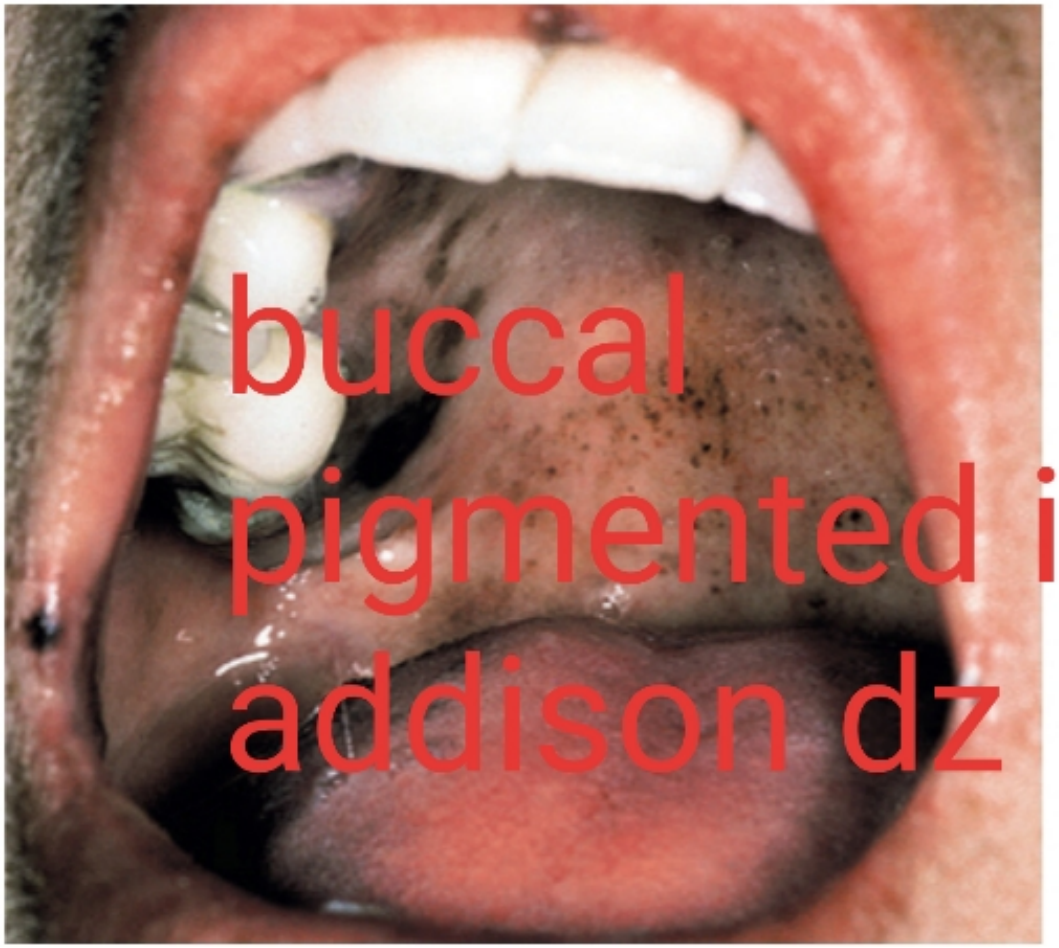


B


dermato herptiformis in
celiac dz

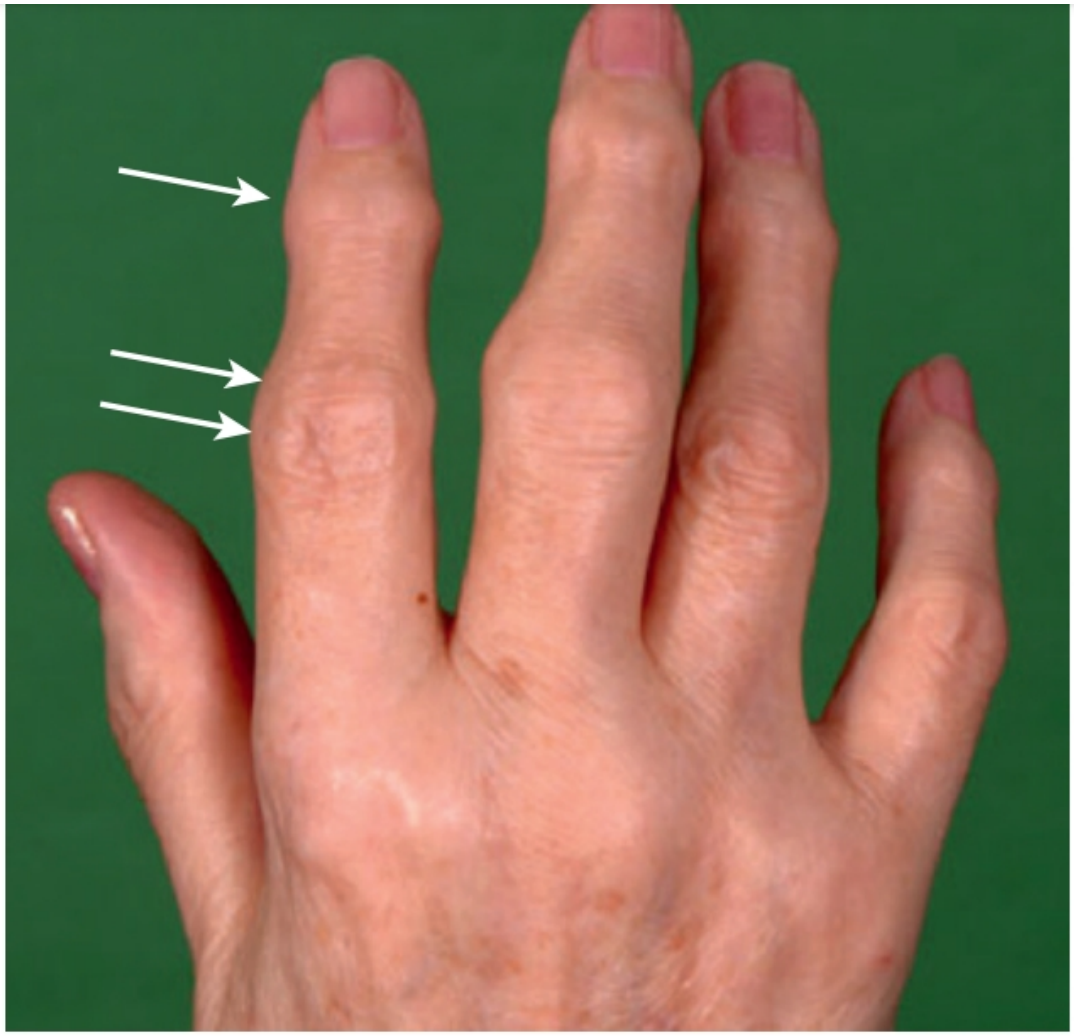


Fig. 13.8 Osteoarthritis of the hand. Heberden's (single arrow) and Bouchard's (double arrow) nodes.

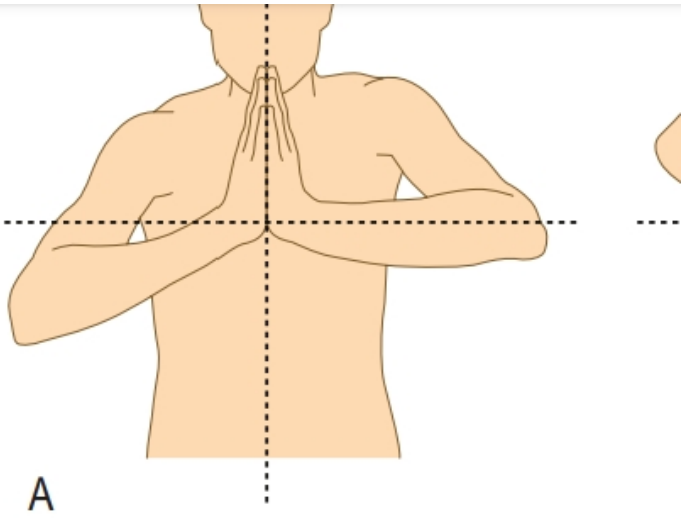


Fig. 13.10 Assessing the wrist. A Ex
reduced range of movement at the right

Gait

- Ask the patie ٤٠٢ / ٢٧٦ a
  and walk back towards yo
  symmetry of the gait.

Arms

- Stand in front of the patient.

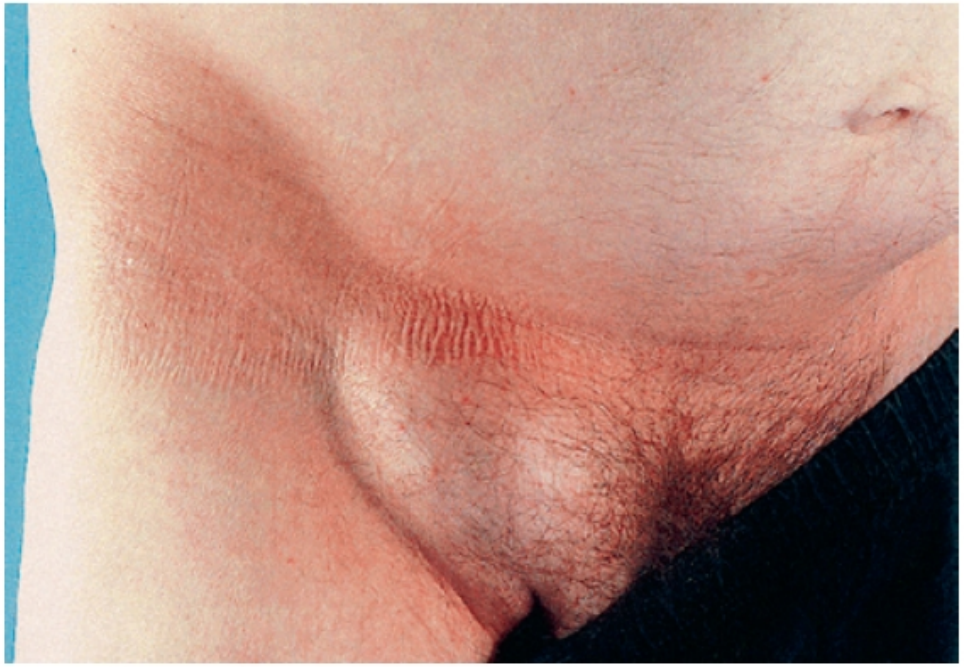


Fig. 6.20 Right inguinal hernia.

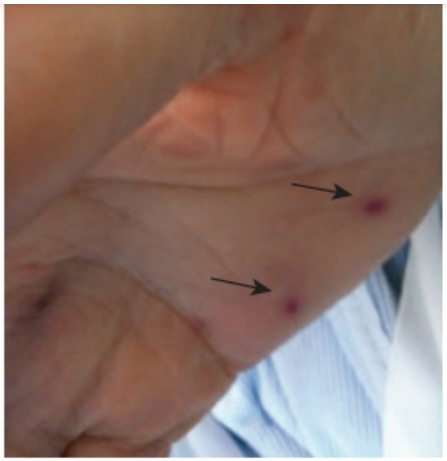
6.15 Indications for rectal examination

Alimentary

- Suspected appendicitis, pelvic abscess, peritonitis, lower abdominal pain
- Diarrhoea, constipation, tenesmus or anorectal pain
- Rectal bleeding or iron deficiency anaemia
- Unexplained weight loss
- Bimanual examination of lower abdominal mass for diagnosis staging
- Malignancies of unknown origin

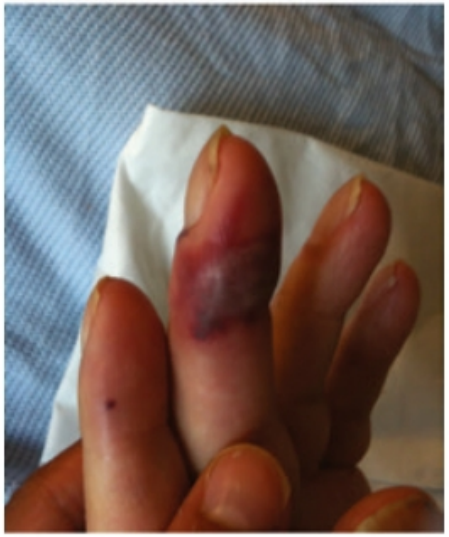
Genitourinary

- Assessment of prostate in prostatism or suspected prostatic c
- Dysuria, frequency, haematuria, epididymo-orchitis
- Replacement for vaginal examination when this would be inappropriate

