EXAMINATION IN A CASE OF JAUNDICE

BY

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General preparations

- **Environment** :

  Warm,

  Good light normal light is prefered

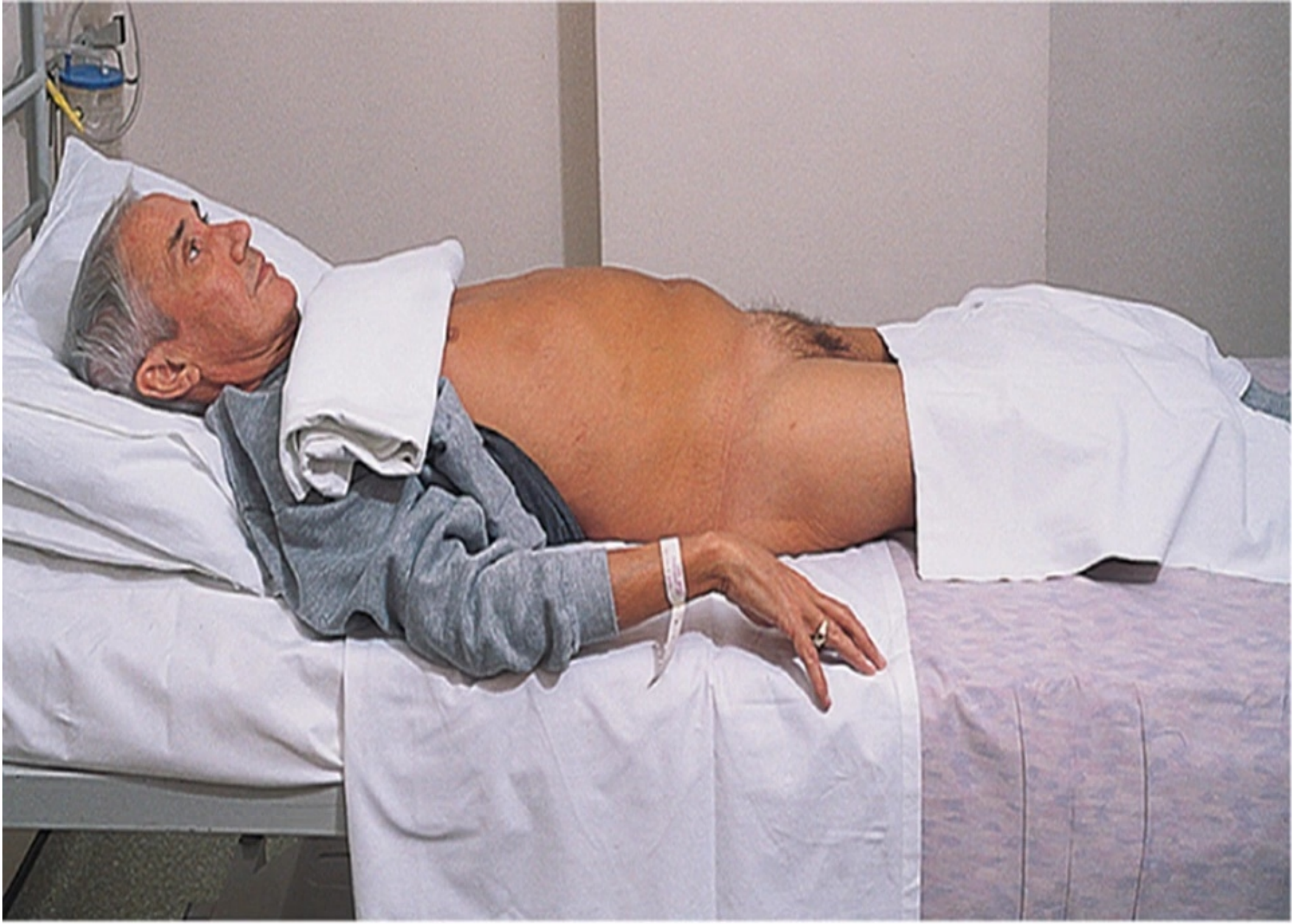
  Examination couch

- **Exposure**

  Nipples to knees

- **Position of the patient & examiner**

According to the color of jaundice we can know the cause:
- yellowish jaundice
- greenish jaundice
- oragne jaundice

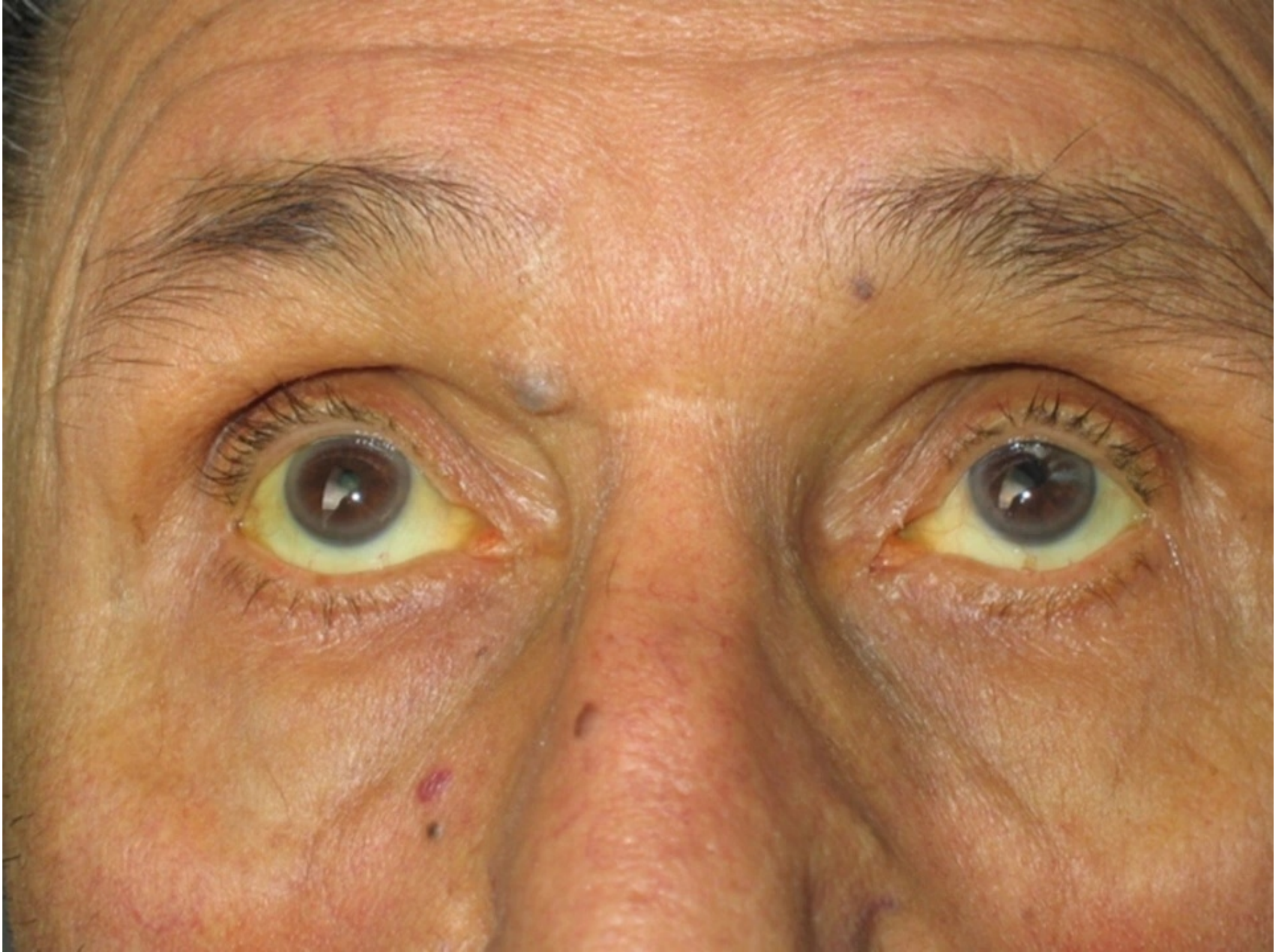


General examination

Look for

- Cachexia
- Pallor
- Jaundice
- Scratch marks

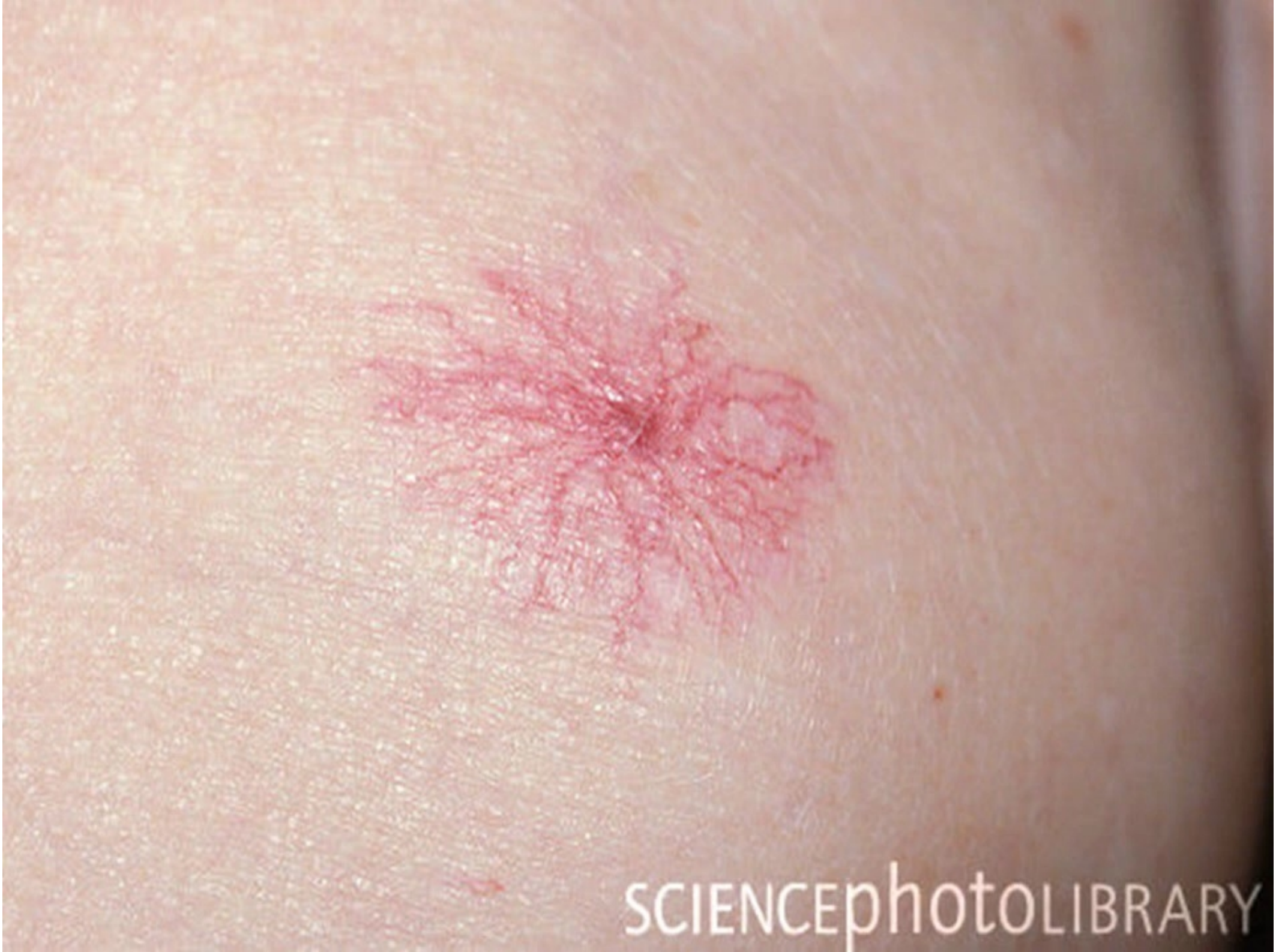
.....



General examination

What are the signs of liver dis. other than jaundice?

