Vaccination → Antibiotics

Streptococci

Dr. Elias "3"

* Stria occurs in (abdomen, thigh, shoulder, breast)

* Spider nevi = dilated artery or arteriole

Radiated capillaries or venules وبكون عددهم غالبًا 3 أو 5

(chest / upper abdomen) distribution of SVC في ال

↳ could denotes liver pathology.

* Scars =

* سألني 36 ← العملية اللي فوق عالشمال ← gall bladder surgery

* جملة فوق عاليمين ← زي شكل الهلال عالبطن ← Most likely Stomach surgery

(ex. hiatus hernia surgery)

* distribution of scars ⇒
Rt. lower abdomen في 3 scars لوكان
↳ we are working in the Right lower abdomen (appendix , cecum)
↳ left lower abdomen → sigmoid colon

(مثال في الامتحان مريض عنده scars) مثلا
He has small scars in the upper abdomen, they look like scars of laparoscopy colostectomy.

OR it looks He had some hernia in OG Junction (OGJ) Oesophago-gastric

* سلايد 36 /

← صورة تحت عين (Kocher's incision) فرضا يتبع ال Gall bladder GB sar in subcostal margin.
ولو كانه عالشمال open splenectomy
← ولو كانه Roof top incision → بنعمل عمليات ال liver transplant وال major hepatobiliary.

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* scar site * we are working on:
- Upper midline scars → upper abdomen
- lower midline → UB , cecum
- kocher's → GB

Operative History :-
- where did you do the operation?
- How long (duration) of surgery?
- who did operation for you? اسم الطبيب
- How long you stay in hospital after operation?

Hair distribution:-
males : triangle with base down
Females : " " " op.

* Gynecomastia → Common Cause is physiological gynecomastia at 13-15 years old (تختفي عادة بعد 15-17 سنة)

* Hair distribution changes in ~~adults~~ Elderly due to liver cirrhosis or endocrine abnormalities

* Caput medusa : dilated veins around umbilicus due to portal HTN, liver cirrhosis

* Infection in abdominal wall below umbilicus → go to inguinal LNs.
* If above umbilicus → axillary LNs

* Also venous flow below umbilicus ; veins go downward to femoral & saphenous vein.
* above umbilicus Flow go upward towards axillary vein.

IVC obstruction ← Up

Portal hypertension / liver cirrhosis ← Radiating from umbilicus outward

Harvey's test ... vein ... Flow

* peristalsis after operation starts in Small intestine (Firstly) after 12h, then in stomach (after 24h), & colon (after 36h)

* Peristalsis in small intestine walks from left to right, But in colon from Right to left.

* IF there is obstruction in intestine (Small bowel obstruction) → the step ladder sign will appear

* Sister Mary Josef's nodule ⇒ 1/2 GIT (Cancer Stomach, Cancer Pancreas) : nodule or ulceration around umbilicus
* Can be in sarcomas & gynecological tumors (Ovarian, Uterine cancer), hidden lymphomas, etc...

Fox sign : discoloration in inguinal region.
& Cullen's, Turner's signs ⇒ peritoneal hemorrhage, ectopic ~~peritoneal~~ pregnancy, aortic aneurysm

اليوم : مهم بعيد بالامتحان
الدرس : التاريخ : / /

* Cullen's Signs اكثر سبب بتوقع في الجراحة لل (Bad). Acute hemorrhagic pancreatitis هو الـ

↑mortality to %40

24-48 h بعد discoloration الـ بصير

ICU ع طول عال

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* Umbilical hernia : swelling become more obvious with straining, deep inspiration, cough (active inspection)

* mass in abdomen (above or down to muscles)

لو ضغطنا عليه اذا الـ straining بطلع لبرا — لو ضغطنا عليه بيدخل لجوا

* Usually after inspection we do auscultation (عشان شو) لانه في الـ percusion الـ bowel sounds رح تتغير . وكمان لازم تكون اليد والسماعة دافيين عشان ما نغير الـ note of bowel sounds

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الدرس : دفي
اليوم : التاريخ : / /

* If no bowel sound → Paralytic ileus

← اهم سبب hypokalemia الـ ← post operative بنعطيه K+ ونديها التحسن

normal K+ (3,5 - 5)

* Bowel sound up to 1 min in different quadrants (لـ 5 دقائق لكثيرتقل1)

* normal bowel sound no./min = (5 - 25 / min) bowel sounds (20 بـ)

or (1 / 2-3 s) ثواني

→ Hypoactive bowel sounds < 5 / min.

Hyperactive > 25 / min.

* loud prolong bowel sounds → In intestinal obstruction (early) (mechanical) عالي ويطول

called (Porporygmi)

* ↑ Bowel sound also in diarrhea, gastroenteritis (common), Fasting.

* Arterial bruits (aorta above umbilicus in midline, renal a. ← (5cm above & 5cm lat.)

بطلع من level L2 below transpyloric 2-3 cm.

L1 : SMA

L3 : IMA, testicular a.

* أي artery عشان تسمعله صوت لازم يكون يا إما dilated (aneurysm) or narrowing (stenosis).