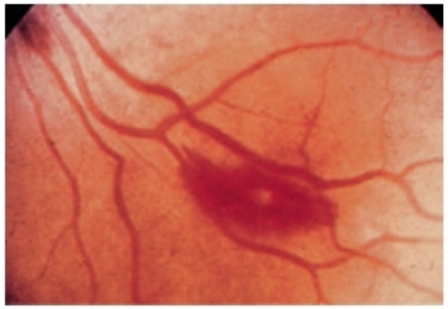


A

B



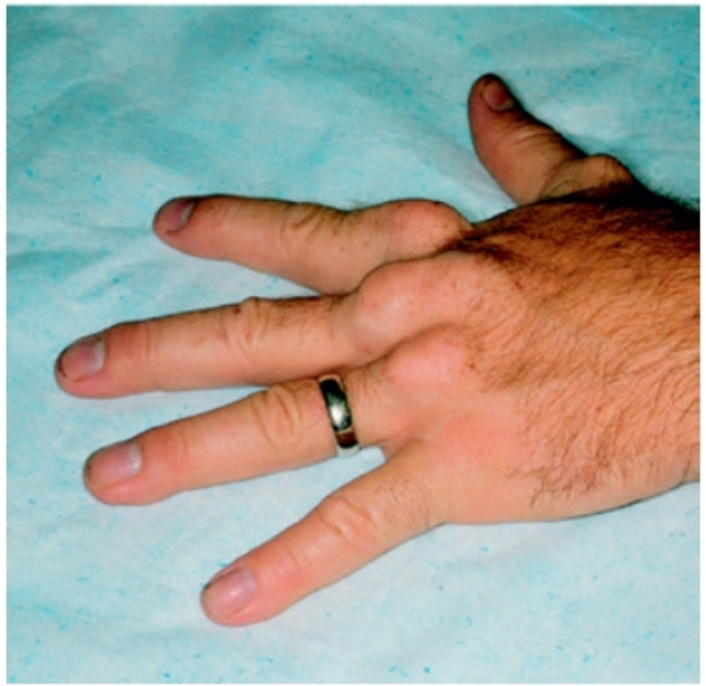
C



D

E

Fig. 4.5 Peripheral signs that may be present in infective endocarditis. A Janeway lesions on the hypothenar eminence *(arrows)*. B Splinter haemorrhages. C Osler's nodes. D Roth's spot on



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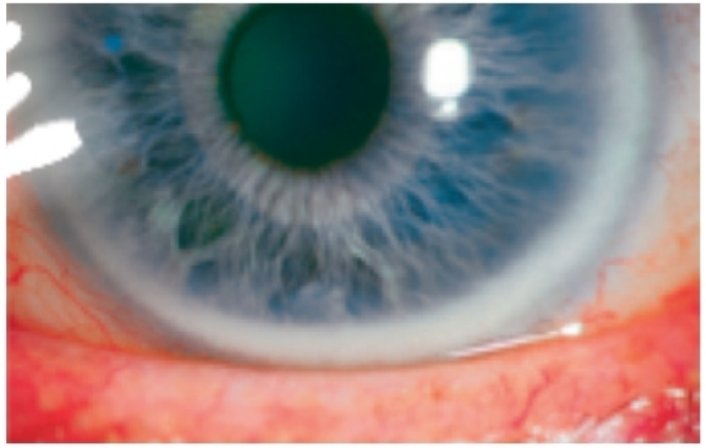
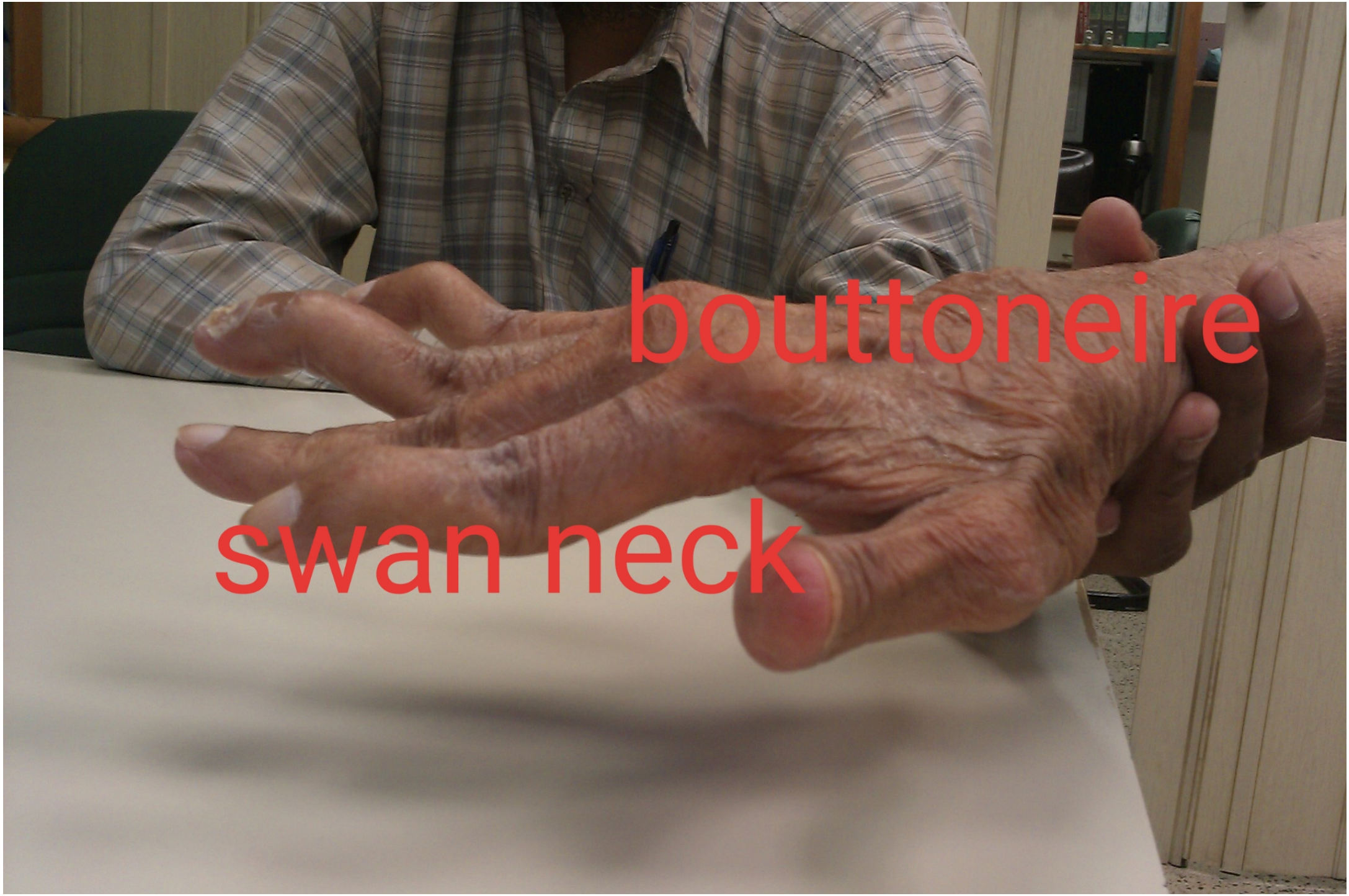
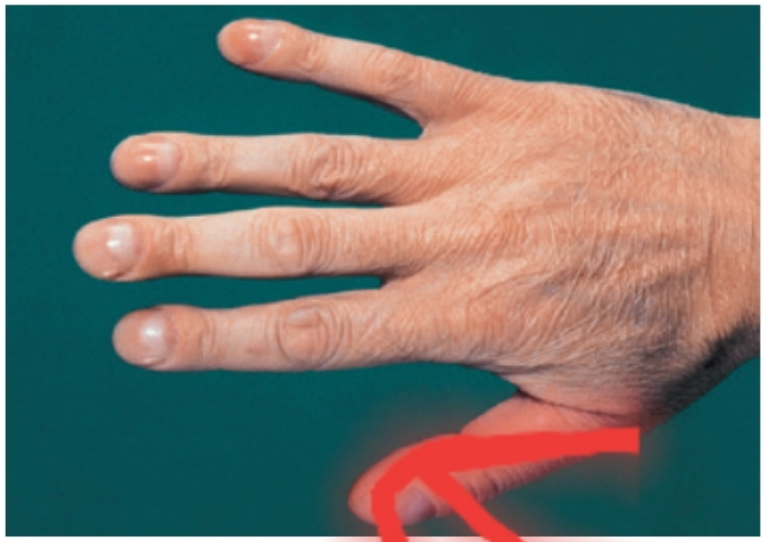


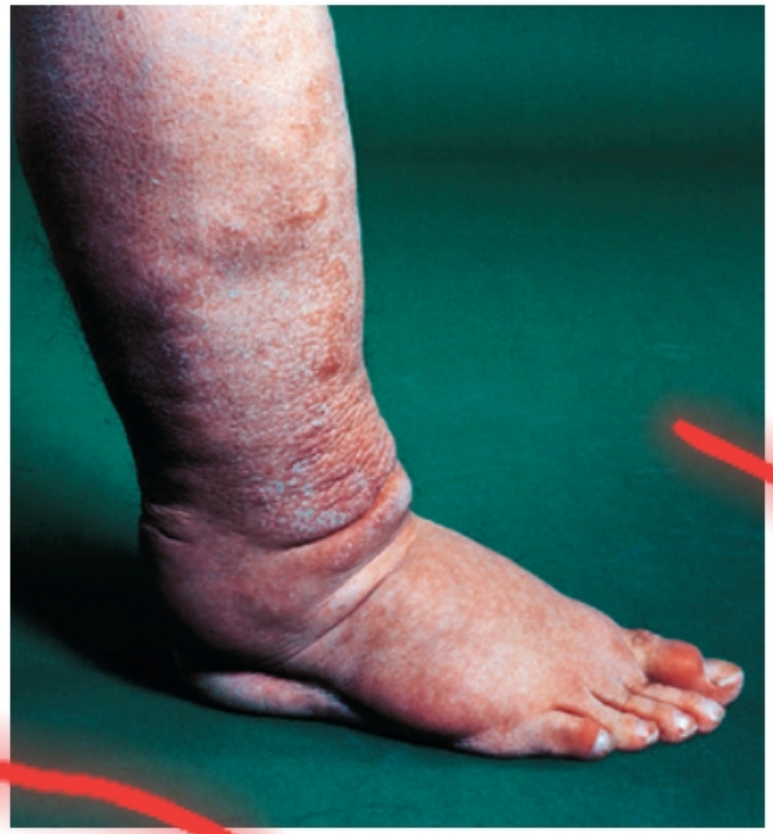

bouttoneire
swan neck


coffe sign volvulus

A



C



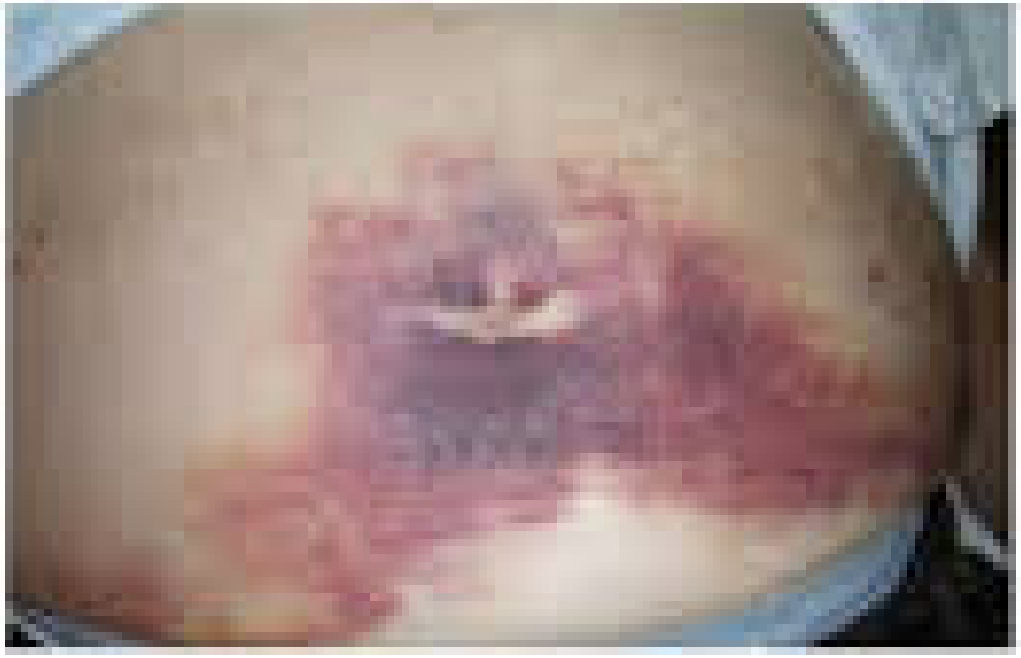
D

Fig. 10.2 Graves' hyperthyroidism. A Typical facies. B Severe inflammatory thyroid eye disease. C Thyroid acropachy. D Pretibial myxoedema.