- Bruising,
- Spider angiomas,
- Gynecomastia,
- Testicular atrophy,
- Palmar erythema
- Ascites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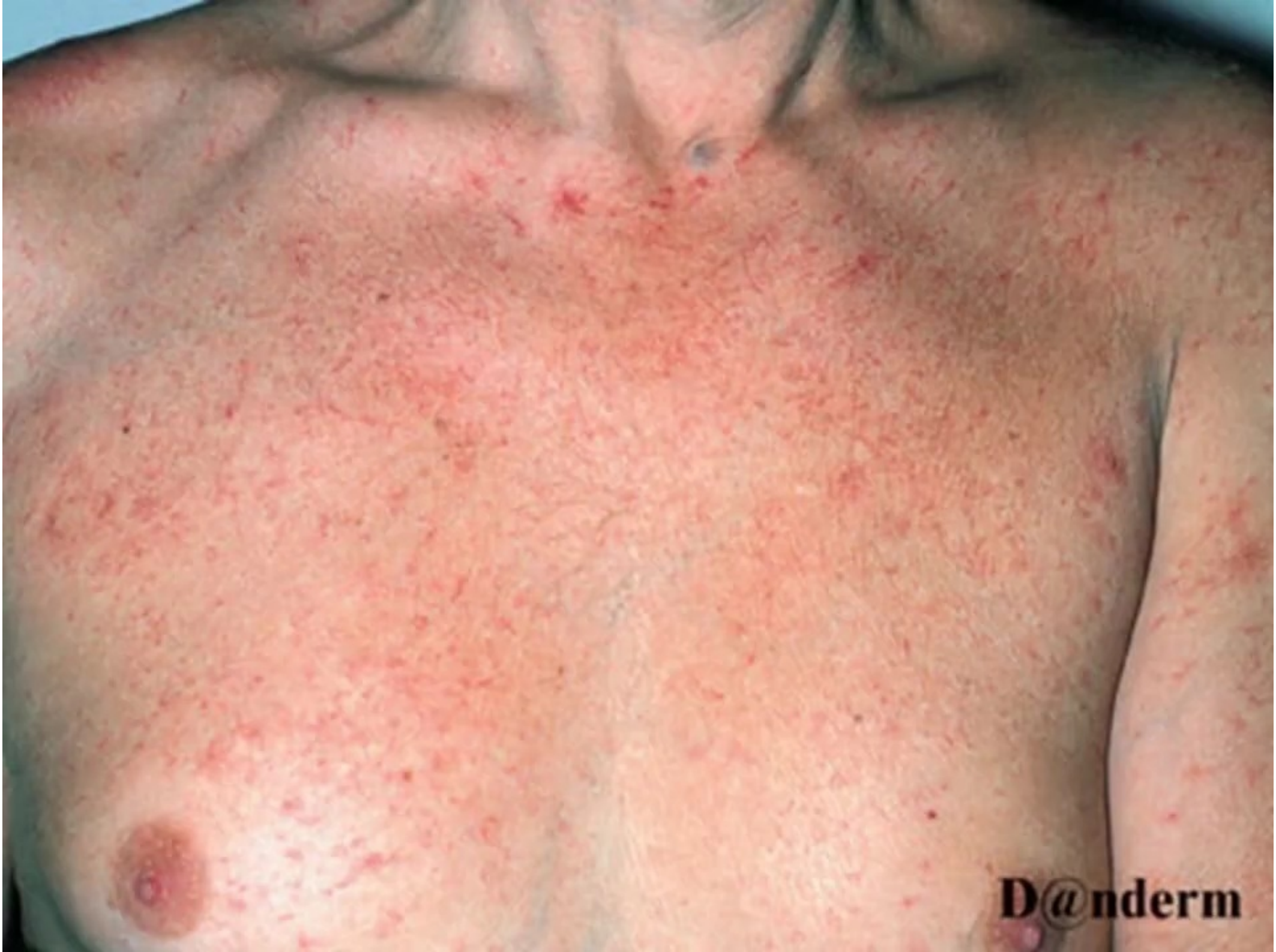
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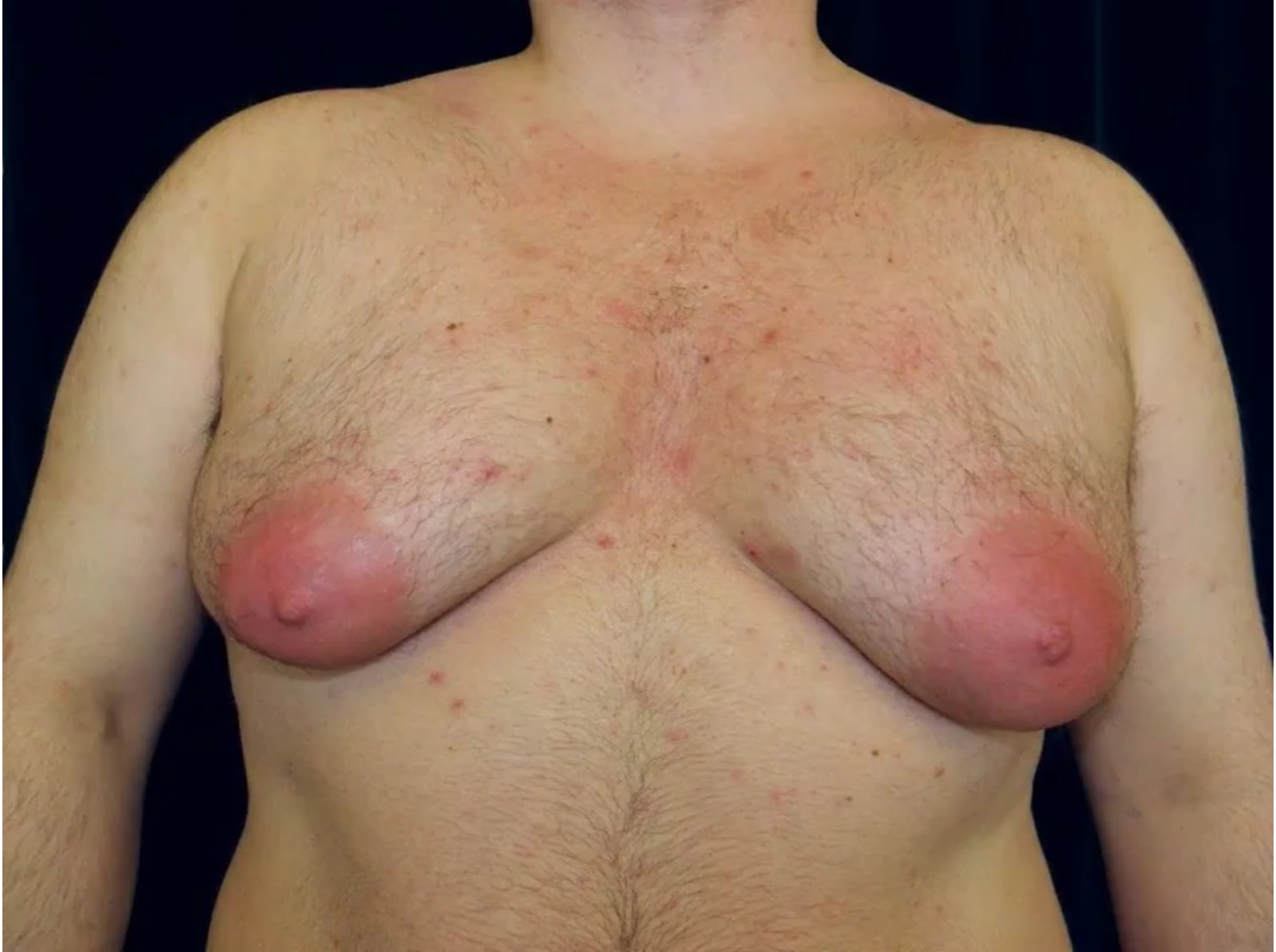
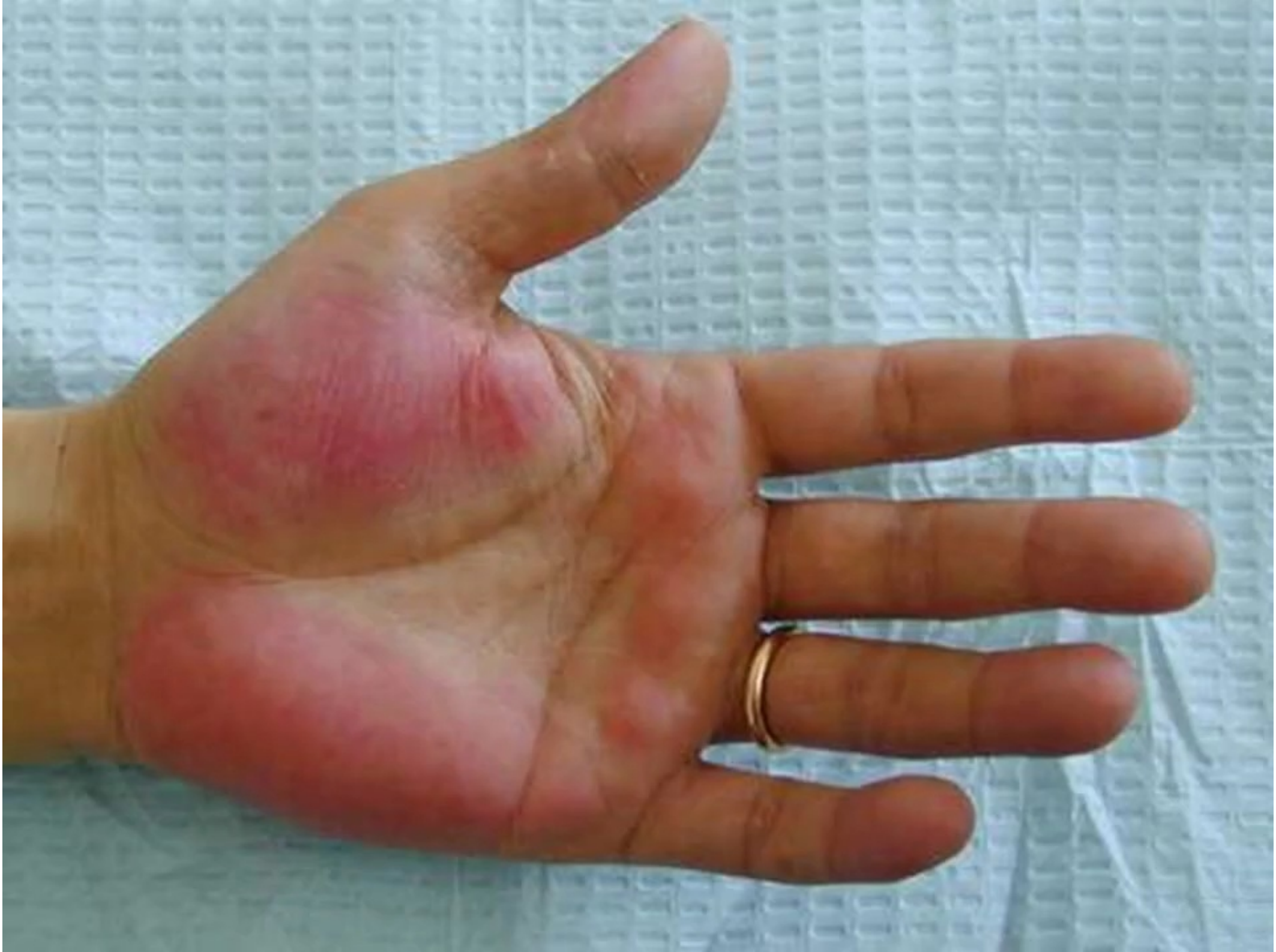




Abdominal examination

Stand at the right side

INSPECTION

- Start at the foot of the bed and
- **Observe**

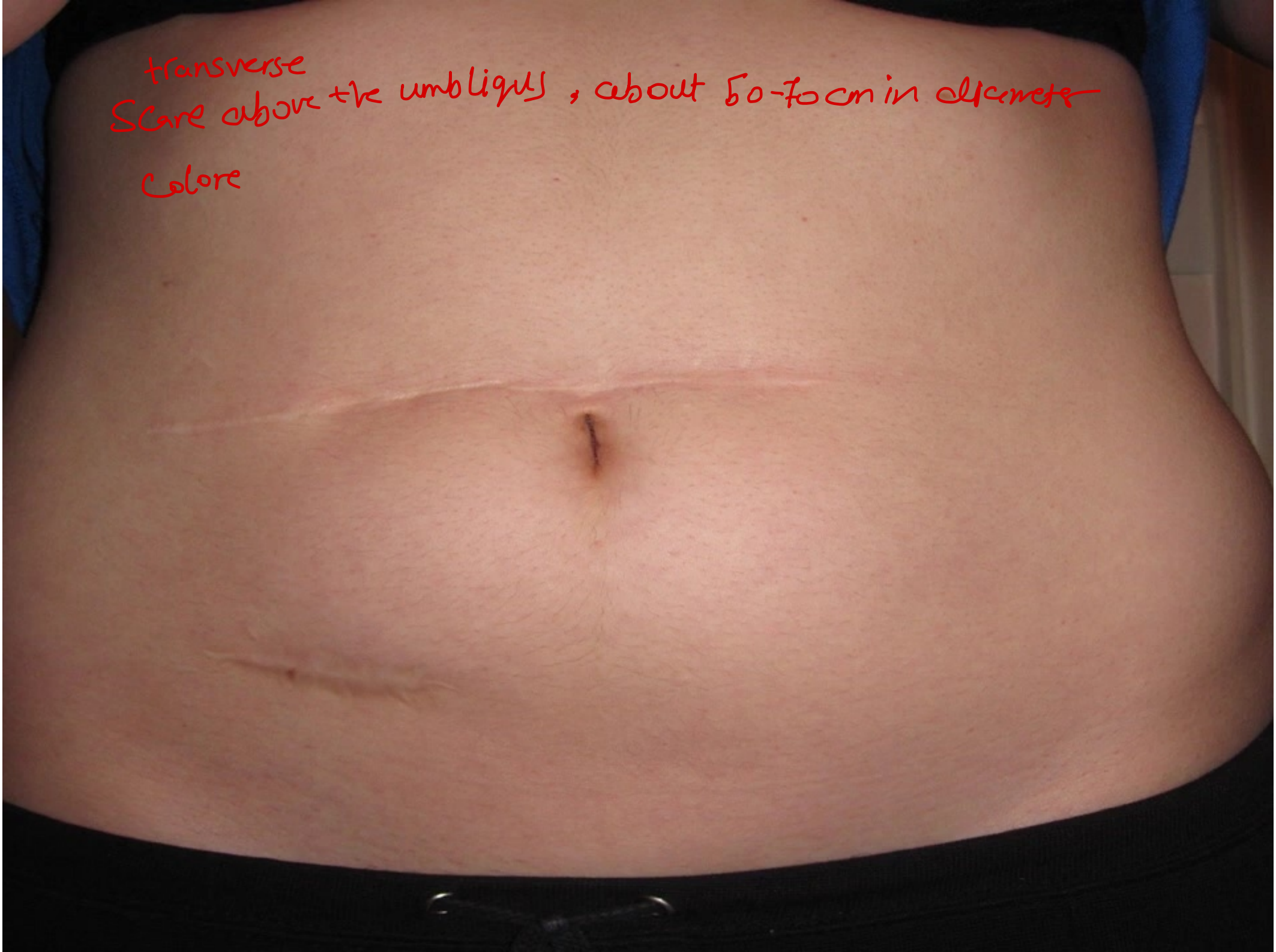
1. Shape of the abdomen ? Bulging flanks
2. Movement with respiration
3. Reaction to movement
4. Umbilicus ? everted

