatinine		GIT ^{no} Bleed

lower GI bleeding :-

- ① diverticulosis (MCC)
- ② angiodysplasia
- ③ IBD
- ④ anal fissure
- ⑤ hemorrhoid. (painless)

sero -ve arthritis = RF -ve

articular + extra articular

Sacroiliitis

ESR ↑, CRP ↑, CBC

Then → HLA

Rheumatoid arthritis : distal interphalangeal

Clinical → small joints + MCP
Symmetrical tenderness + swelling.

small joint - wrist - shoulder - cervical

(CBC)

laboratory → Hematological → Anemia of Chronic disease

* leuko test

Inflammatory Marker

ESR, CRP, RF (true)

60-80 Sensitive.

Specific

CT disease ← + RF
autoimmune

Normal → RF patients

CF leukopenia

Felty syndrome

CRA + Splenomegaly +
leukopenia

Shaper test

cost of test 24 million

لب بظلمت شت ظفر
Normal $\rightarrow + 5 \text{ cm}$

انکلیتینگ Spondylitis $\rightarrow$ رتید

DVT

Virchow triad :-

- stasis.
- * endothelial injury $\rightarrow$ trauma.
- * hypercoagulable state $\rightarrow$ congenital $\rightarrow$
 $\swarrow$
try
 $\downarrow$
Polycythemia,
TTP, DIC, ...

Homan sign :-
pain with dorsiflexion.

DVT Criteria :-

active Cancer

leg swelling / tenderness

visible superficial veins

recent surgery in 3 months

Bed ridden > 3 days

ultra-annular diagnosis -2
other DVT

embolization

① Wells score ^{25%} DVT

specific.

② doppler ultrasound

sensitive +

Fibrinogen

←

③ D-Dimer

sensitive

destruction

λ specific.

↓

↑

Pregnancy

DIC

Surgery

Trauma

low Molecular weight heparin ⇒

لا يسمي
في

pregnancy, Renal disease.

antidote

Protamine sulfate

drug

Heparin

vitamin k

Was farine.

$$S_1 \otimes S_3 \otimes 1$$

Sinus tachycardia

→ ECG.



DKA

→ hyperglycemia $> 250 \text{ mg/dl}$

* Ketone Bodies → Serum → B-hydroxybutyrate
 ↓
 urine
 (α-ketone)

* $\text{pH} < 7.3$

Symptoms

Symptoms abdominal

nat'n.

remittive.

polyuria, polydipsia, dehydration.
Chyloperemia.