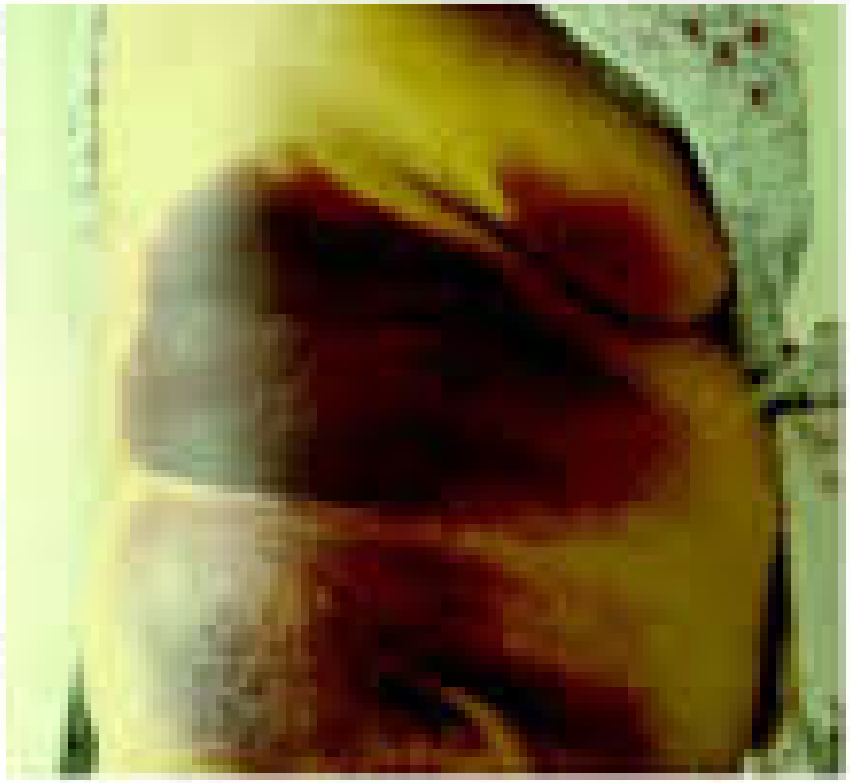
with goitre are euthyroid. Large or retrosternal goitres may cause compressive symptoms, including stridor, breathlessness or dysphagia.

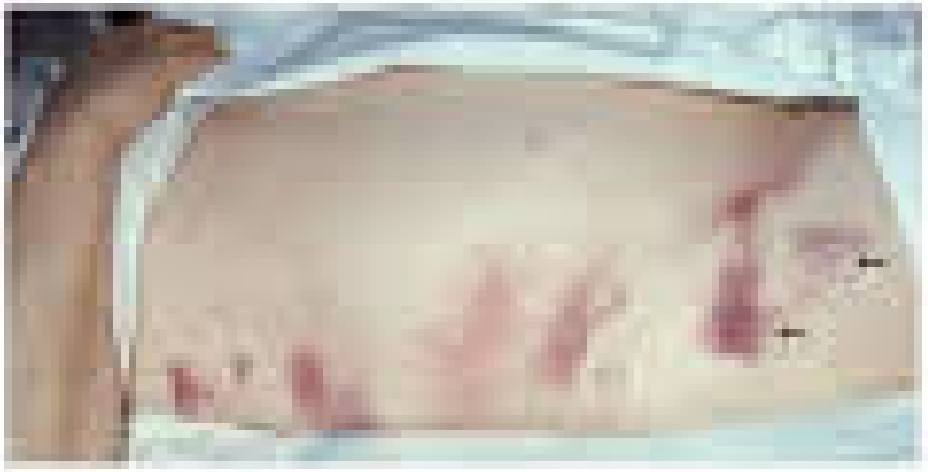
occult nodules; thus many are found incidentally on neck or chest imaging.

Cullen's Sign

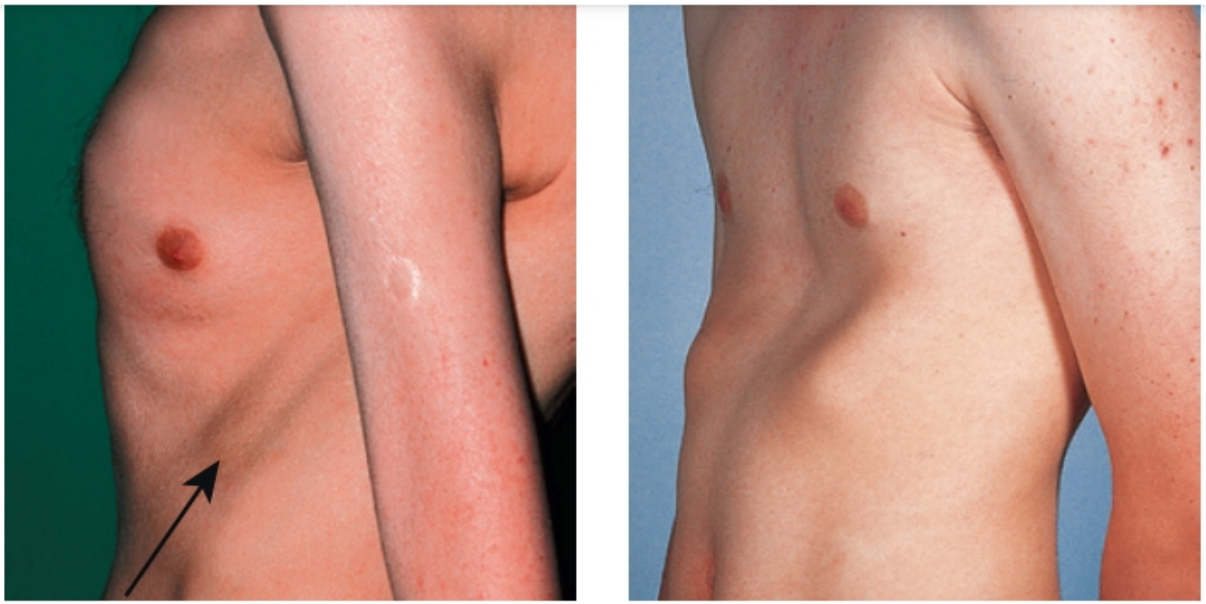


Grey Turner's Sign





Fox's Sign

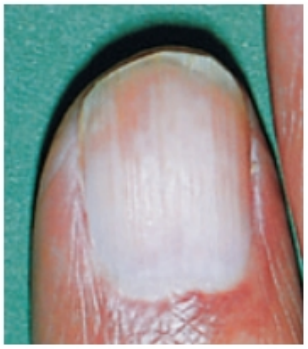


C D

Fig. 5.6 Abnormalities in the shape of the chest. A Hyperinflated chest with raised sternum and shoulder girdle. B Kyphoscoliosis. C Pectus ...m with Harrison's sulcus *(arrow)*. D Pectus excavatum.

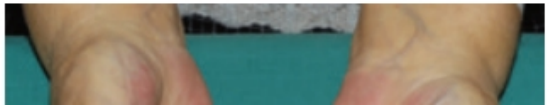
use pectoralis major to pull the ribs outwards during inspiration. In contrast to the hyperinflation of obstructive disease, interstitial

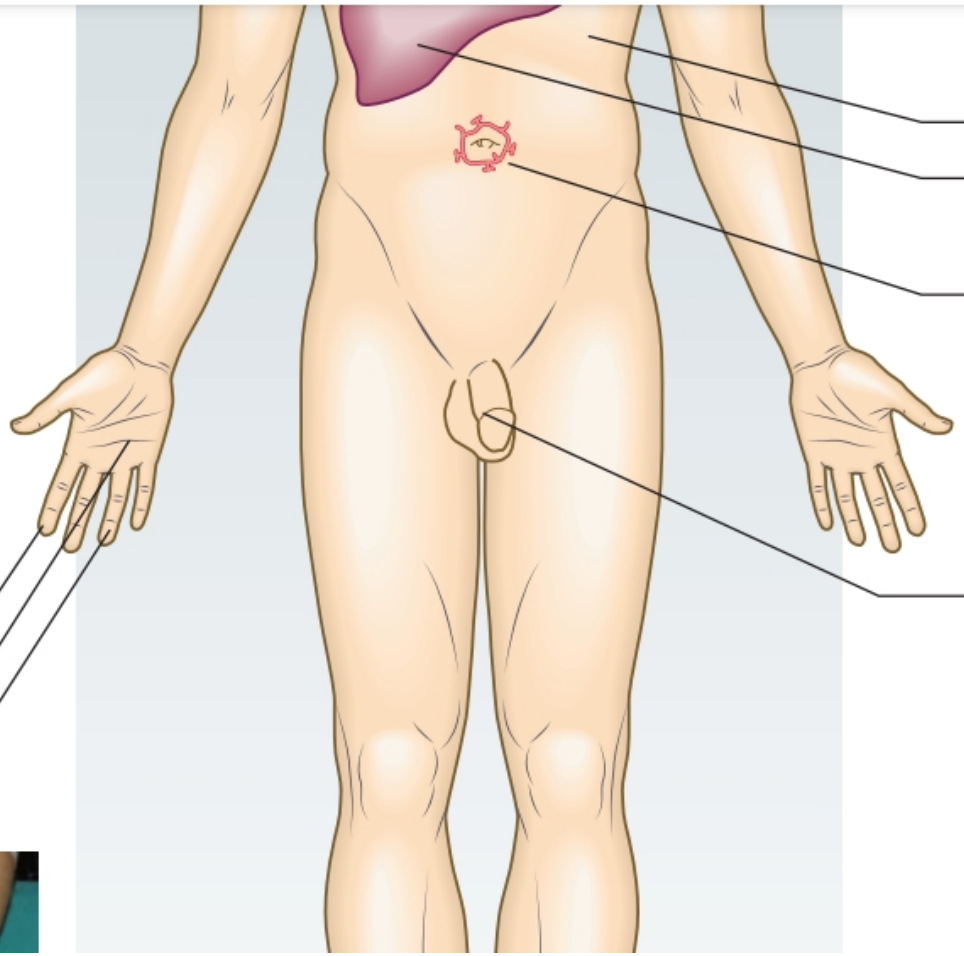
scars may be visible only on the lateral and posterior aspects of the chest



B Leuconychia

Hands
- Leuconychia (white nails) (B)
- Palmar erythema (C)
- Clubbing

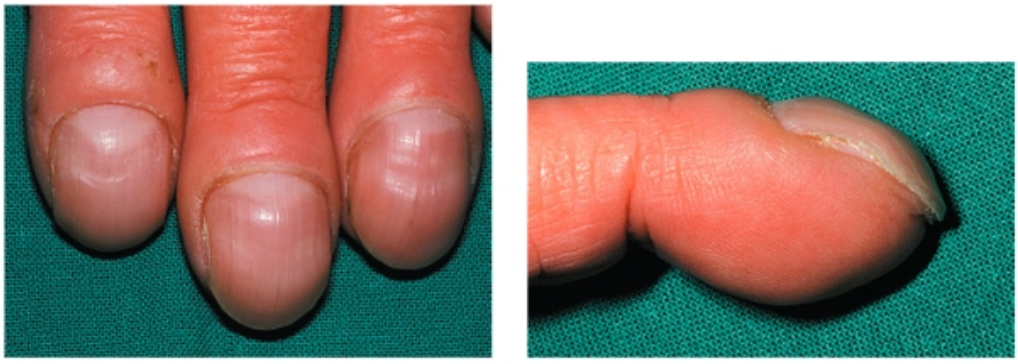




Abdomen
- Splenomegaly
- Hepatomegaly (but liver may be small)
- Dilated collateral vessels around umbilicus

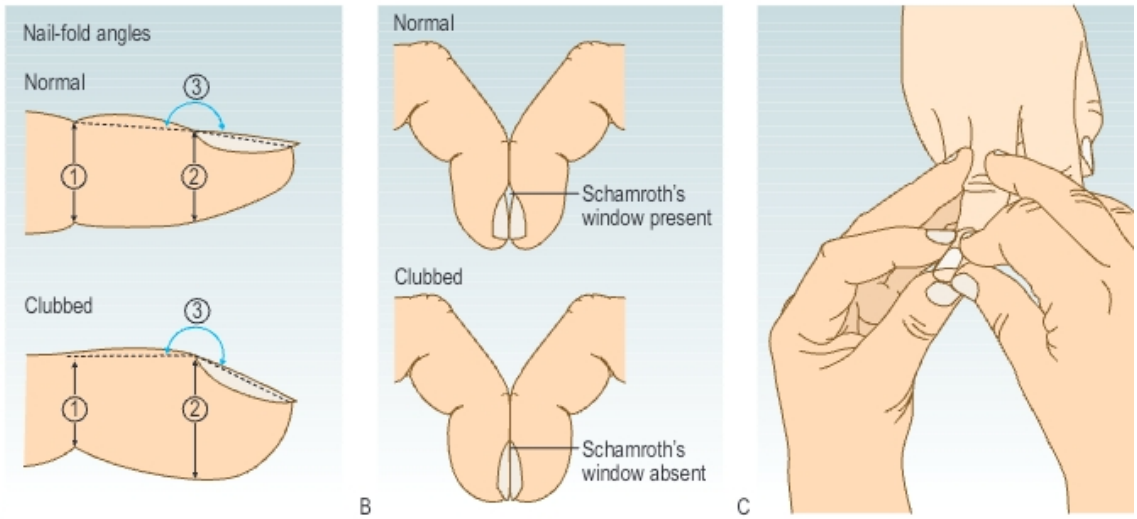
Genitalia
- Testicular atrophy

Legs



A B

Fig. 3.8 Clubbing. A Anterior view. B Lateral view.