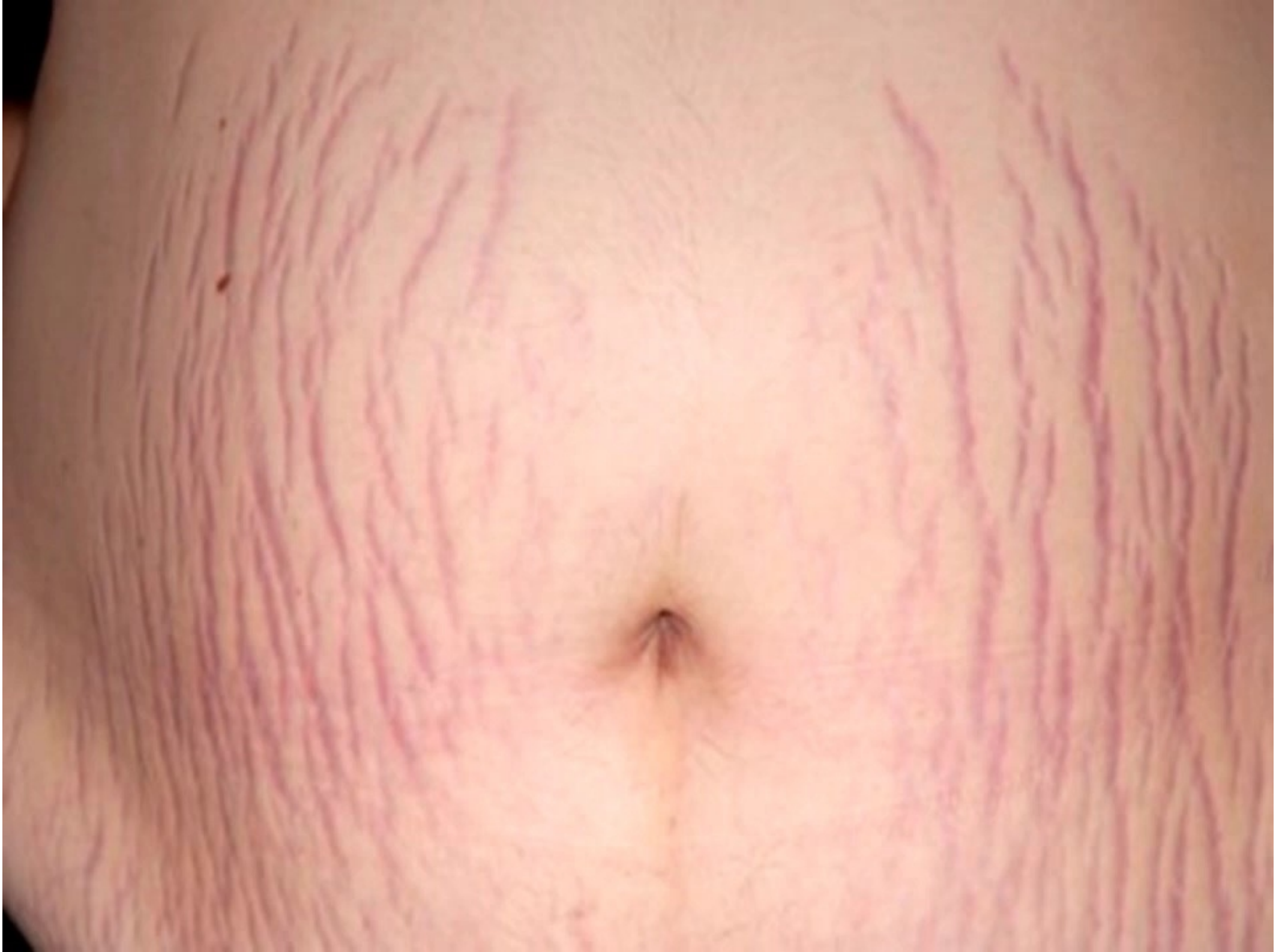
INSPECTION cont…

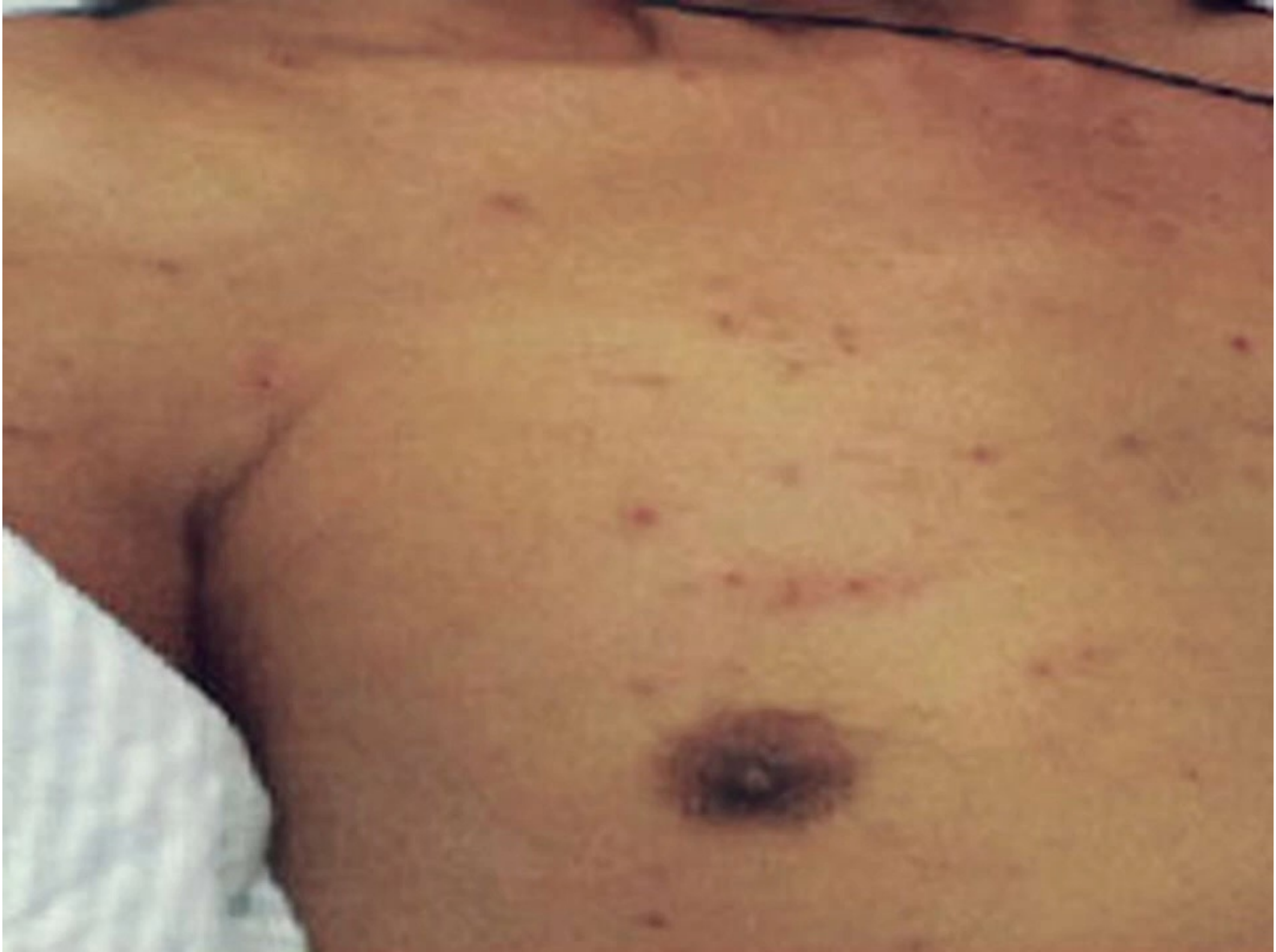
Scar → site · Colore · shape (transverse · paramedian · longitudinal) · size
type

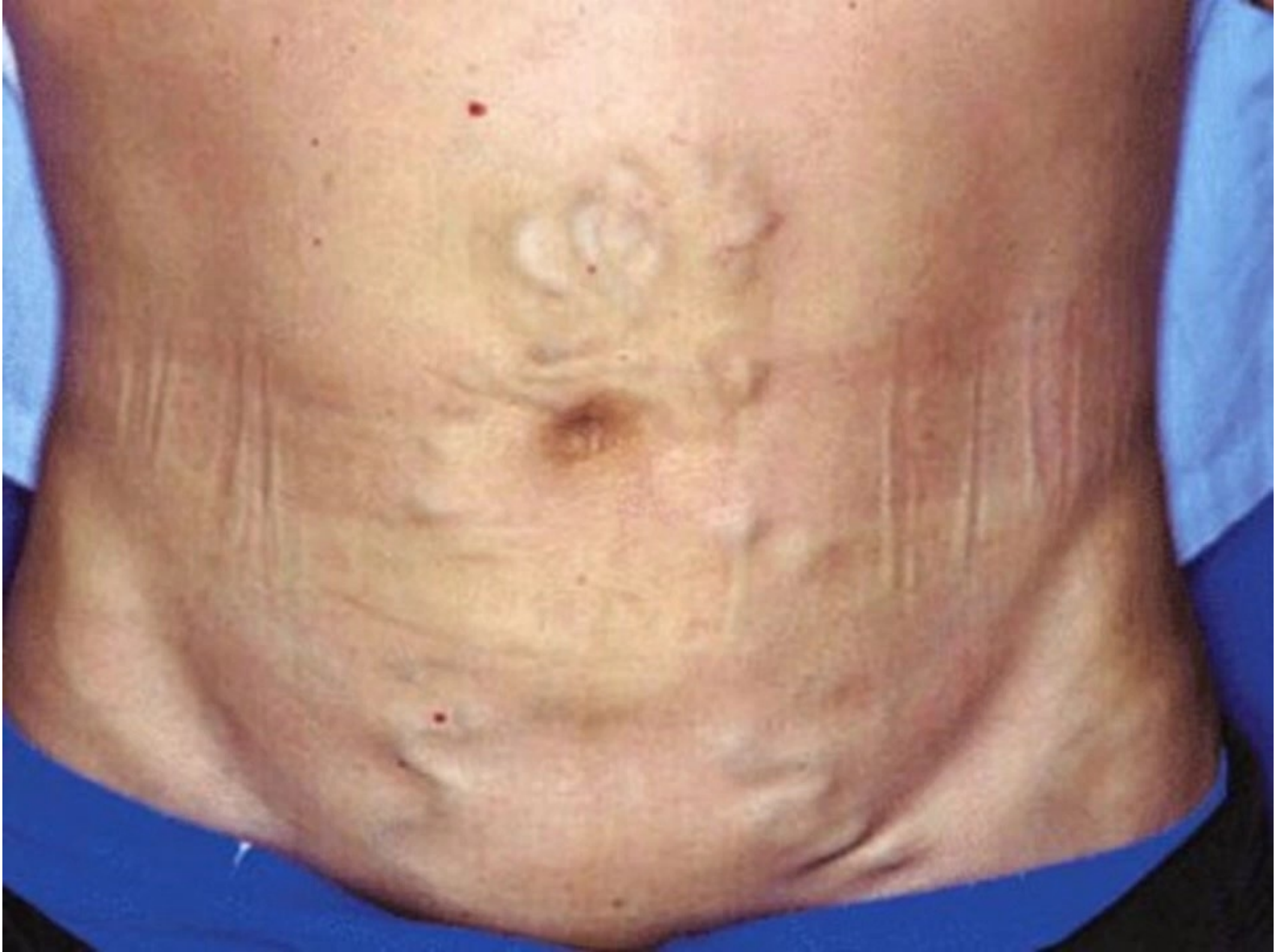
5. Scar, striae , sinuses, fistulae , stoma,
6 . Distended veins, (Caput medusae) , ascites
7. Visible Pulsations
8. Masses
9. Hernias
10 . Skin discoloration (Specific signs)
11. Divaricating recti

