

## EXAMINATION OF THE ABDOMEN / G I TRACT

### Key skill

By the end of this session, you should be **confident** and **competent** in the following:

Examination of the abdomen / GI system	Rapid clinical screen	Key likely diagnoses or pathologies
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### Examination routine

Traditionally, examination occurs from the right-hand side of the patient, who should be supine on one pillow. The chest and abdomen should be completely exposed.

1. Visual survey	Pallor, pigmentation, jaundice, spider naevi, gynaecomastia, distended veins etc.  <i>What are the common causes of these important findings?</i>
2. Hands	Dupuytren's, clubbing, leuconychia, palmar erythema, flapping tremor, pigmentation.
3. Eyelid and eyes	Anaemia, icterus, xanthelasma.
4. Mouth	Always worth a brief inspection – <i>what significant findings may be present?</i>
5. Neck & supraclavicular fossae	Lymphadenopathy – <i>if found then you need to check axillae and groins – CLL and lymphoma are possible pathologies.</i>
6. Abdomen : inspection	Pulsations, distension, veins.
7. Abdomen: palpation	Remember to begin from right iliac fossa! Liver and spleen descend on inspiration. Bimanual palpation of the kidneys.  <i>How would you clinically differentiate palpation of a kidney and the spleen?</i>
8. Abdomen: percussion	From nipple line downwards. Upper and lower borders of liver & spleen.
9. Shifting dullness	Only in patients with ascites!  Turning patient onto their side shifts the dullness – <i>why?</i>
10. Rectal examination and genitalia	<i>What may be elicited in, say, a male with chronic liver disease?</i>  <i>NB Naturally step 10 is only mentioned, and not performed, in an OSCE setting!</i>