A B C

Fig. 3.9 Examining for finger clubbing. A Assessing interphalangeal depth at (**1**) interphalangeal joint and (**2**) nail bed, and nail-bed ang
B Schamroth's window sign. C Assessing nail-bed fluctuation.

Skin

A detailed approach to examination of the skin is described on page 286. In everyday practice the skin can provide insights into present and past medical disorders, as well as information about the patient's social or mental status.

The skin should be exposed where appropriate and inspected

Haemosiderin

This product of haemoglobin breakdown is deposited of the lower legs following subcutaneous extravasati due to venous insufficiency. Local deposition of ha (erythema ab igne or 'granny's tartan') occurs with he to the skin from sitting too close to a fire or from ap heat, such as a hot water bottle, to the site of pain

with early-onset deafness. It is genetically
the X-linked form is most common. The
is with non-visible haematuria in childhood
renal disease in the late teenage and early

g, alcohol intake and recreational drug use.
ent's social support (family, housing, social
ccupation. Enquire as to how independent
ivities of daily living and how their illness has

al ation

can affect many aspects of the physical

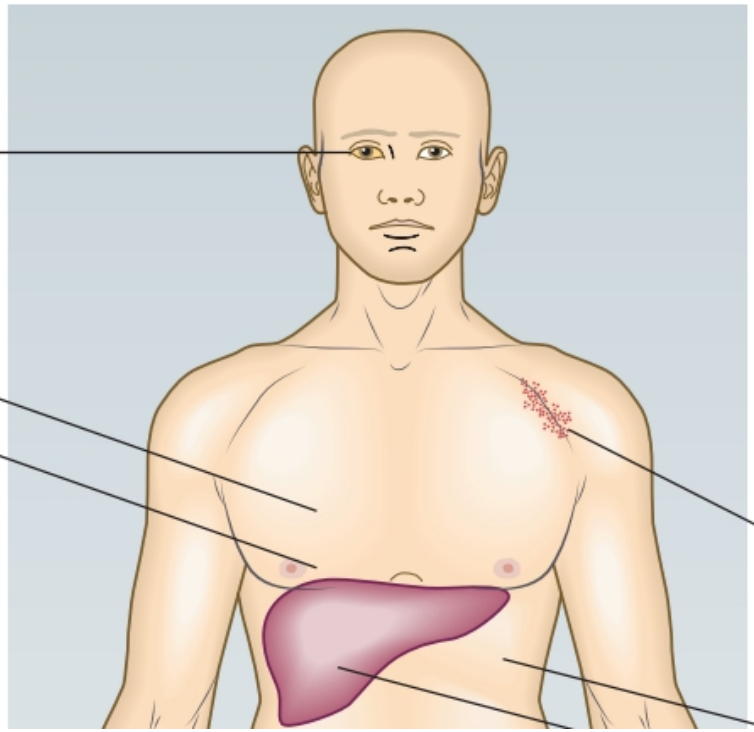
Fig. 12.6 Muehrcke's lines. *From Short N, Shah C. Muehrcke's lines. American Journal of Medicine 2010; 123(11):991–992, Elsevier.*

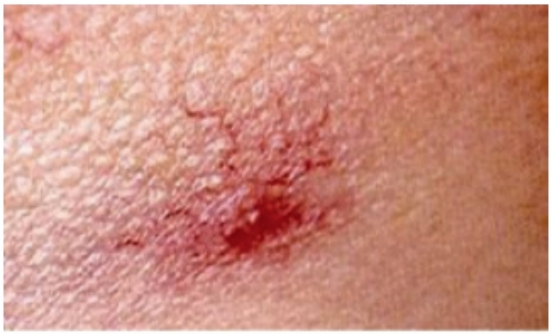
partners. Hepatitis B and C may present with chronic liver disease or cancer decades after the primary infection, so enquire about risk factors in the distant as well as the recent past.

- Inspect the patient's hands for clubbing, koilonychia (spoon-shaped nails) and signs of chronic liver disease (Fig. 6.9), including leuconychia (white nails) and palmar erythema.

Eyes
- Jaundice

Chest
- Gynaecomastia (in men)
- Breast atrophy (in women)





A Spider naevus

Upper half of body (above umbilicus)
- Spider naevi (A)

Abdomen

C

Fig. 10.6 Parathyroid disease. A Well-defined lucent lesion with surrounding sclerosis within the shaft of the third metacarpal of the right hand *(arrow)*, in keeping with a Brown tumour. B Pseudohypoparathyroidism: short fourth and fifth metacarpals. C These are best seen when the patient makes a fist. *(A) Courtesy of Dr Dilip Patel.*

Ask about:

- polyuria, polydipsia (hypercalcaemia)
- abdominal pain or constipation (hypercalcaemia)
- confusion or psychiatric symptoms (hypercalcaemia)
- bone pain (hypercalcaemia)
- muscle cramps, perioral or peripheral paraesthesia (hypocalcaemia).

Past medical, drug, family and social history

Ask about:

- recent neck surgery or irradiation
- past history of bone fractures
- past history of renal stones
- family history of hyperparathyroidism (which can be part of

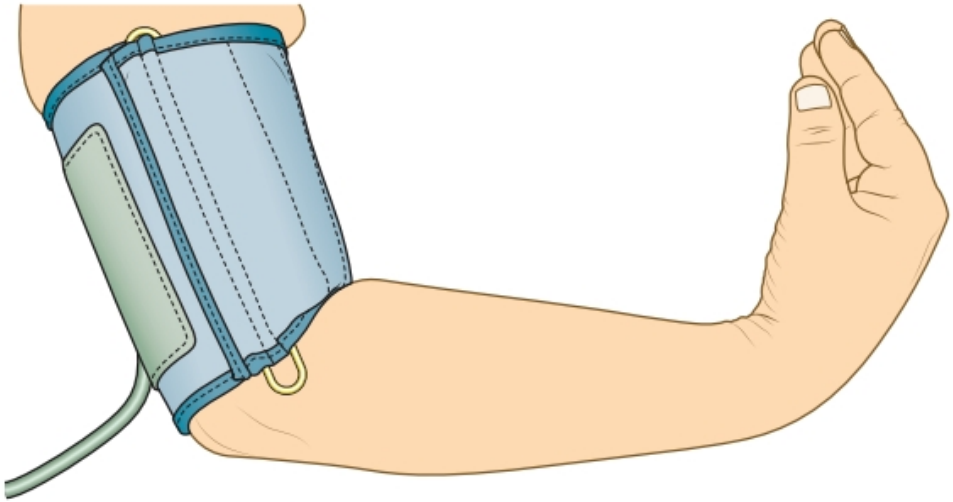


Fig. 10.7 Trousseau's sign.

- Examine the neck for scars. Parathyroid tumours are very

l examination

can affect many aspects of the physical
is may also be relatively normal, even with

arance

most likely to alter the general appearance.
ook unwell with pallor; the skin may have
pruritus and in severe cases there may be
onic twitching (p. 136) or asterixis (p. 104).
the patient's skin may appear yellow but
Hiccupping may occur. Breathlessness may
rload, or hyperventilation due to metabolic

Fig. 12.6 Muehrcke's lines. *From Short N, Shah C. Muehrcke's lines. American Journal of Medicine 2010; 123(11):991–992, Elsevier.*