Portosystemic shunt
esophageal varices
portosystemi hemorrhoids
varicocele

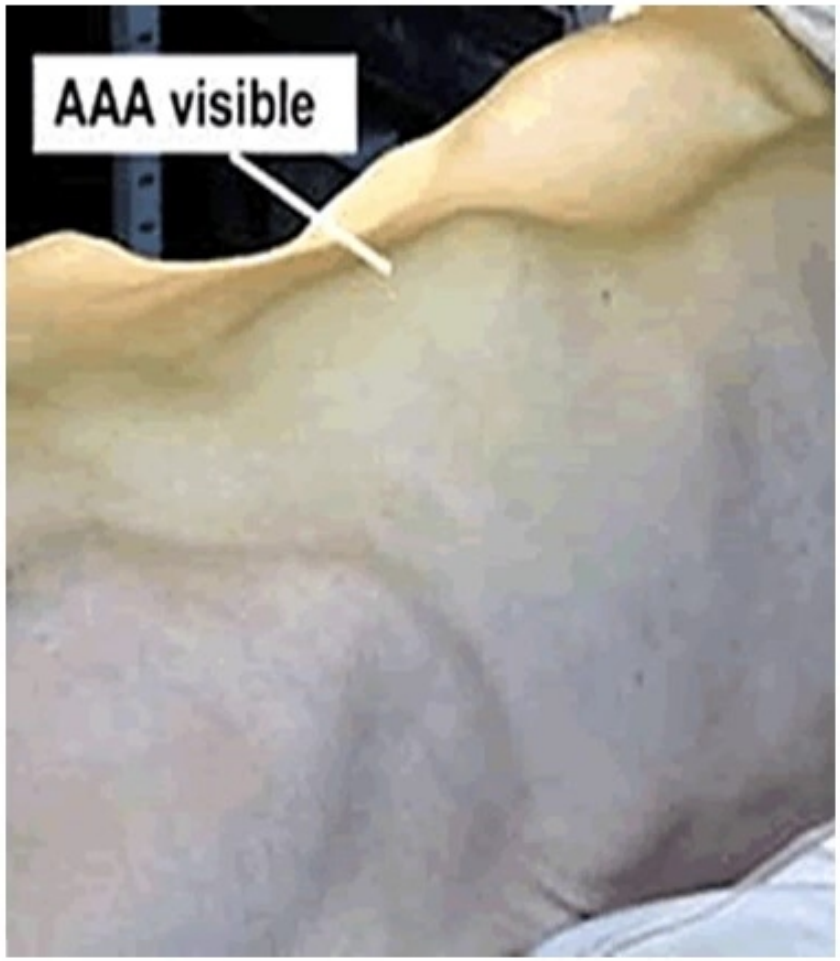

transverse
Scare above the umbligus, about 60-70cm in diameter
Colore

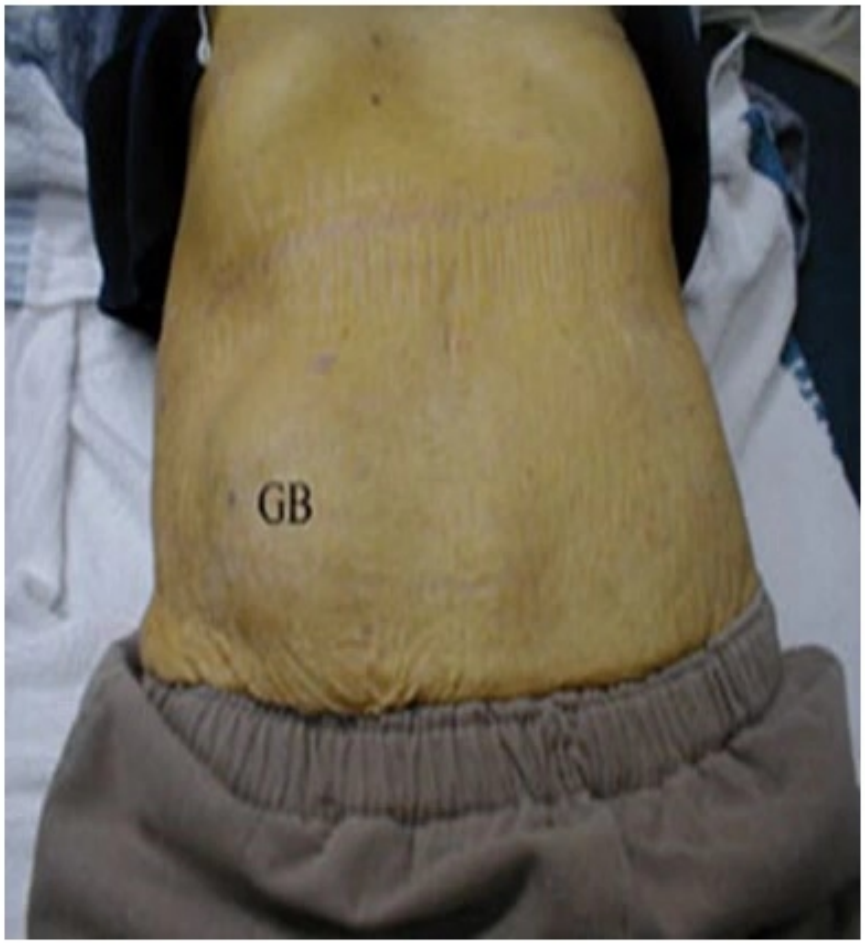


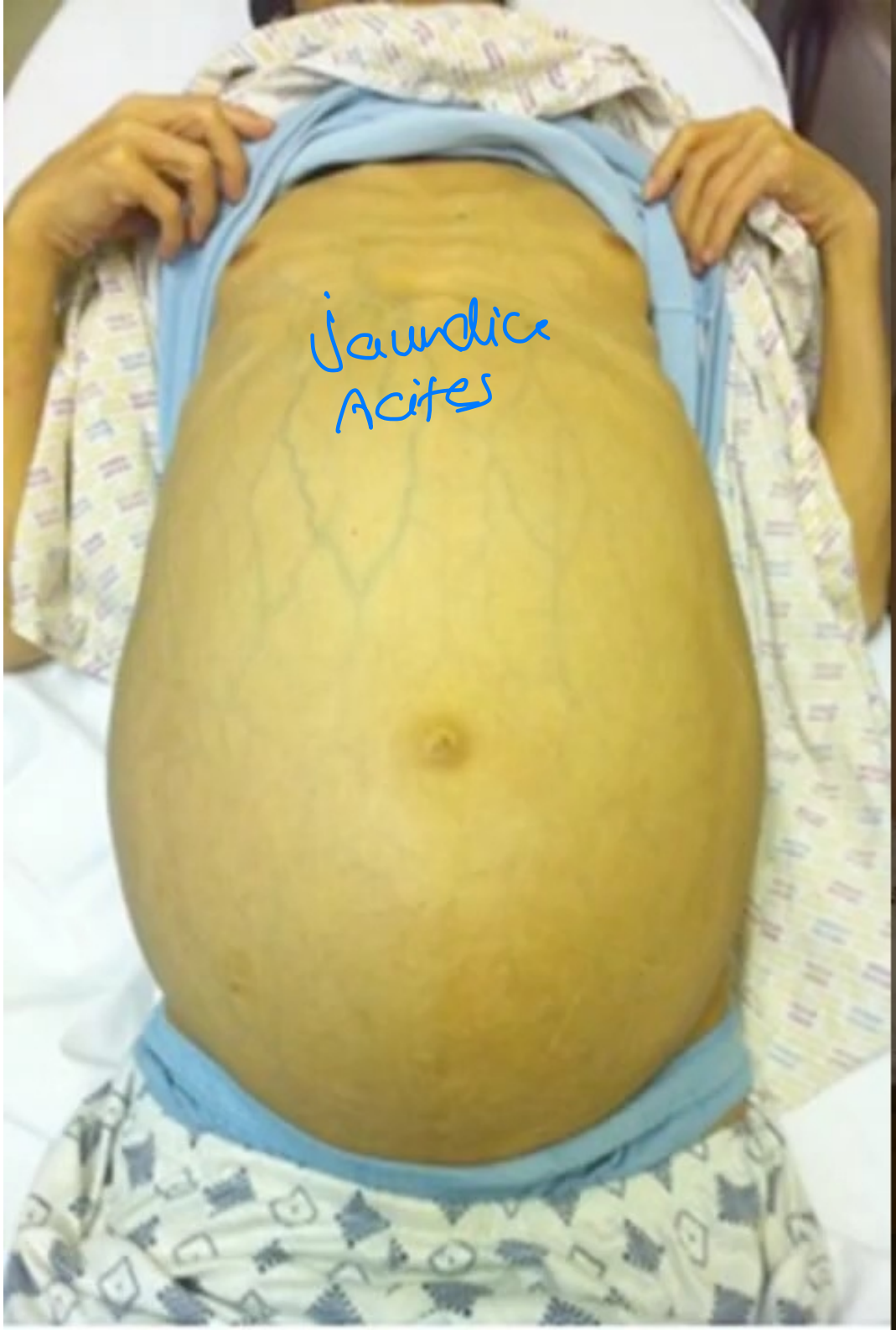


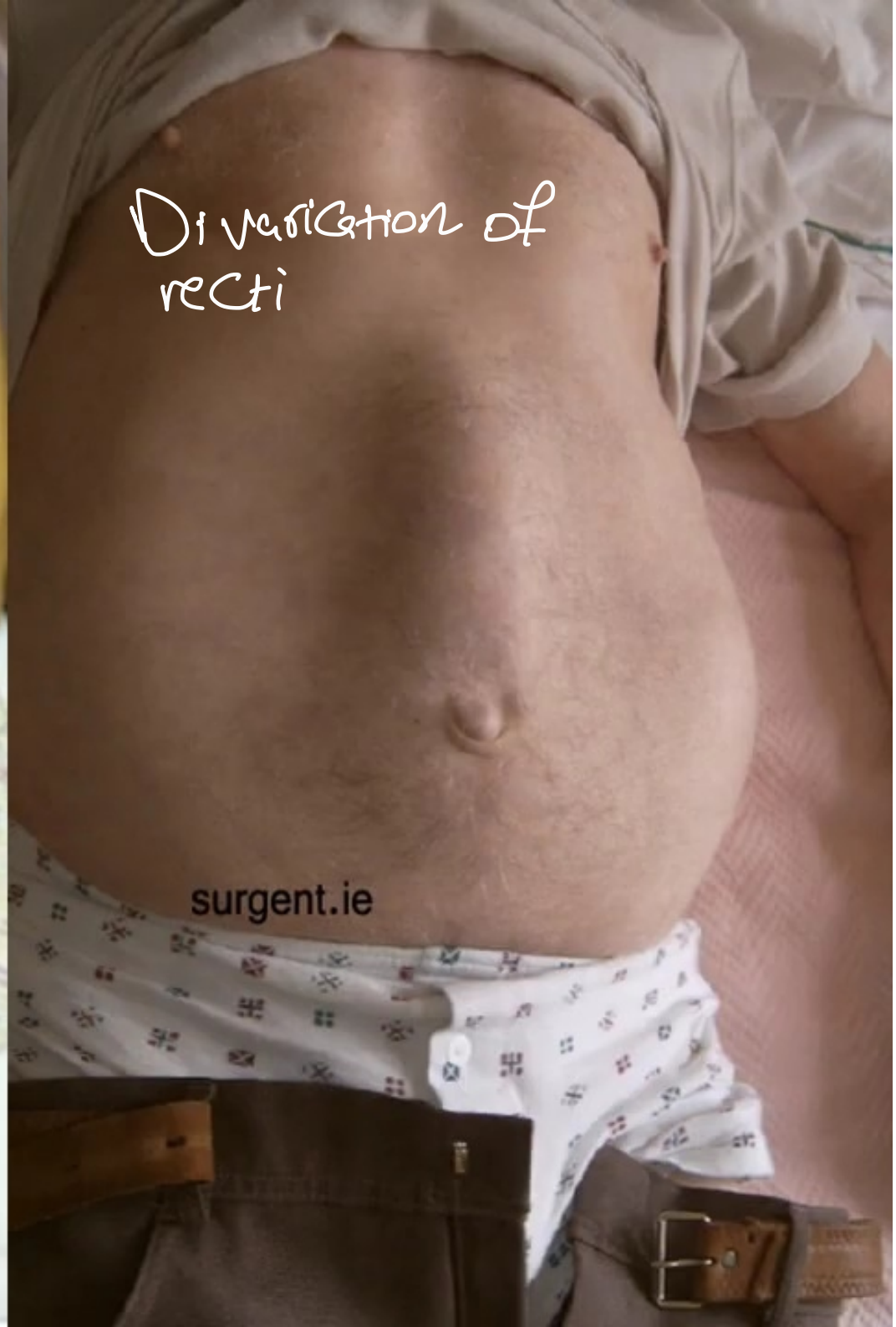


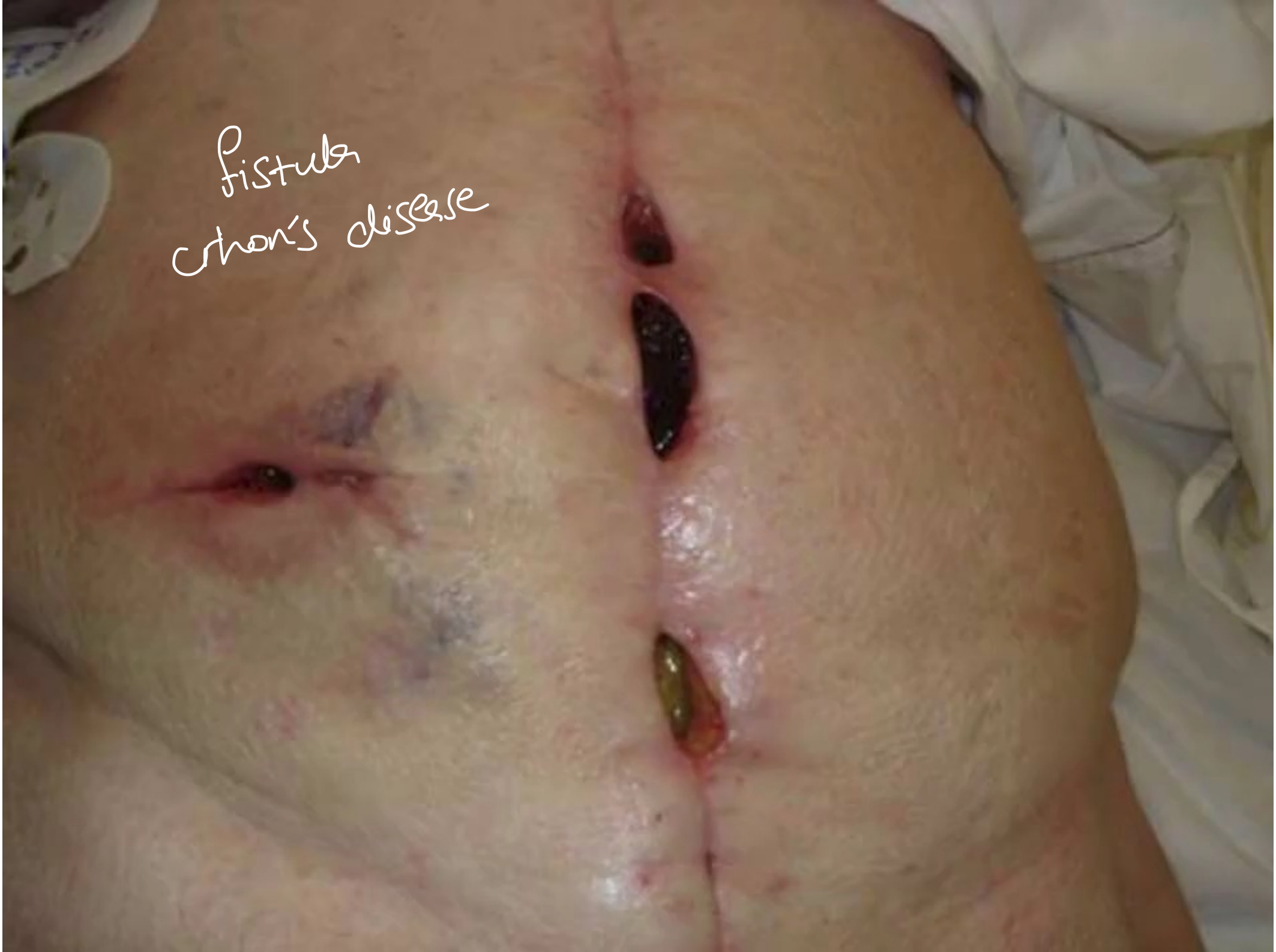
Visible swellings

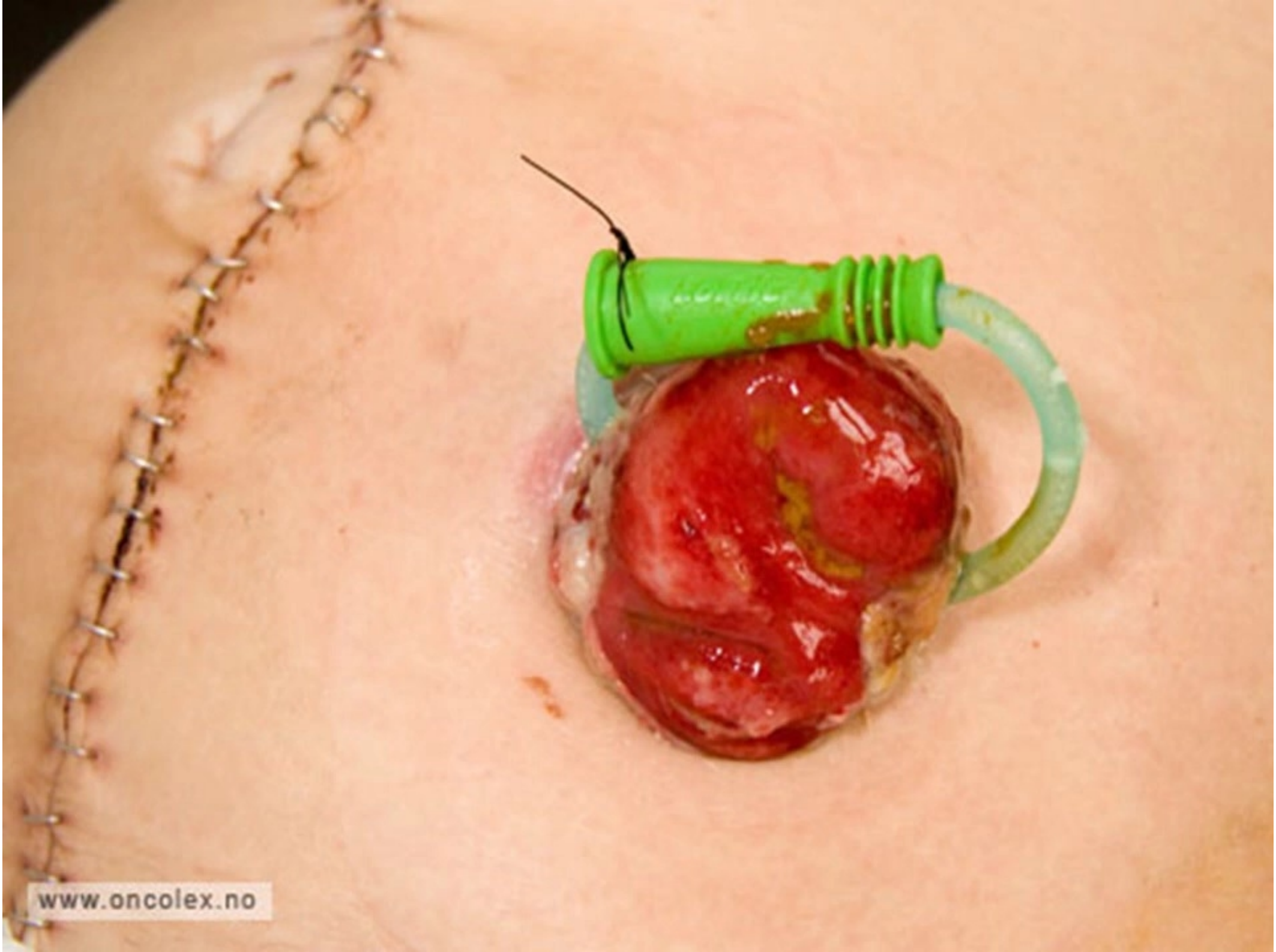





Jaundice
Acites


Divarication of recti
surgent.ie


fistula
crhon's disease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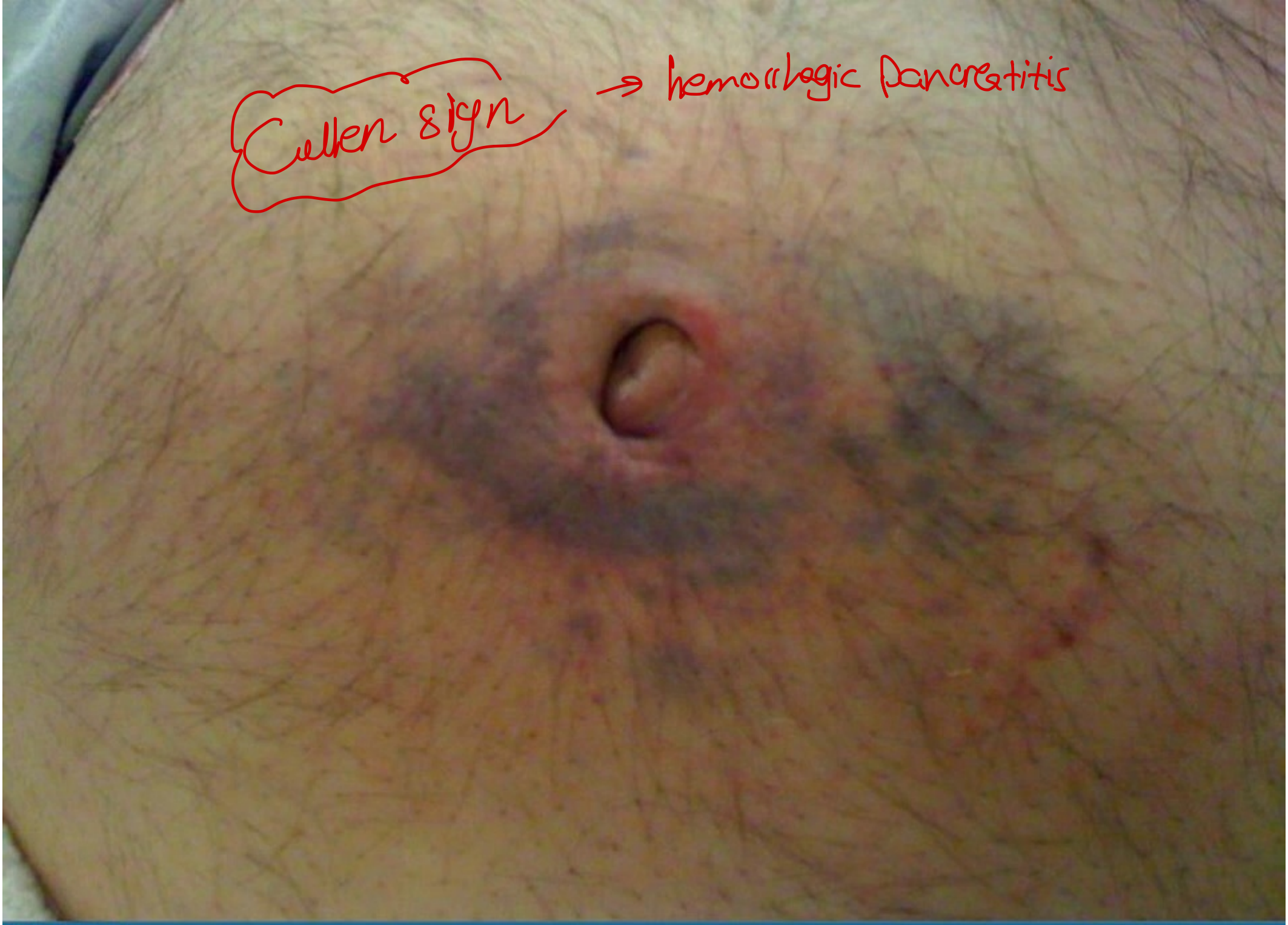

Cullen sign
→ hemorrhagic pancreatitis
Medscape

Palpation

Light palpation

- Use the finger-tips and palmer aspects of the fingers.
- Palpate all abdo. quadrants
- Begin at non tender area
- Assess tenderness if any,
- Watch the patient's face for signs of pain