↳ بس بال normally ← مابنسمعله صوت

* Femoral pulse : in midinguinal point (1.5 inch lateral & 1.5 inch above Deep ring)

* Venous Hum : machinary murmur (continuous murmur) due to increased pressure of splenic v. → In bilharzial portal HTN (Kenawy's sign)

* أكتر في ال inspiration عن ال expiration ، لماذا؟

↳ لأنه في ال deep inspiration ال diaphragm بنزل فيعمل squeeze to spleen فيعلى الصوت.

* Friction rub : metalic sound (كأنك بتفرك قماش) (تحديشين)

↳ cause/ pleurisy (lung)

↳ in abdomen (rare) → when inflammation of capsule of spleen & liver (perisplenitis / infarction in part of liver)

* succussion splash = occurs in stomach full of fluids when pelvis shaking.

↳ cause/ pyloric obstruction — benign / malignant.

أو واحد شارب ماء كتير.

* What are the content of Hernial sac?

Small intestine, colon or omentum

↓ gas (resonence) — omentum ↓ solid (dull)

أو هي مش hernia بل solid mass.

* Percuss for ascites ??

* والمريض نايم ع ظهره الماء هيروح ع ال flanks فالمنطقة هادي لو عملتلها ~~resonance~~ percuss الجسم هنجد ← dullness

لو طلعت resonance ← يعني مش ascites.

shifting dullness ↓ عشان أميز إذا هي mass or ascites

* You can elicit ~~dullness~~ tenderness in abdomen by palpation & percussion

* المنطقة ال tender بخليها last وبيدأ من الجهة المقابلة إللي ودينش مع أدركس عقارب الساعة.

Liver:

- upper border slightly concave, start from 5th rib of Rt. side & reach to 6th rib in Lt. side.
- lower border from rib 5th to 10th inferior & (above the costal cartilage المفروض ما تمسه لأنه).

- liver span (diameter) → normal = 6-12 cm
>12 cm (enlarged liver) , <6 cm (Atrophy)

- liver larger in males > females
(10-12cm) (8-10cm)

- 12 cm → where? → In midclavicular line.
But in midline = 4-8 cm

- كيف عنبه؟ بنبدأ من angle of lewis وبنزل تحت
ع نضل resonence لحد ال 5th rib عندها بصير ال dull
وبال deep inspiration بنزل ال liver لتحت فبتتحول ال resonence إلى dull ← هاد ال upper border of liver

وبتبقى resonant كله لفوق لحد ما نوصل Rt. iliac Fossa وبتمشي
ال lower border بصير dull

* Bowel sounds (Percussion):
Resonant , Hyper resonant , Tympanatic , Dull
(Tympanatic ↓ intestinal obstruction)

* لما يجي Percussion بروح مع ال Resonant لا (عشان يتبع أصابعي) Dull

* Percussion of spleen: (مش هتمسح كعادة الجراحين) بل نعملها palpation
- Intra peritoneal وعنوه.
- normally not percussed, not palpated.
- there is line called anterior axillary line in spleen (Anterior fold of Pectoralis major)
لومشيت معه لحدم يخلص ال Costal cartilage فوي النقطة left في ال Castell's spot بسمعه

- وعند ال expiration بكون resonant إذا كانت ال inspi. صار dull ← mild spleen enlarge

* Traube's area = إذا أنا المفروض تكون resonant in inspiration & expiration صار dull معناه ال spleen متضخم بالحاصل
{ أو فيه consolidation in lung
أو mass in colon

Traube's Triangle ⇒ الـ boundaries :-
upper border → 6th rib
lat. → ant. axillary line
lower → lower costal cartilage
medial → linea semilunaris

* Palpation :

- Peritoneal irritation is not clear when patient takes NSAIDs (ex. declofen)
- enemy of palpation is muscle rigidity

Rigidity
- voluntary (زي الأولاد الصغار) Ticklish زي الـ
- involuntary (irritation of peritoneum)

- نسبة الزائدة المنفجرة في الأطفال أقل من ٣ سنين هي ١٠٠٪ أو تقريبا الـ ٩٠٪
We can't assess

- Palpation
  - Deep > 2cm
  - Superficial 1cm
  In slim individual
  In obese patients بتركيز السبابة

Palpation of masses → Tenderness
هو اللي يهمنا مش الـ organs الطبيعية

* mass بيتحسوا كـ أشياء (سؤال مهم)
* Stool can be felt as a mass in sigmoid colon or cecum. (اسبوع بروح عالحمام بتروح)
* Aorta
* Gravid uterus
* retention of urine , sacral promontory
* leiomyoma
* lower pole of Rt. kidney in slim patients.
* lat. border of Rectus abdominis (linea semilunaris)

* Right kidney lowers left kidney by 0.5 inch

⇒ Size بنقيسه / أو ننسبه لحجم مألوف مثل lemon size

⇒ mass
- soft
- Firm
- hard

Borders of mass
- smooth & rounded
- irregular → تخوفنا أكثر

⇒ is mass
- attached to skin (pinch test) إنه لمسك الجلد وتشوف
- or not

⇒ skin over mass
- Hot → (ex. abscess in abdominal wall)
- Cold
- Pulsation
- Tender or not

التاريخ : / / اليوم : الدرس :

* ممكن ال mass لو كانت جنب ال aorta تنقل

* Transmitted pulsation of aorta. (transmitted)

* or aorta itself has aneurysm. (expulsaile)

. normal width (عرضه) of abdominal aorta = 2,8 cm

* Binanual examination → لواحد سمين جدا

كلا اليدين فوق بعض و بفحص