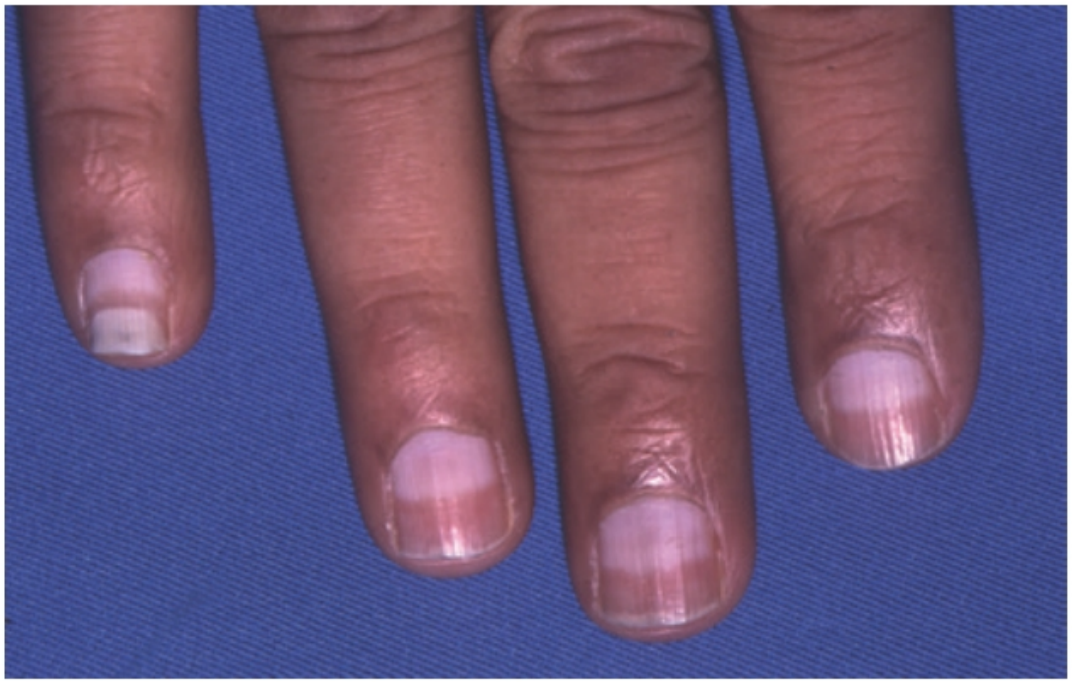
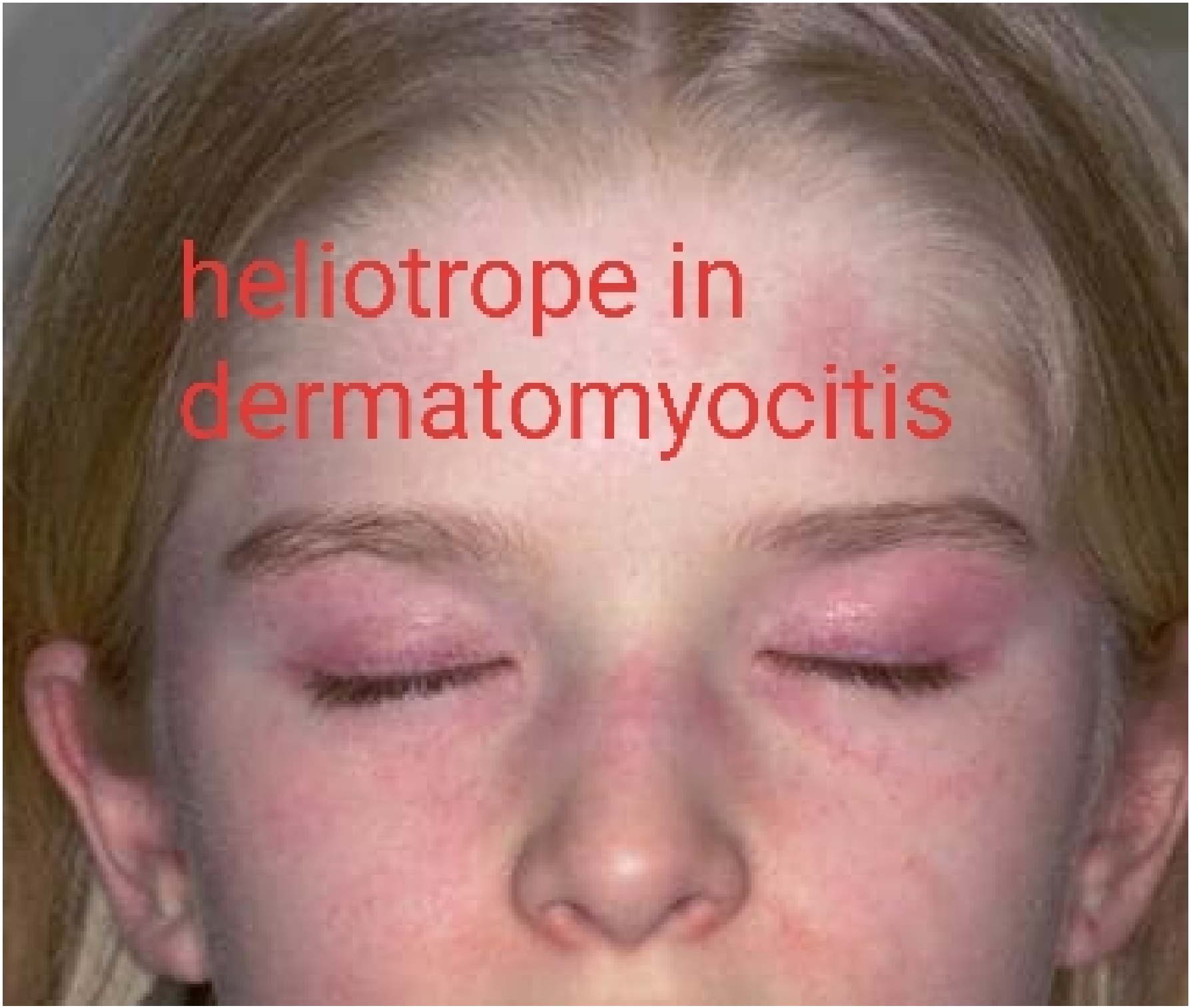
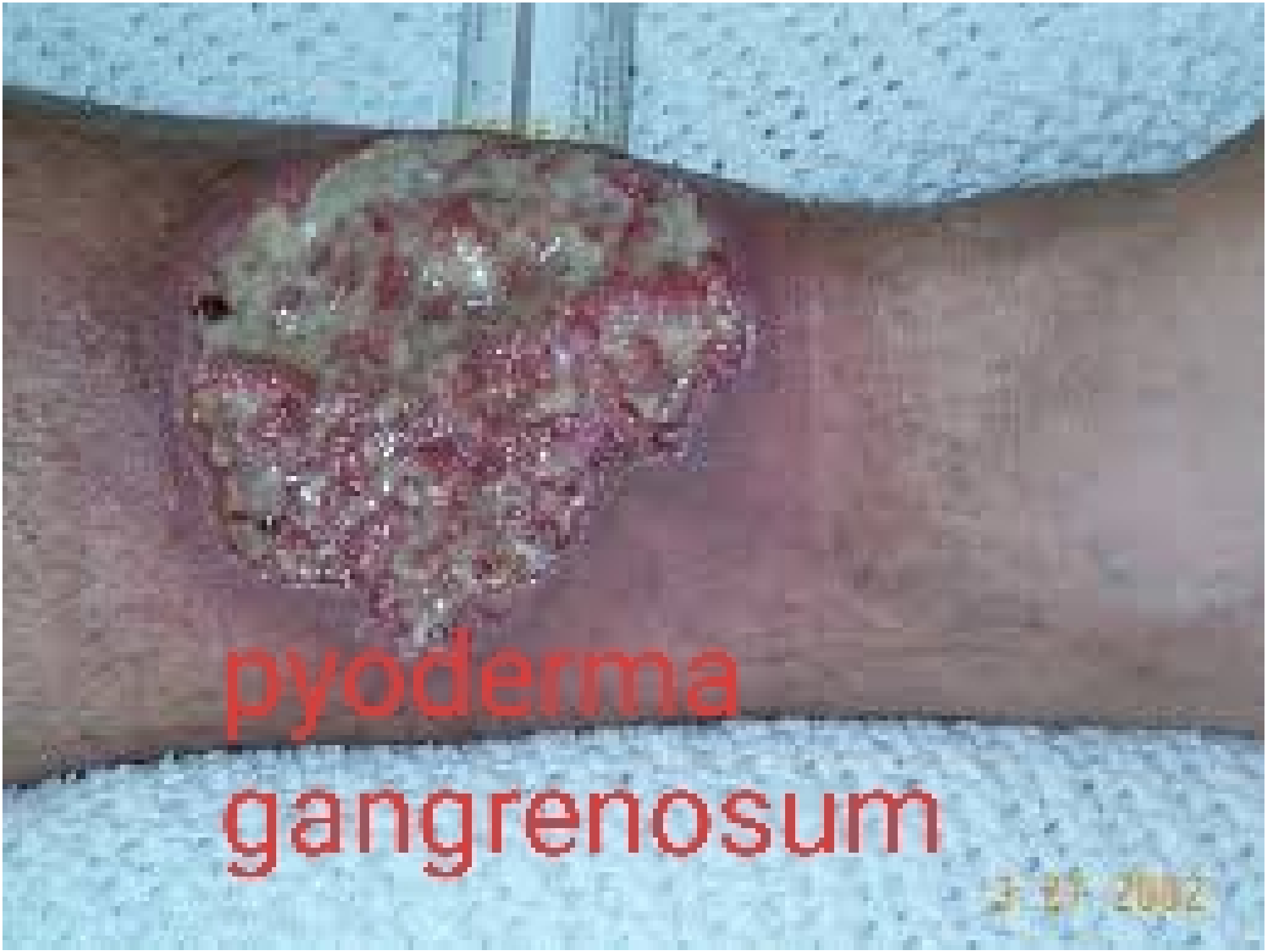
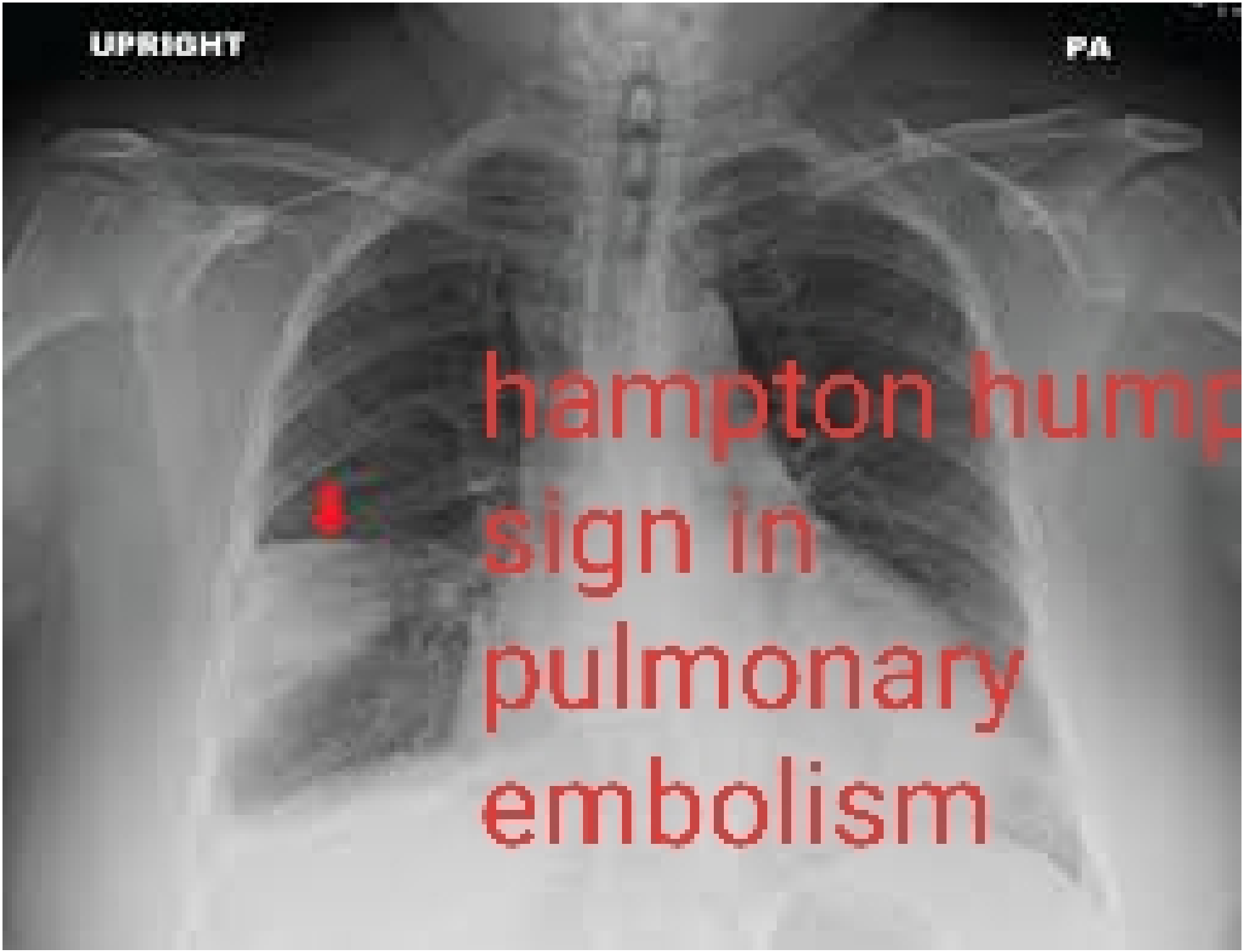
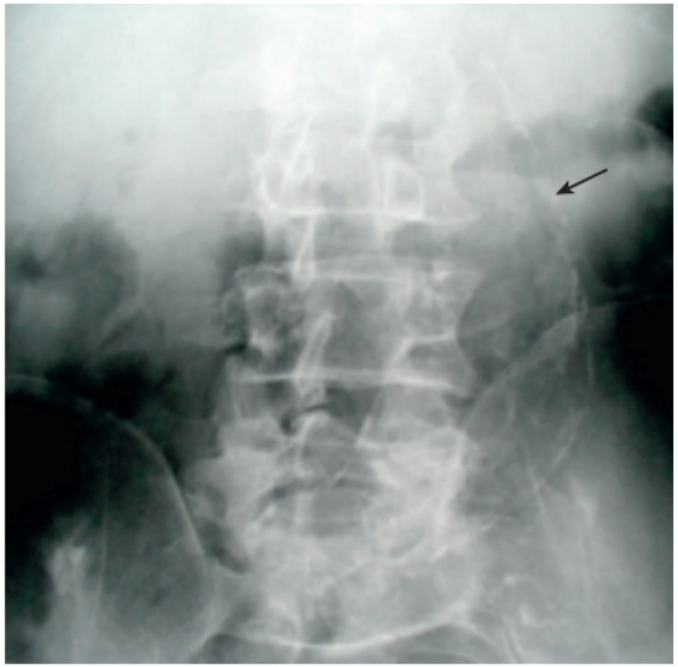


Fig. 12.7 Half-and-half (Lindsay's) nails.