- Guarding & rebound

Deep palpation

- Press firmly & deeply ? Tenderness
- Palpate for masses if any , size , shape,, surface, consistency, mobility, movement with respiration, tenderness & ? Pulsatile ? Cough impulse ? Hernial defect
- Palpate for **solid viscera** liver , spleen, GB
- Palpate for aorta

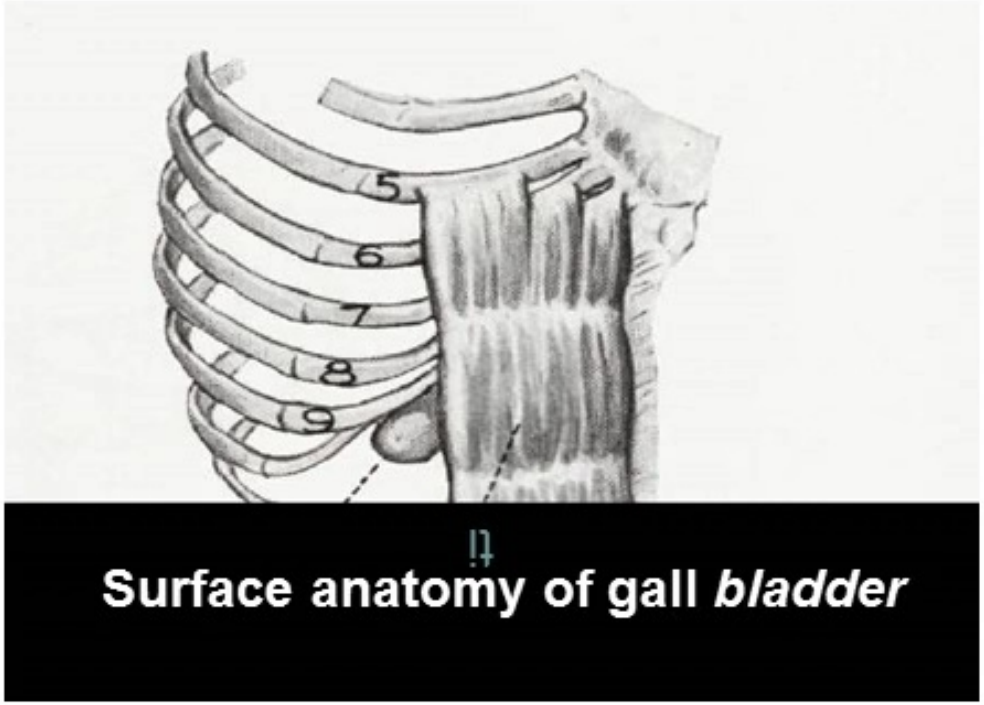
Palpation cont…

Assessing Ms tone

- *This is done by pressing a hand against abdominal wall*
- There are **three reactions** that indicate pathology:

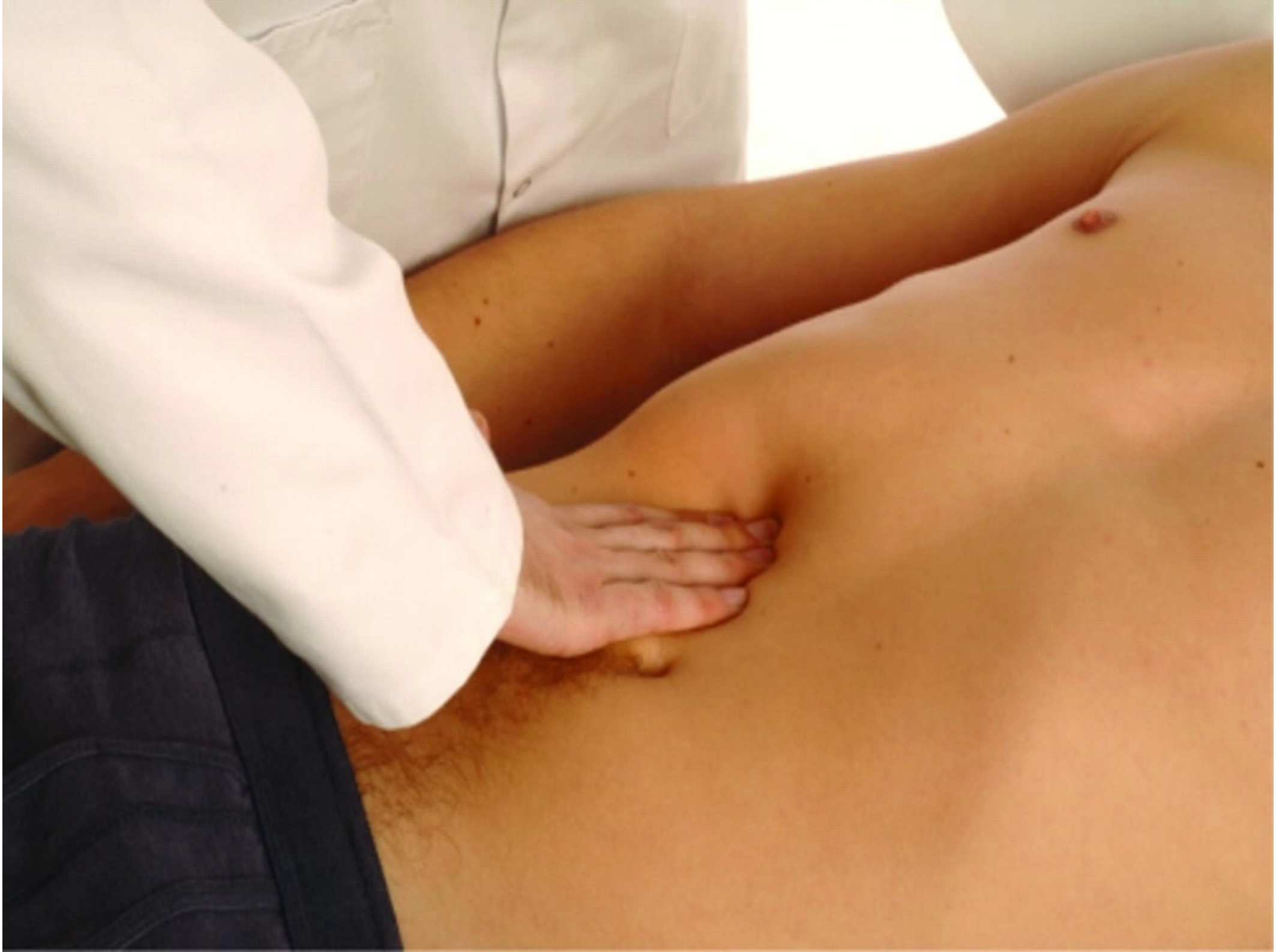
1. Gaurding : Ms contracts as pressure applied (involuntary)
2. Rigidity : Rigid Ms indicates peritonitis
3. Rebound : Release of pressure causes pain (as in appendicitis)

Surface anatomy of gall bladder



- Gall bladder lies at the tip of 9th costal Cartilage where the lateral border of rectus abdominis cuts the costal margin

