MRCPCH revision: Abdominal station - S Constantinou

0:00: Intro Stacey & Sophie!

2:03: Top Tips Tim Warlow & Dave Gallacher

3:15: Structure of the abdominal exam

3:36: WIPER – exposure from iliac crest up, maintain patient dignity, check PAIN.

4:12: Inspection, Palpation, Percussion and Auscultation

4:17: Inspection - Around the room, Patient generally, close up: hand, arms, face (eyes, mouth, teeth, behind ears), precordium / chest, abdominal inspection.

7:24: palpation – superficial / deep, liver / spleen / kidneys – check pain

8:25: percussion liver and spleen – start in RIF and don’t forget to go under the umbilicus!

9:27: auscultation – bowel sounds & gather thoughts

9:45 "To complete my examination I would like to take the HR BP examine the external genitalia and hernial orifices and plot height and weight on appropriate chart"

10:20: Focus on Scars

Have a go at labelling the diagram on the next page! No cheating!

11:10: Focus on Organomegaly

Have a system for giving answers

12:15: Differential Diagnosis Hepatomegaly

Category | Example
---|---
Storage disorders | Gauchers, Neumann Picks, Glycogen storage disorders, Consequence of CF or TPN
Obstructive | CCF
Other ‘rare’ | Wilsons Disease, Alpha 1 antitrypsin, Congenital hepatic fibrosis

Unlikely in exam but important

- Neoplastic causes: leukaemia, Hodgkin disease
- Infective: sepsis, EBV, malaria.

13:20 Differential Diagnosis Splenomegaly

Category | Example
---|---
Haemolytic disorders | Hereditary spherocytosis, Sickle cell anaemia, Thalassaemia (extramedullary haemato poiesis)
Infarction | Gauchers’ Disease
Disordered Flow | Portal hypertension, Cirrhosis, Cardiac failure
Autoimmune | JIA / SLE

Unlikely in exam but important

Neoplastic causes: leukaemia, Hodgkin disease
Infective: sepsis, EBV, malaria.

14:22 Differential Diagnosis Hepatosplenomegaly

Category | Example
---|---
Infiltrative | CF, Mucopolysaccharidoses e.g. Hunter’s or Hunter’s syndrome
Haematological | Thalassaemia
Other ‘rare’ | Congenital Hepatic Fibrosis

14:46: Focus on Obesity

Comment sensitively on patient’s weight, plot BMI on appropriate chart

- Genetic causes: Trisomy 21, Kleinfelter, Prader Willi
- Endocrine: Growth Hormone deficiency, hypothyroidism, Cushing syndrome (or steroid treatment)
- Oncological: Pituitary tumour, or as a side effect of steroids.

16:42: Top tip on Investigations – use a structure


- E.g. GSD type 1 - short, doll like face, hepatomegaly, renomegaly, intellectual disability. Hypoglaemia, overnight glucose infusions or continuous feeds, cornstarch, long term monitoring: renal stones, hepatoma, pit dysfunction

19:55: Focus on portal hypertension

- Splenomegaly! Doesn’t necessary mean the liver is failing. Also reduced muscle bulk, cutaneous portosystemic shunt (caput medusae, haemorrhoids), ascites & you may or may not find hepatomegaly


22:50 Outtro – change 4 life app! Good luck ☺
Kocher’s incision: biliary surgery e.g. cholecystectomy / hepatic surgery

‘Mercedes Benz scar’/ Kasai procedure

Small upper midline incision – Nissen’s fundoplication (open)

Hockey stick scar - renal surgery / nephrectomy

Transverse right upper abdominal incision:
- Meconium ileus
- Duodenal atresia
- Congenital diaphragmatic hernia

Ramstead’s pyloromyotomy

Transverse left upper abdominal incision:
- Congenital diaphragmatic hernia
- Splenic surgery

Midline laparotomy: any major abdominal surgery

RIF: open appendicectomy

Right or left inguinal hernia repair

Periumbilical +/- ‘funny looking belly button’: repaired gastroschisis / omphalocoele, umbilical hernia repair

Open Hirschprung’s repair

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