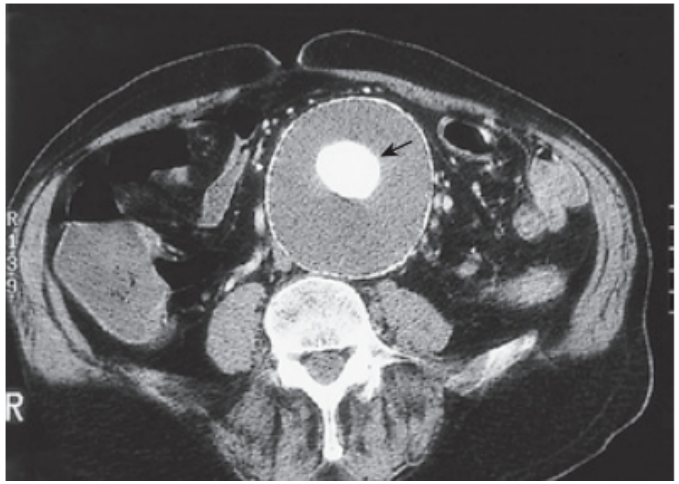

heliotrope in
dermatomyocitis

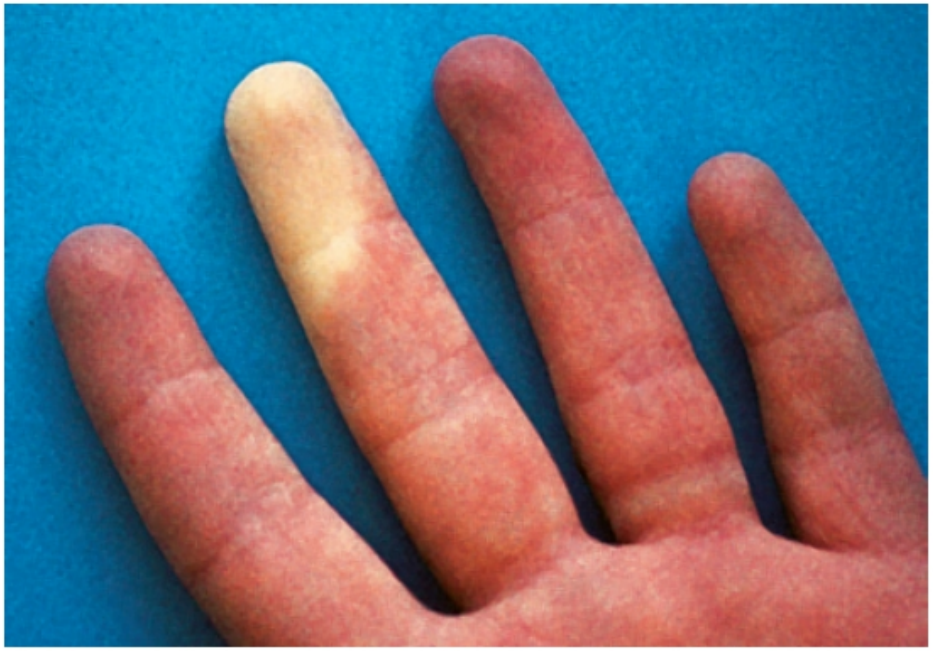

pyoderma
gangrenosum


UPRIGHT
PA
hampton hump
sign in
pulmonary
embolism

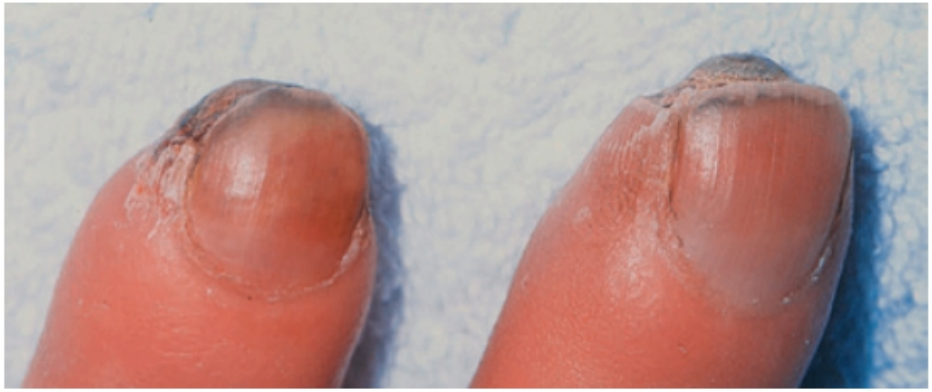


A



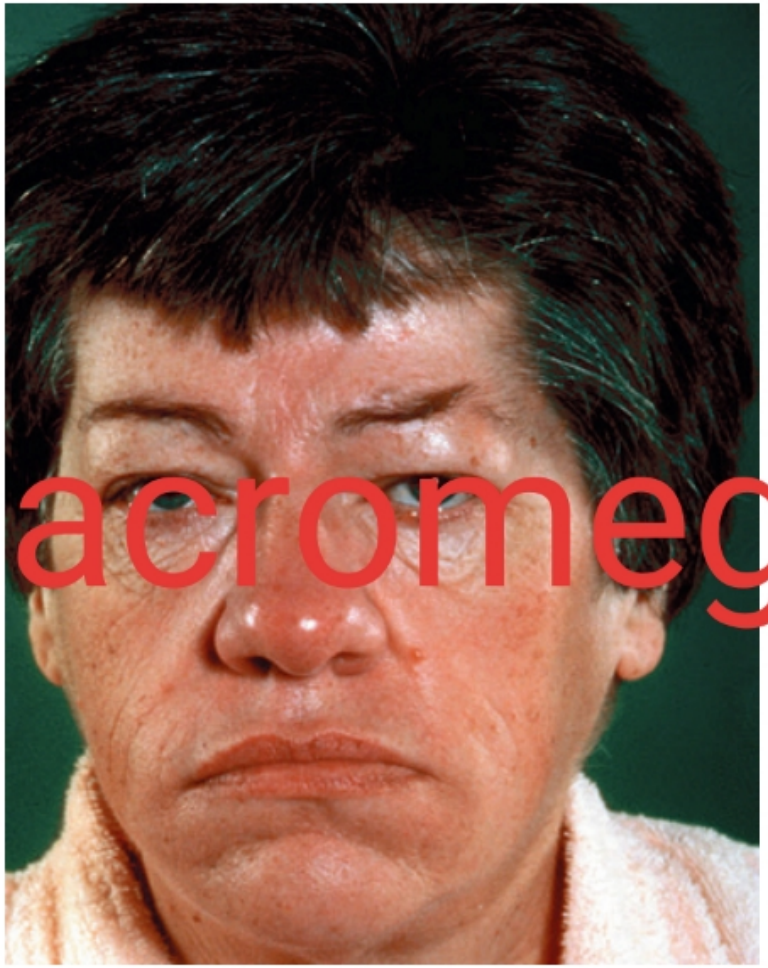


A

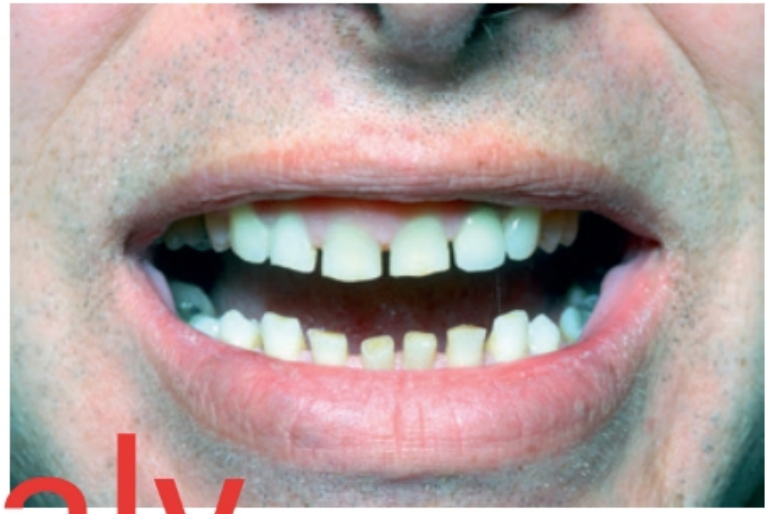


B

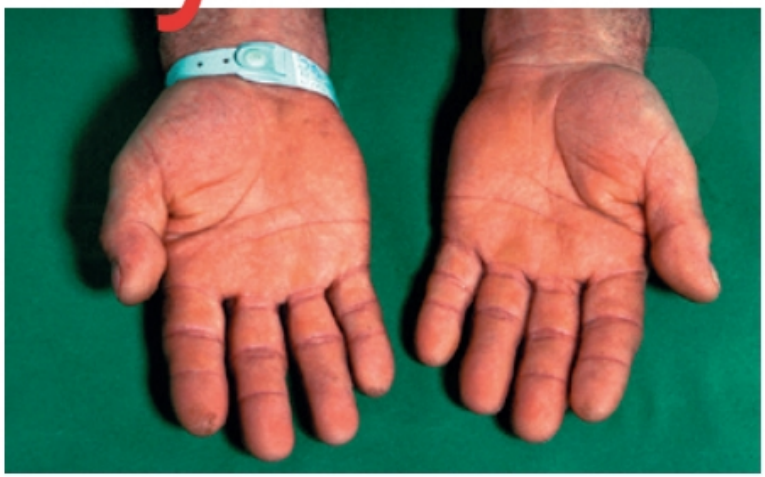
Fig. 4.33 Raynaud's syndrome. A The acute phase, showing severe