Linea semilunaris

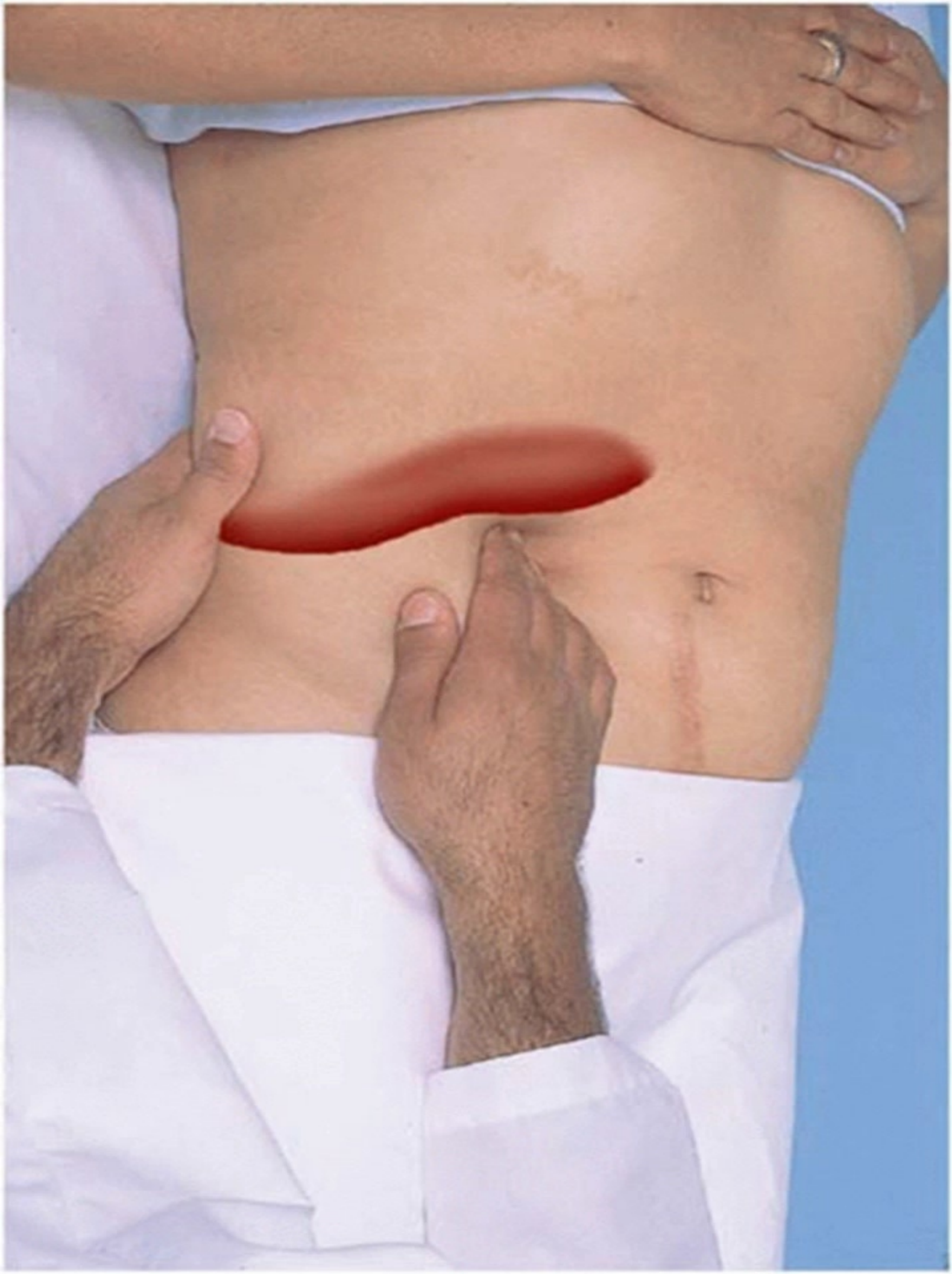


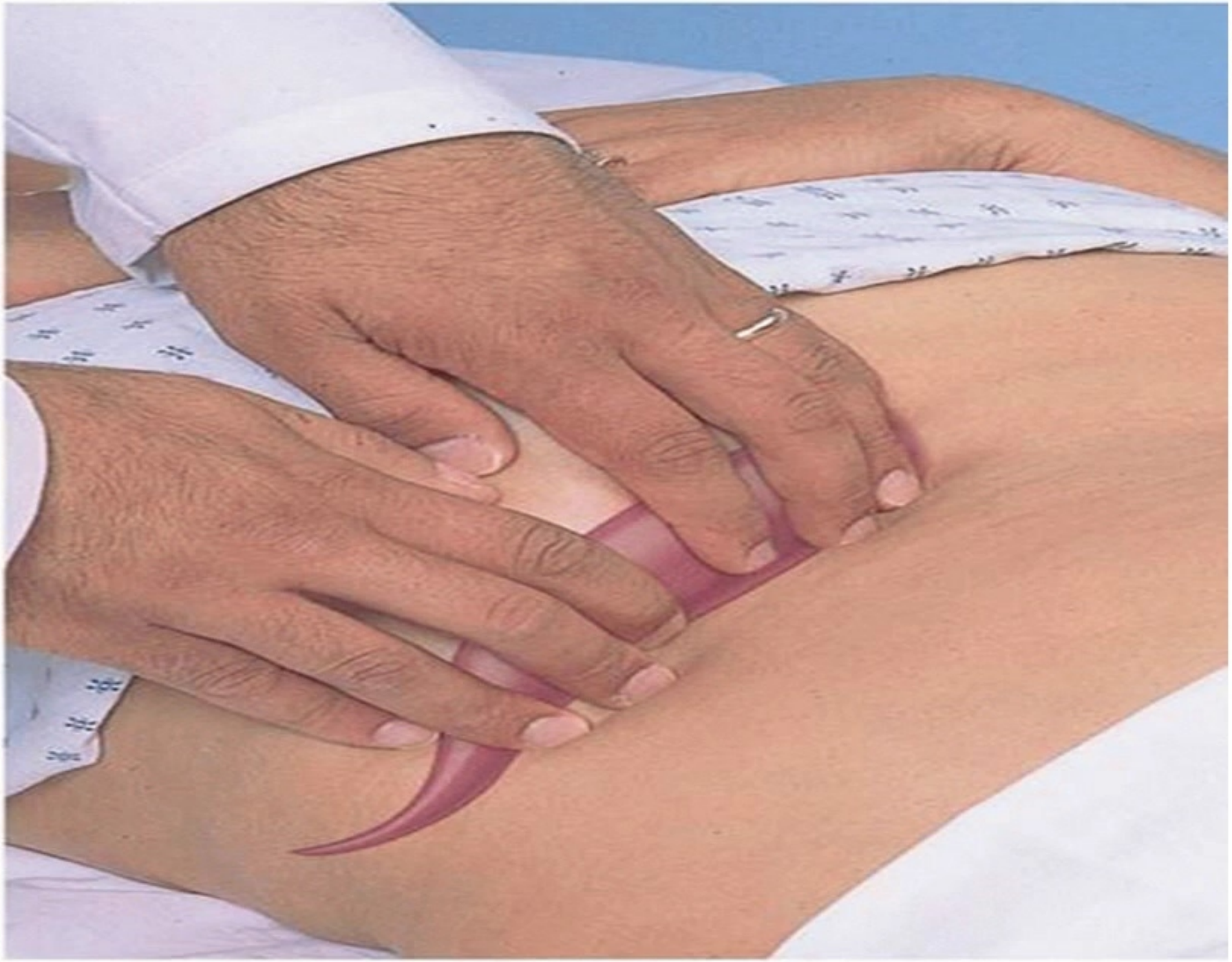
Palpation of the Liver

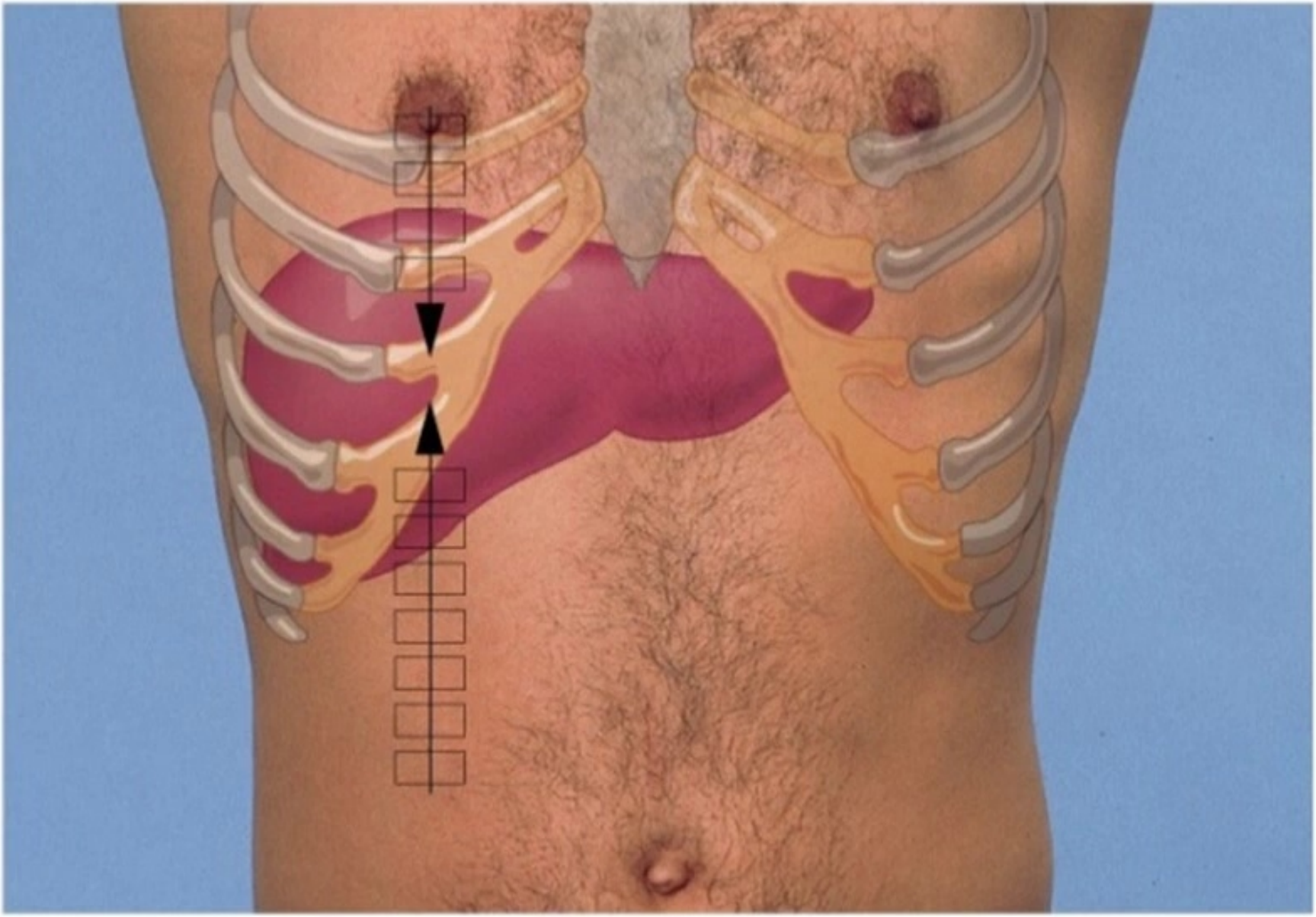
12 cm

- The normal liver extends from the 5th intercostal space on the right of the midline to the costal margin, hiding under the ribs so is often not normally palpable
- Start palpation from the RIF flat of Rt. hand
- You should angle your hand such that the index finger is aligned with the costal margin
- Exert gentle pressure & ask patient to take a deep breath.
- With each inward breath, your fingers should drift slightly superiorly as the liver moves inferiorly with the diaphragm. Repeat the process, moving towards the ribs until the liver is felt.
- If a liver edge is felt, you should measure how much

normally 12 cm

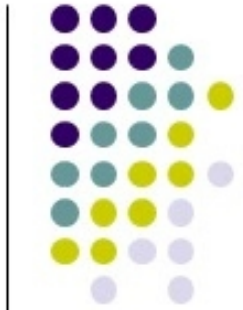




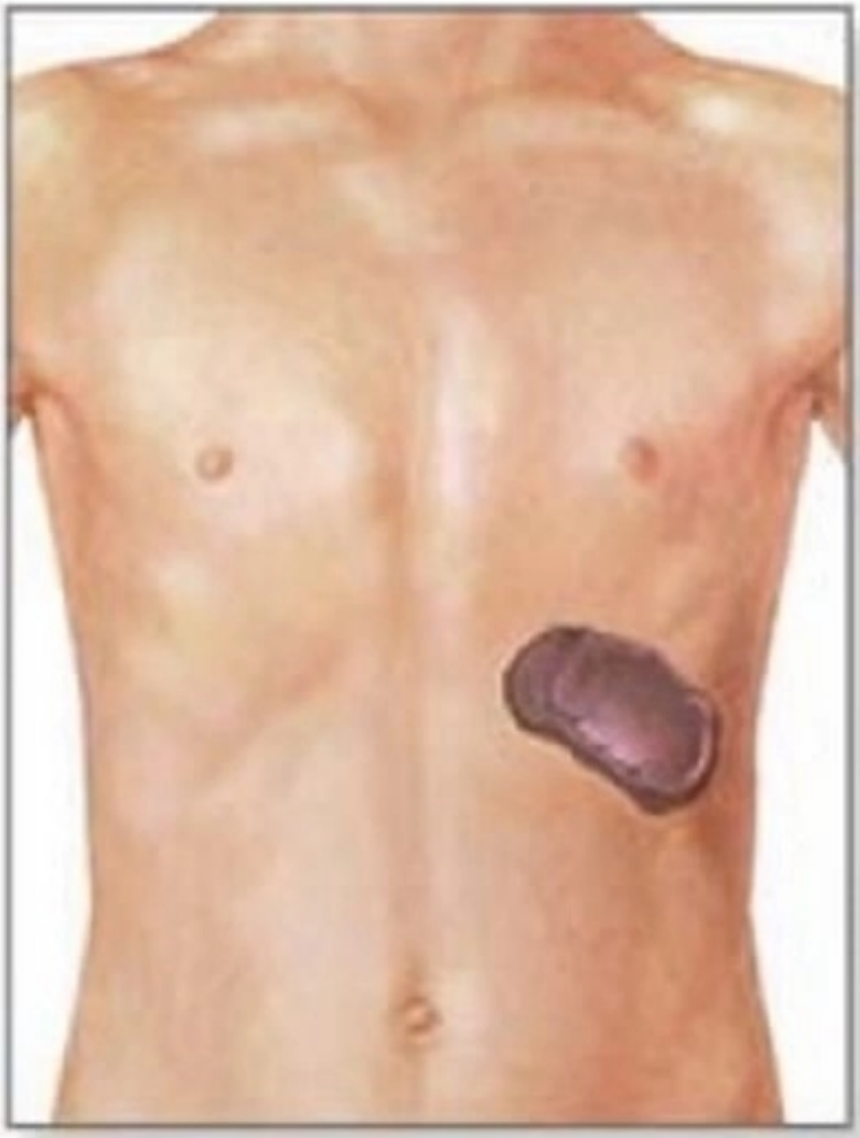


Percussing liver span

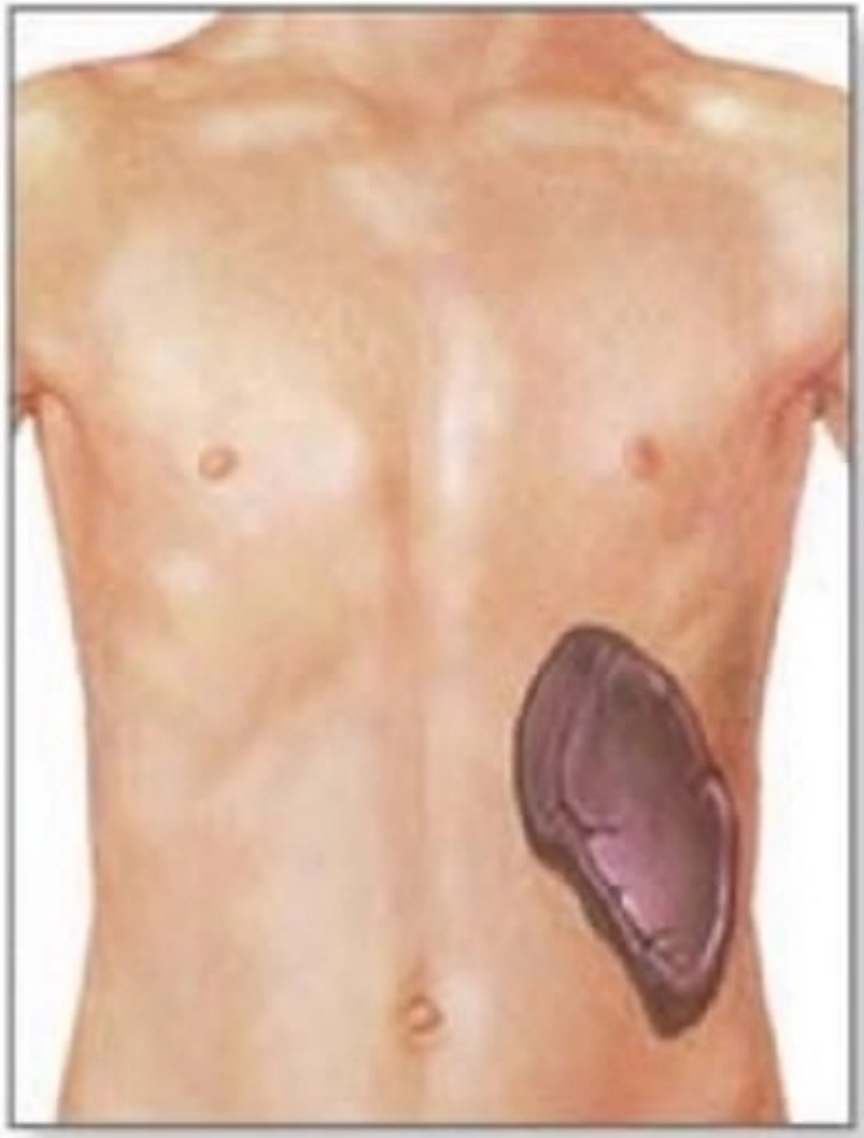
Palpation of the Spleen



- Normally hidden beneath the left costal cartilages and impalpable.
- Enlargement of the spleen occurs in a downward direction, extending into the left upper quadrant across, *towards the right iliac fossa*.
- Palpated using a similar technique to that used to examine the liver
- Your left hand should be used to support the left of the ribcage posterolaterally, Your right hand should be aligned with the fingertips parallel to the left costal margin



Normal spleen

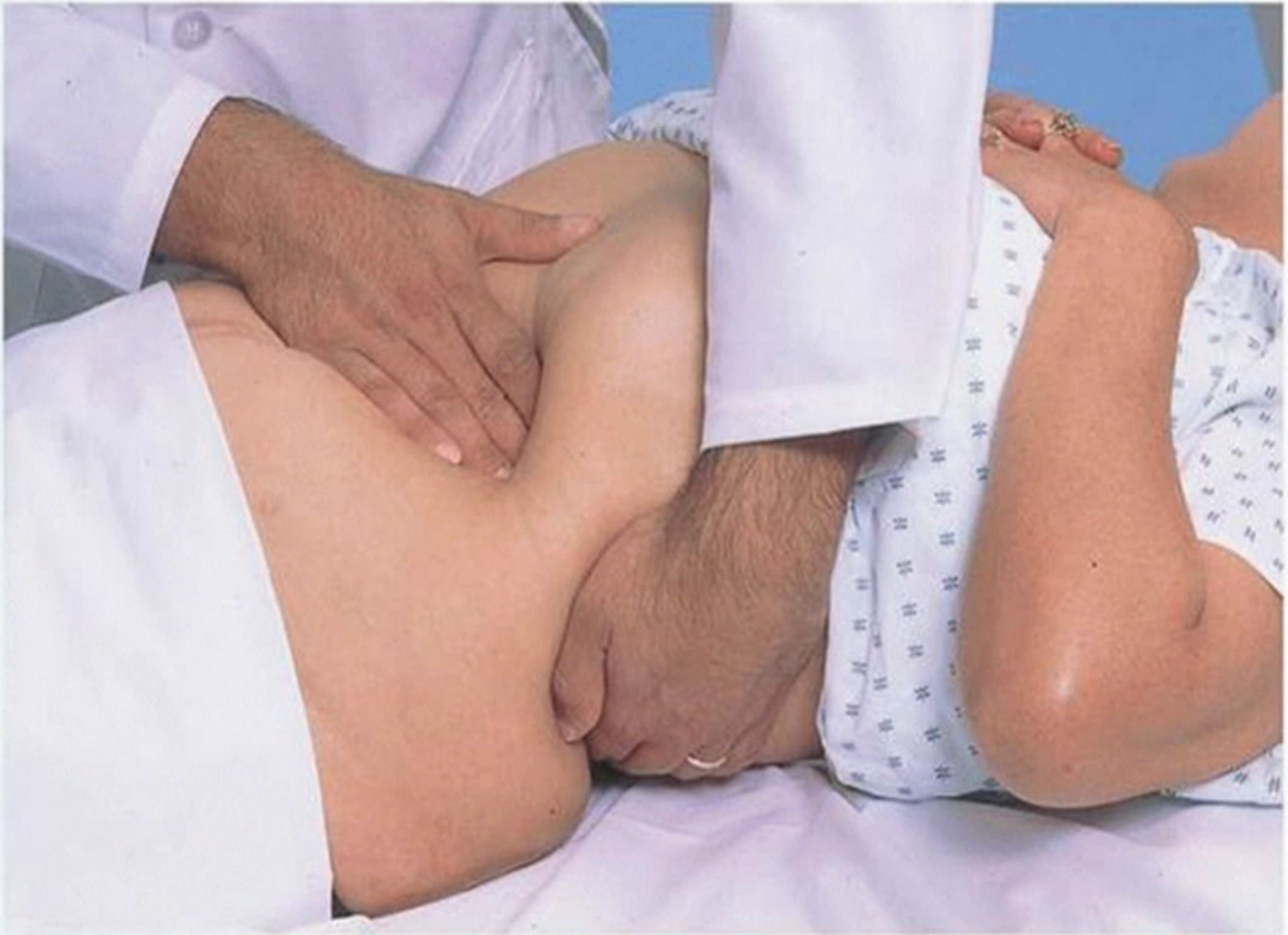


Splenomegaly

3 times enlargement at least to be palpable

Palpation of the Spleen cont…

- Start just below the umbilicus in the midline & work towards the left costal margin asking the patient to take a deep breath
- The inferior edge of the spleen may have a palpable notch centrally which will help you differentiate it from any other abdominal mass.
- If a spleen is felt, measure the distance to the costal border
- If a spleen is not felt , ask patient to roll onto their right hand side and repeat the examination as above.



Abdominal examination

- **Murphy's sign:** Acute cholecystitis

Inspiratory arrest on deep palpation of RUQ

- **Courvoisier's sign (law) :**

enlarged but not painful gallbladder → cancer

Enlarged non tender gallbladder in a jaundiced patient , the cause of jaundice is unlikely to be gallstones. (malignancy)

- **Charcot's triads** cholecystitis or biliary obs

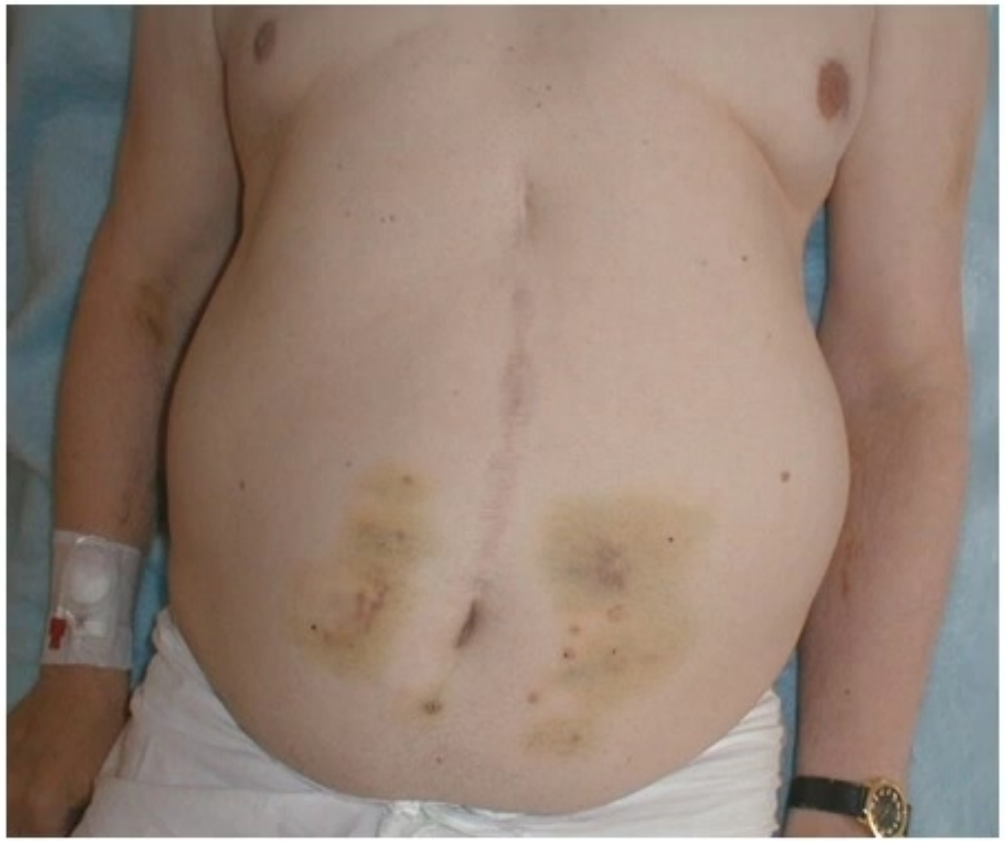
(Combination of jaundice; fever, usually with rigors; & Rt.U Q abdominal pain)

hardness

Abdominal examination

- Examination for Ascites

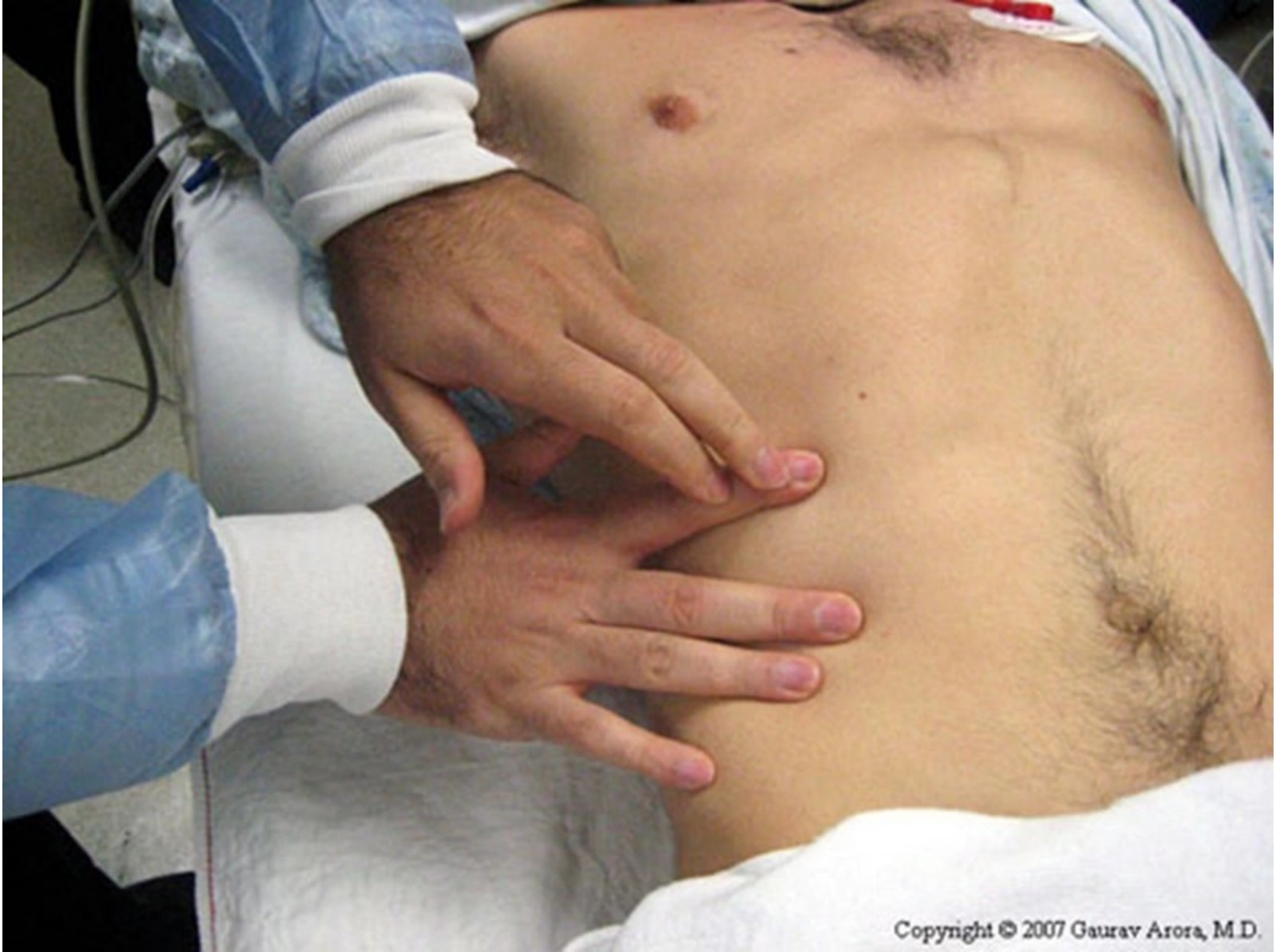
1. Bulging flanks
2. Fluid wave test
3. Shifting dullness