A



B



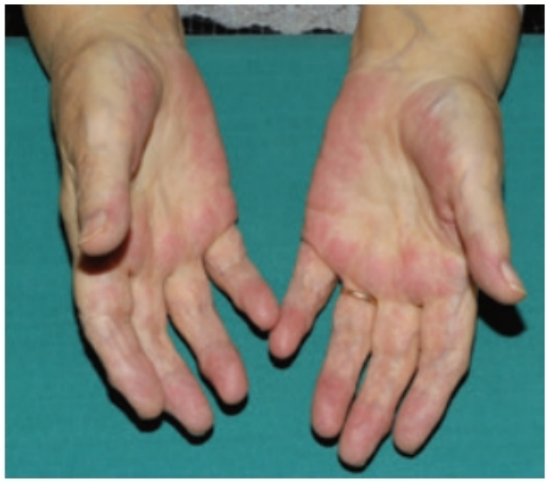
C

acromegaly

moon fuce in cushing syndrome

B Leuconychia

Hands
- Leuconychia (white nails) (B)
- Palmar erythema (C)
- Clubbing

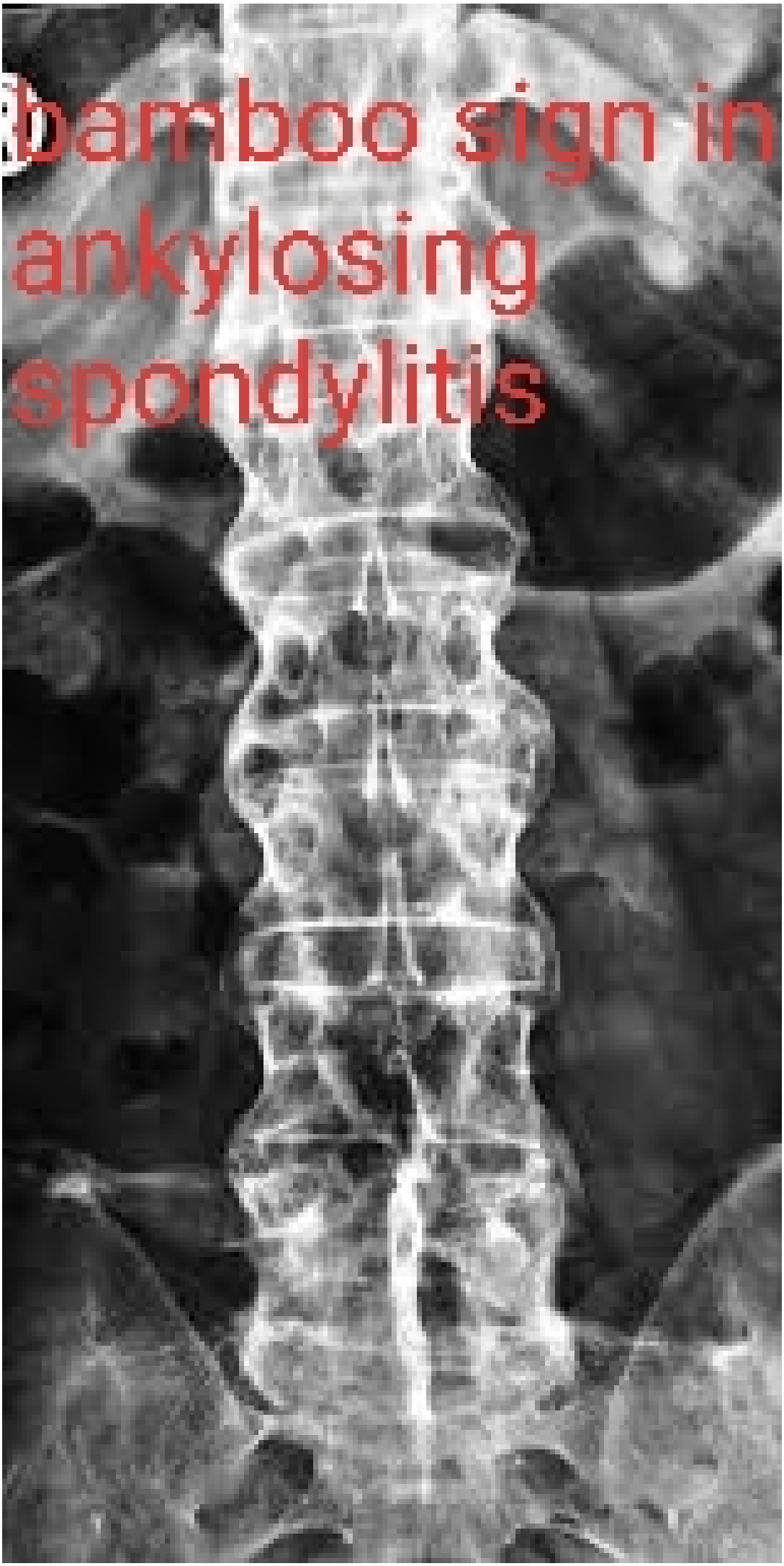


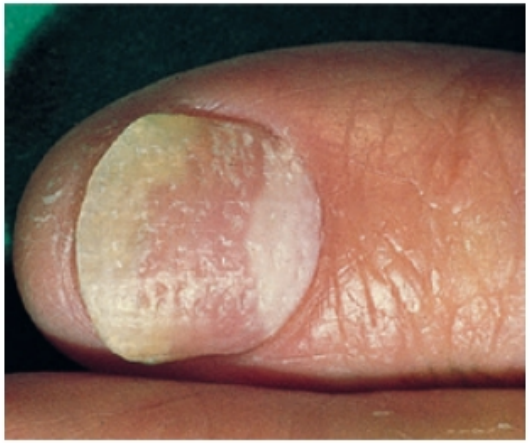
C Palmar erythema

Genitalia
- Testicular atrophy

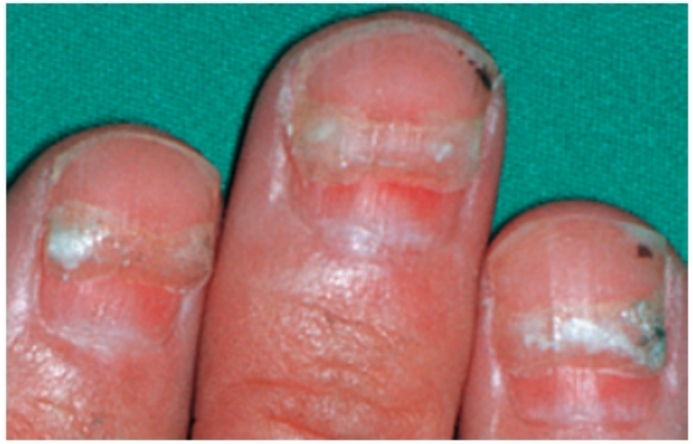
Legs
- Oedema
- Hair loss

General
- Skin pigmentation
- Loss of body hair
- Bruising

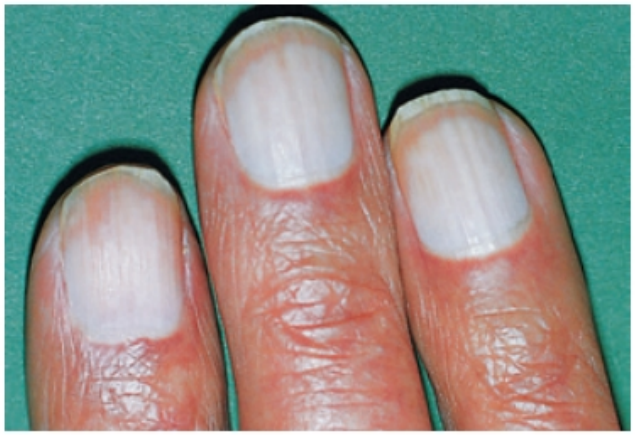

bamboo sign in
ankylosing
spondylitis



A



B



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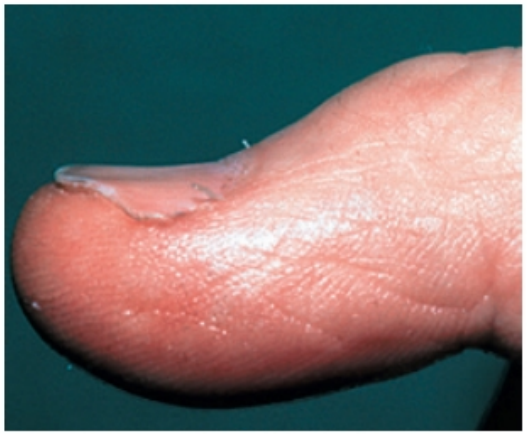
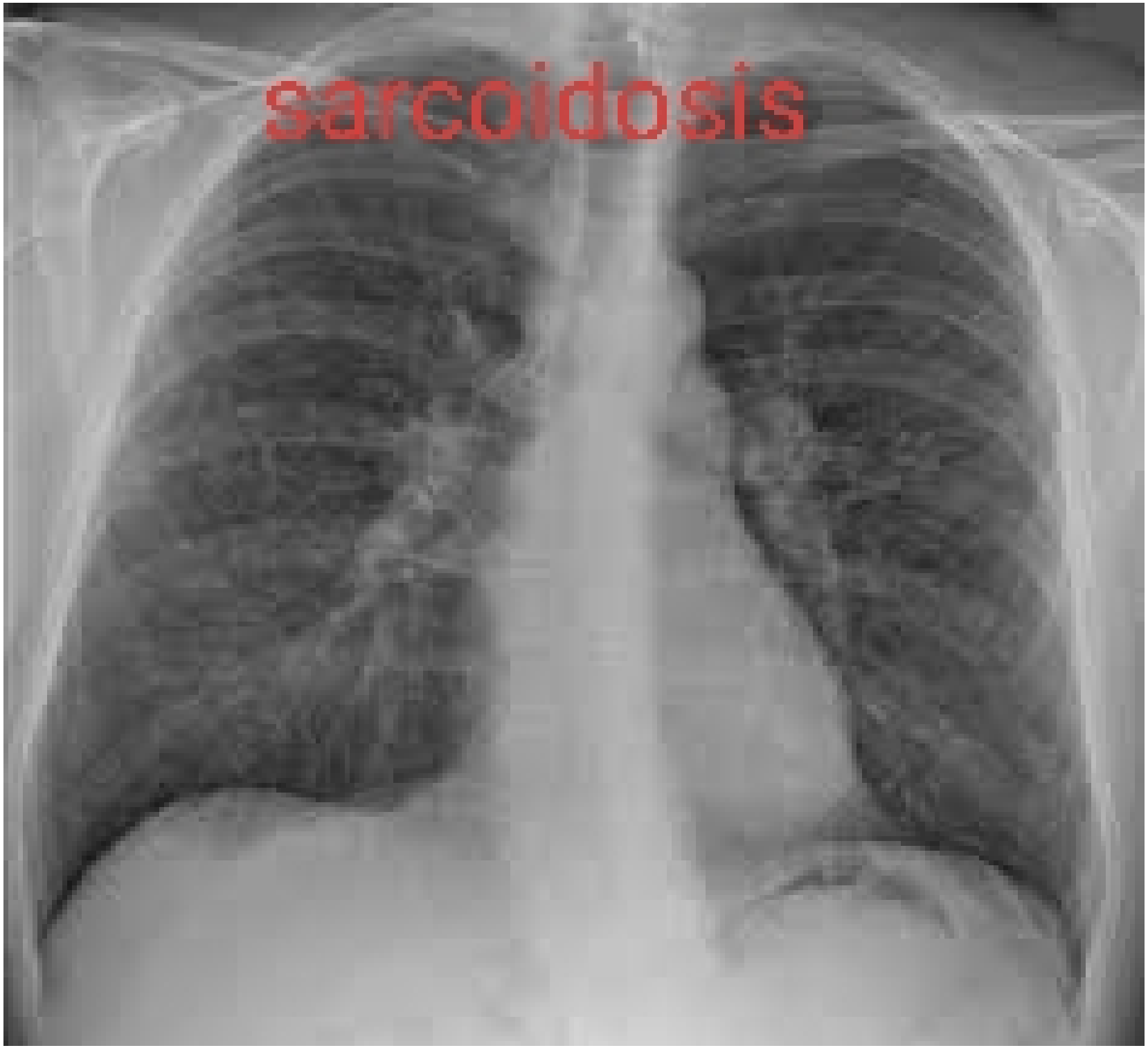


D

Fig. 3.7 Nail abnormalities in systemic disease. A Onycholysis with pitting in psoriasis. B Beau's lines seen after acute severe illness. C Leuconychia. D Koilonychia. *(A) From Innes JA. Davidson's Essentials of Medicine. 2nd edn. Edinburgh: Churchill Livingstone; 2016.*


sarcoidosis

or musculoskeletal disease: for example, the hemiplegic gait after stroke, the ataxic gait of cerebellar disease or the *marche à petits pas* ('walk of little steps') gait in a patient with diffuse

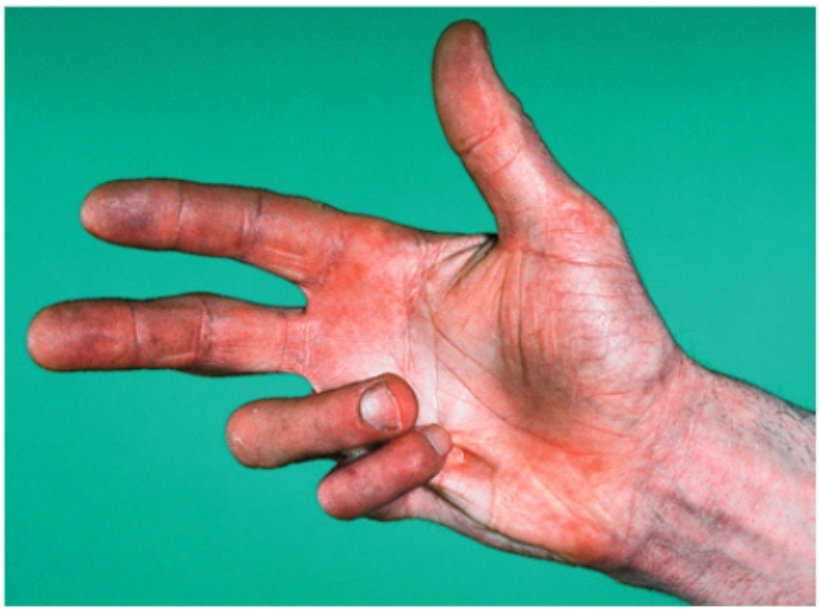


Fig. 3.5 Dupuytren's contracture.

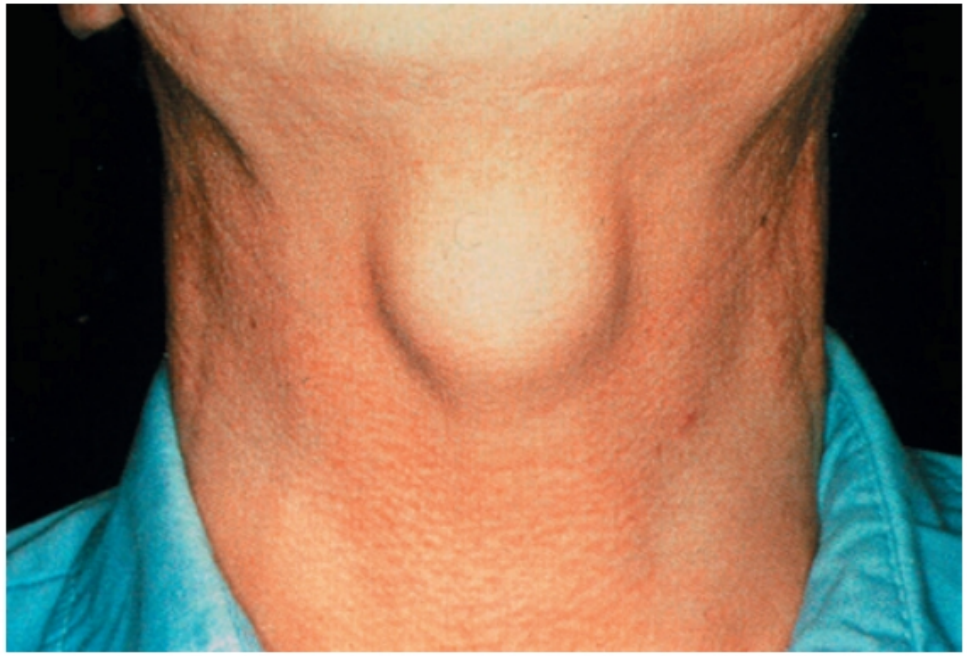
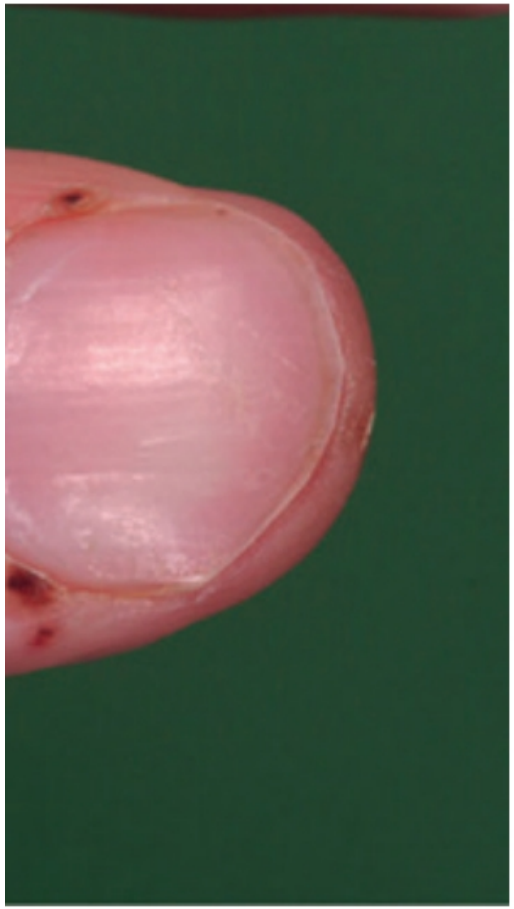


Fig. 9.28 Thyroglossal cyst.

	always help direct management PCR may help identify viral causes
Endoscopy and biopsy	Cancer of larynx and pharynx, cha in vocal cords Under general anaesthetic
Ultrasound ± fine-needle aspiration	Neck lumps, swellings
Computed tomography	Cancer and metastases Useful in staging

PCR, *polymerase chain reaction.*

ulcerating through the skin. **B** X-ray showing calcium deposits. *(A) From Forbes CD, Jackson WF. Color Atlas of Clinical Medicine. 3rd edn. Edinburgh: Mosby; 2003.*



ıll-vessel vasculitis.

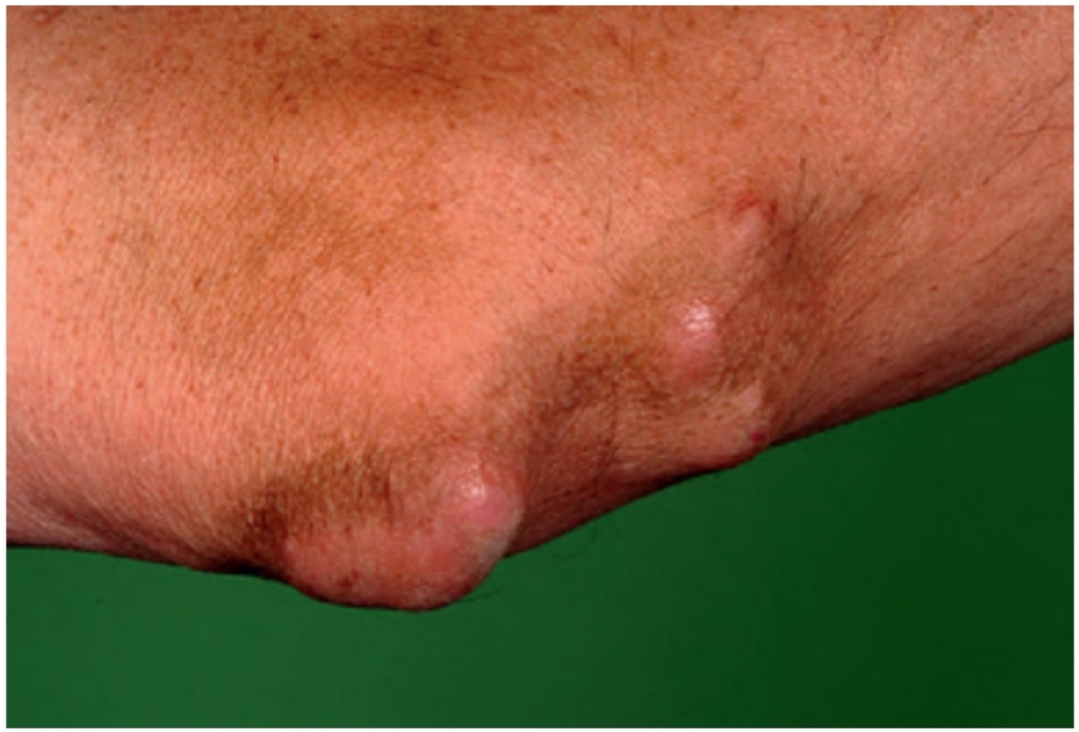
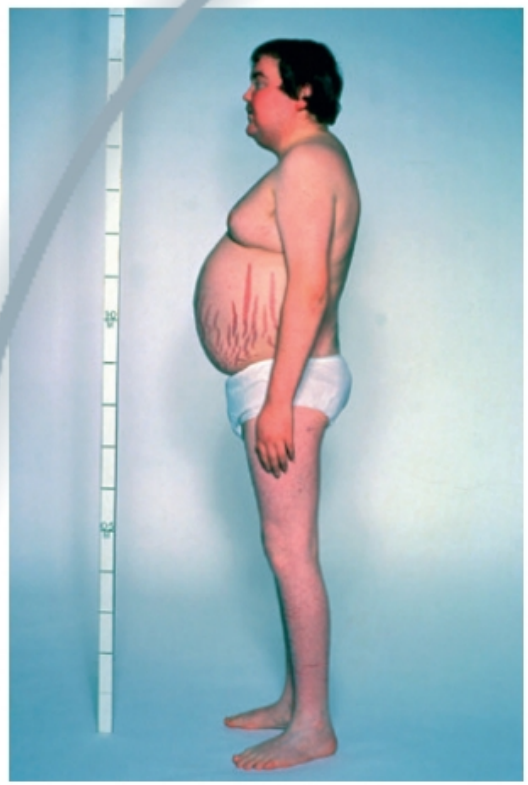


Fig. 13.7 Rheumatoid nodules at the olecranon and ulnar border.

A



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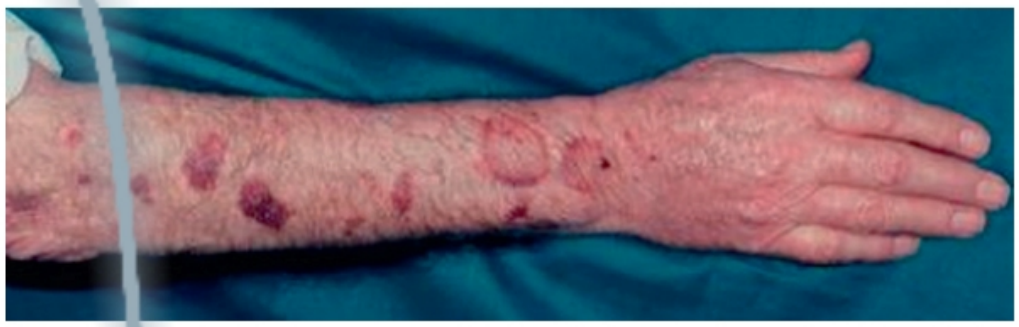


D

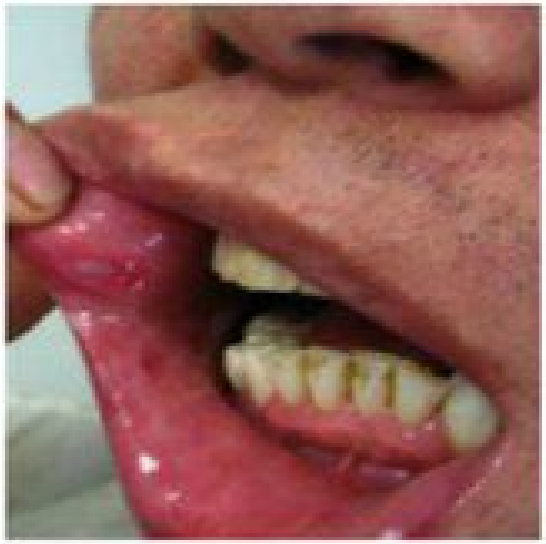
C

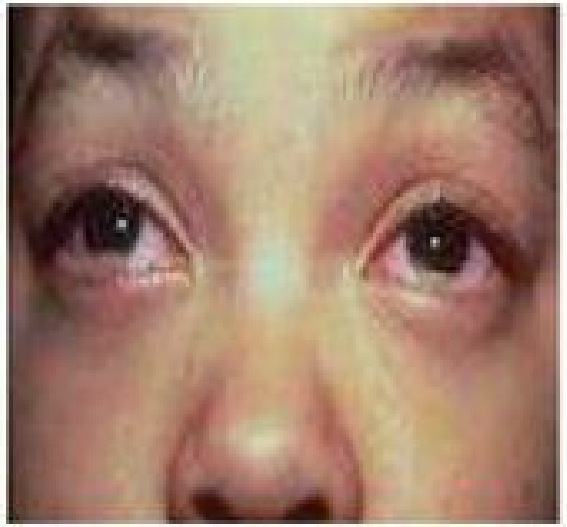
Fig. 10.11 Cushing's syndrome. A Cushingoid facies. B After curative pituitary surgery. C Typical features: facial rounding and plethora, central obesity, proximal muscle wasting and violaceous skin striae. D Skin thinning: purpura caused by wristwatch pressure.

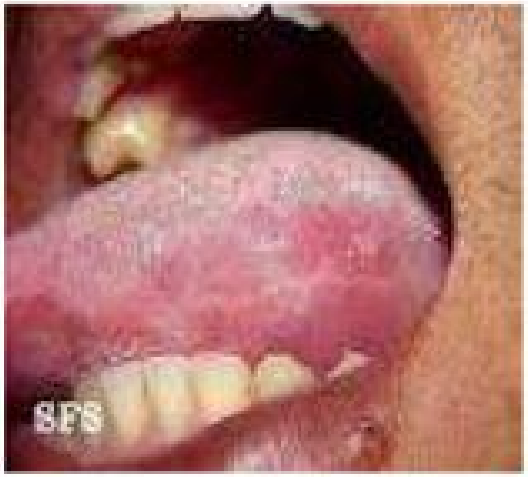
10.4 Adrenal causes of endocrine hypertension

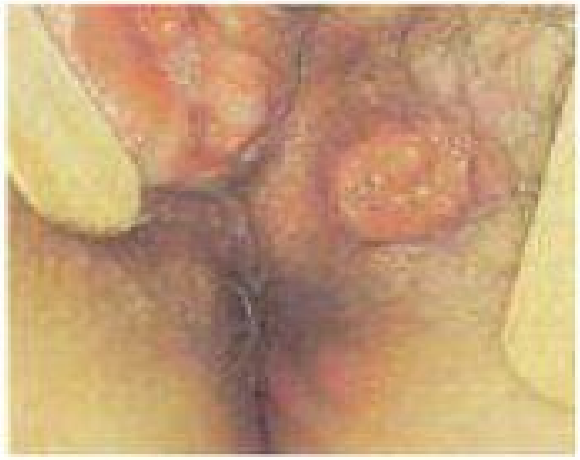
Condition	Hormone produced in excess	Associated features

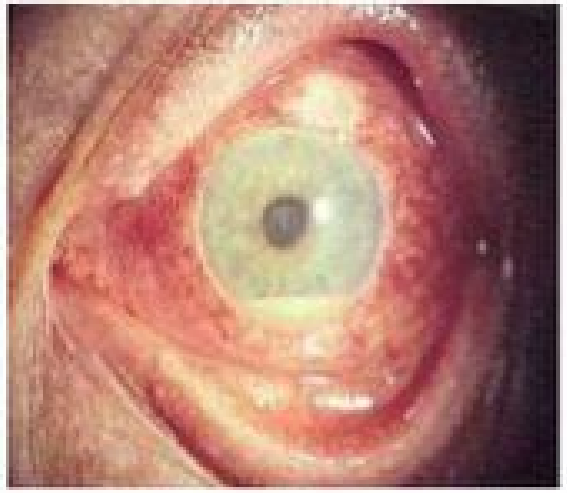
Behcet's Disease (BD)












gottron sign in
dermatomyociti
s
Source: IMAGE

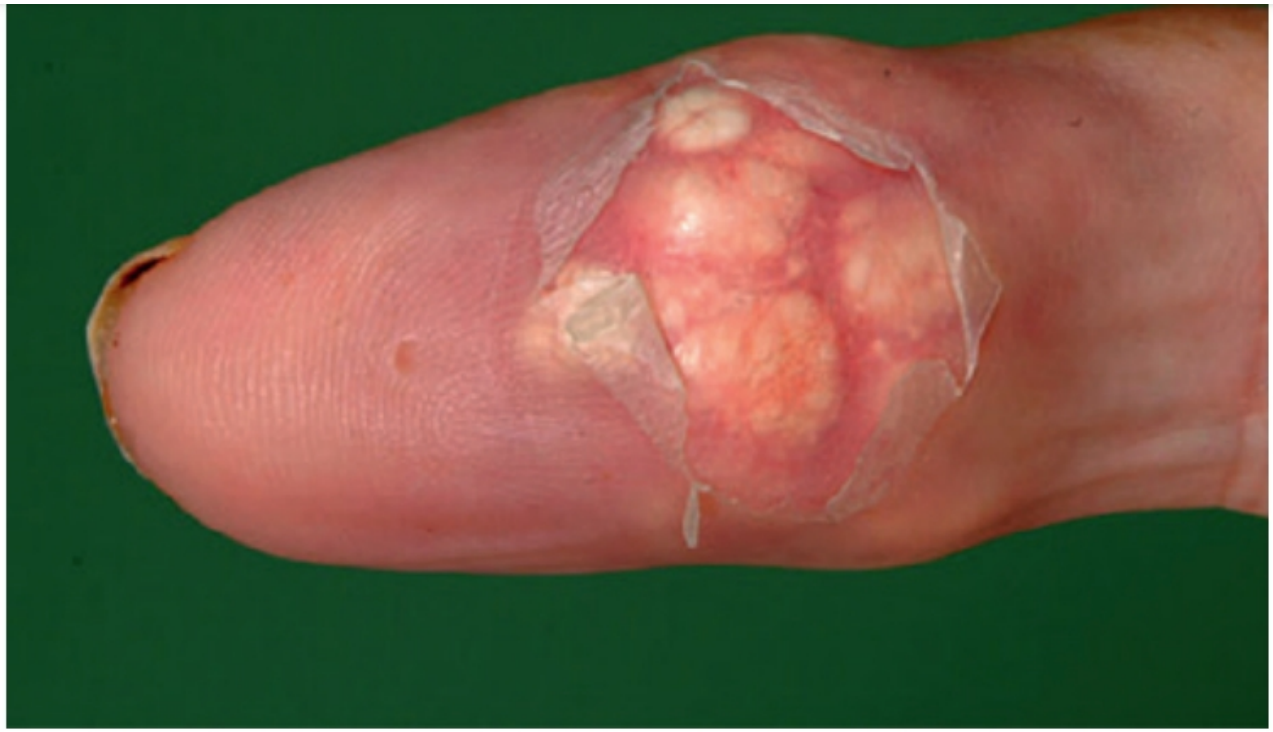


Fig. 13.9 Gouty tophi.

Joints: the GALS screen

GALS (gait, arms, legs, spine) is a rapid screen for musculoskeletal and neurological deficits, and for functional ability; it helps to identify joints that require more detailed examination, as described later.

- Gently squeeze across the MC
  suggests inflammation, as in rh
- Ask the patient to:
  - Clench their fists and then
  - Squeeze your index and mi
  - Touch each of their fingertip
  - Make a 'prayer sign', with t
    possible. Then reverse this
    hands together and elbows
  - Put their arms straight out i
  - Bend their arms up to touc
  - Place their elbows by the s
    degrees. Turn their palms u
  - Put their hands behind thei
    back.
  - Put their hands behind thei

Legs

- Ask the patient to lie supine or
- Palpate each knee for warmth,
- Flex each hip and knee with yo


pencil in cup sign
in psoriatic
arthritis