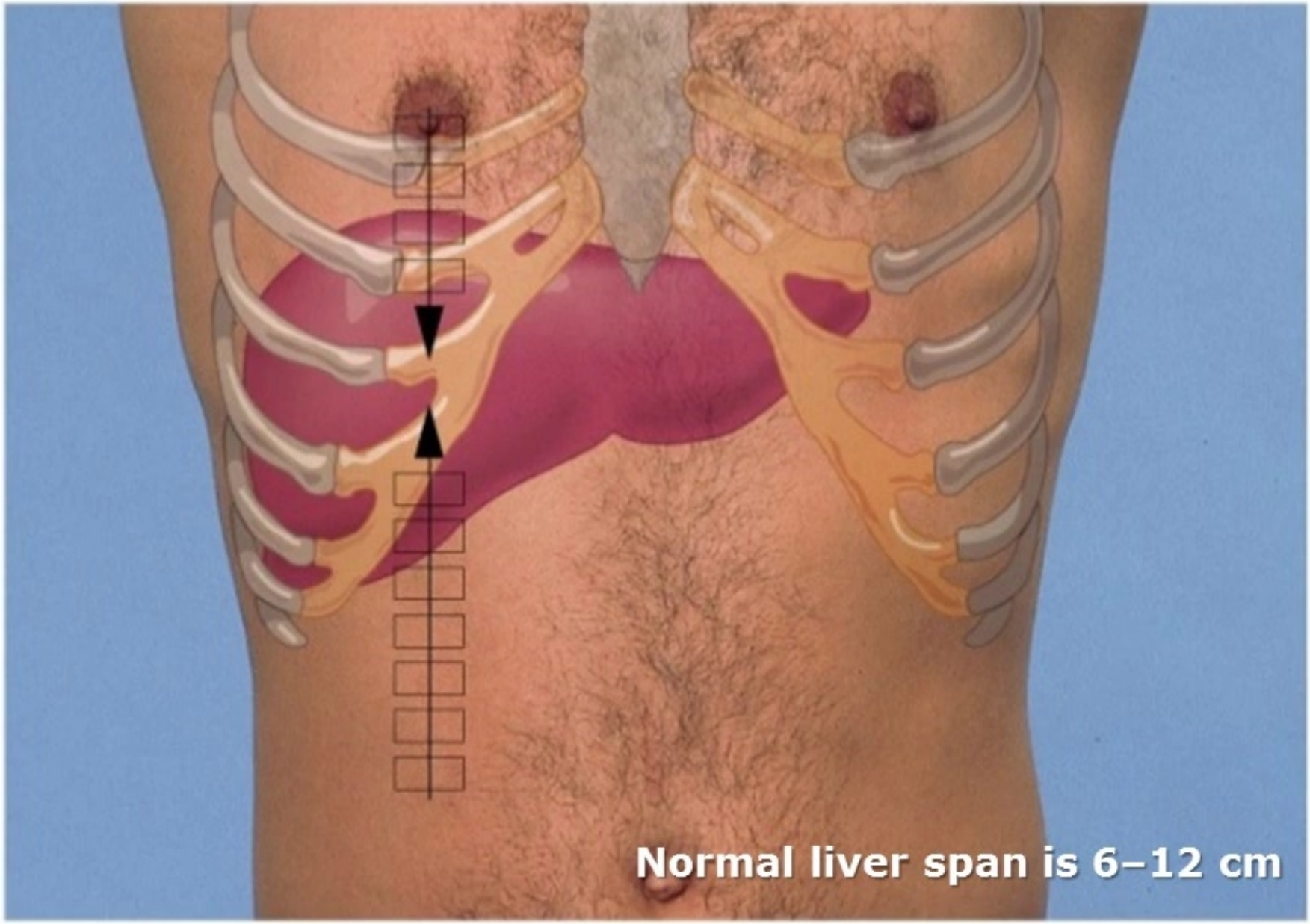



Fluid wave test

PERCUSSION

- *Strike the distal inter phalangeal joint of your left middle finger 2 or 3 times with the tip of your right middle finger*
- There are two basic sounds which can be elicited:
- Tympanitic : (drum-like) sounds produced by percussing over air filled structures.
- Dull sounds : that occur when a solid structure (e.g. liver) or fluid (e.g. ascites) lies beneath the region being examined

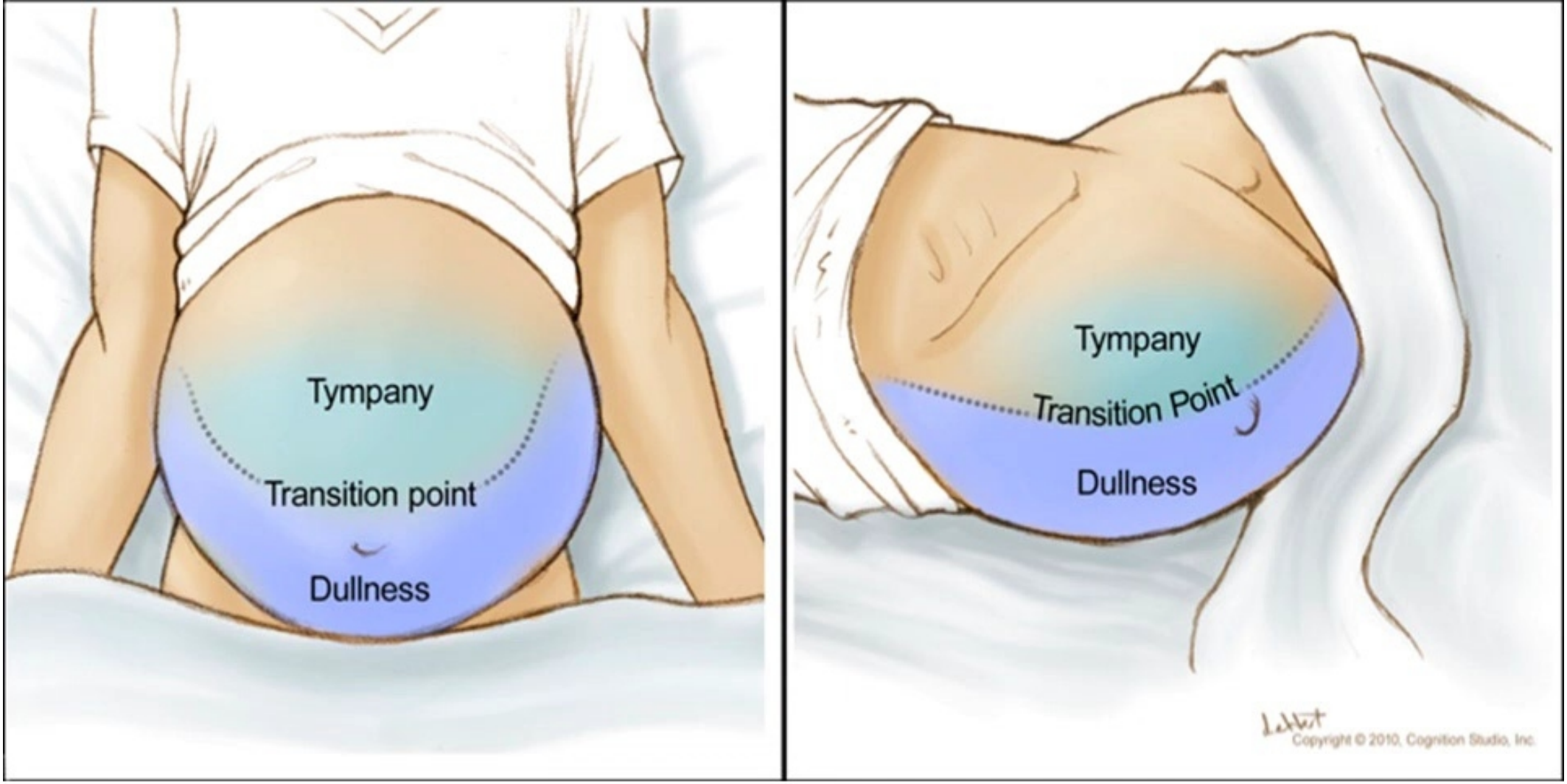




Percussing liver span

PERCUSSION cont…

- Whole abdomen
- Shifting dullness
- Pain ,if underlying peritonitis



- **Shifting Dullness**
  To perform the shifting dullness test, place the patient in the supine position, percuss the entire abdominal region, and mark the dullness-tympany transition point (left figure). Then place the patient in the right lateral decubitus position, wait 30 to 60 seconds, repeat the percussion, and again mark the dullness-tympany transition point (right figure). A positive shifting dullness test is indicated by a shifting of the transition point .

AUSCULTATION

- Listen for 15-20 sec
- Are bowel sounds present?
- If present, are they frequent or sparse (i.e. quantity)?
- What is the nature of the sounds (i.e. quality)?
- Bowel sounds , normally low pitched occur every 2-5 seconds

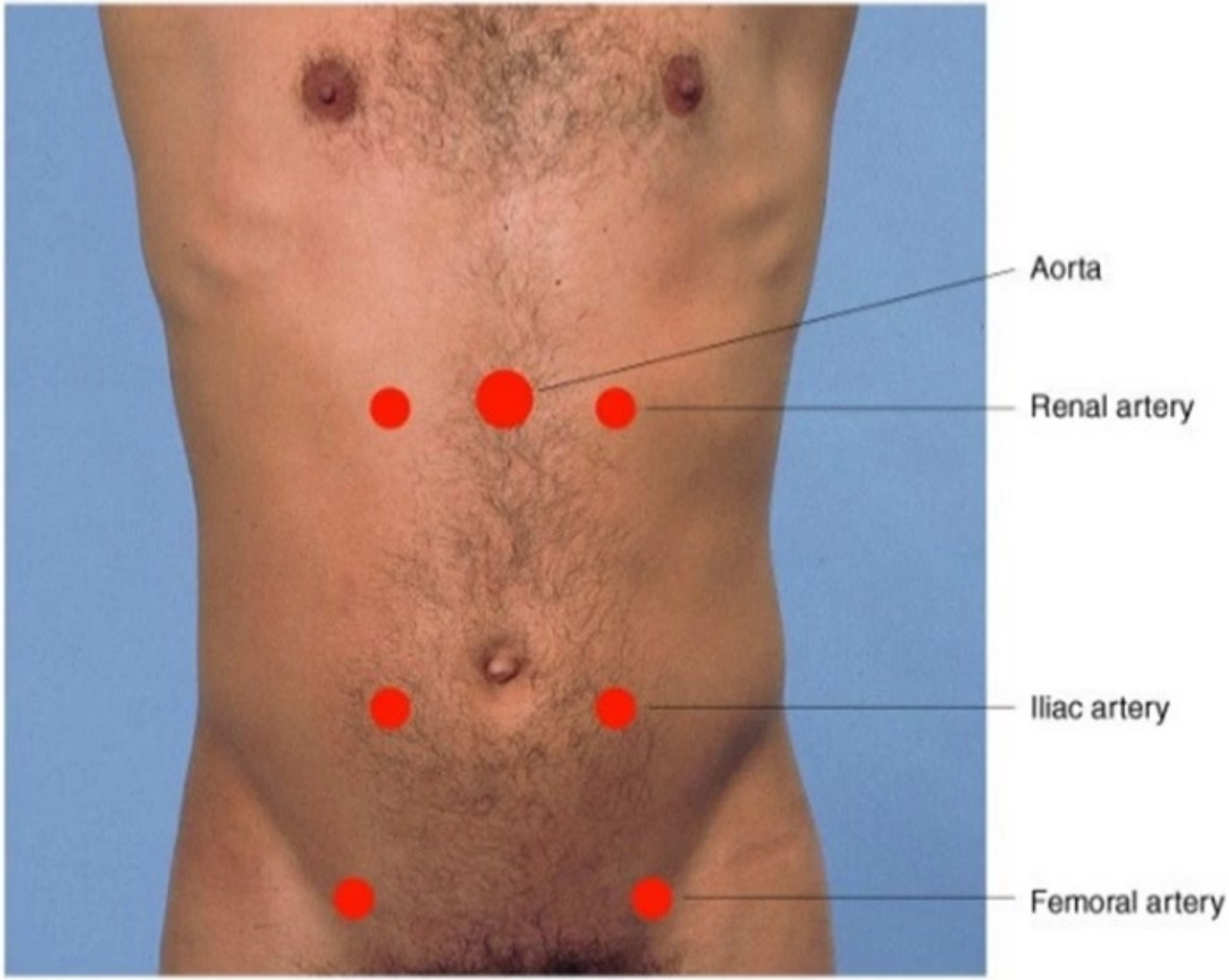
Silent bowel sound → peritonitis

AUSCULTATION CONT…

- Ileus : (Quiet or silent abdomen)

  listen for one min

- Obstruction: initially cause frequent bowel sounds, referred to as "rushes." then this is followed by decreased sound, called "tinkles"
- Bruit : over AA & renal arteries
- Succussion splash



Listening points for bruits on the abdomen

DONT FORGET TO EXAMINE

1. The supra clavicular LN
2. Back
3. Hernial orifices
4. Femoral pulses
5. Ext. genitalia
6. Rectum (PR)

To finish

- Thank the patient
- Ask if they have any questions
- Allow them to re-dress in private

THANK YOU