

Abdominal Examination

Physical examination of the abdomen is performed in the position: the patient lies on back with bent legs, arms along body, head is without pad. We sit near the patient (but we don't have to). We can see the patient's reactions to possible pain by watching his facial expressions from this position. It is important to have the genital area exposed for the possibility of monitoring the hernia. The doctor should have "adequate temperature" of his hands.

Investigation by sight

We evaluate the overall shape of the abdomen by looking. The abdomen in a position above the level of the chest is often caused by obesity, tumor, ascites, cyst, pregnancy. Abdomen below chest level is often a manifestation of cachexia. Next, we monitor the movements of the abdominal wall. We can monitor breathing movements, pulsations in thin people. We also carefully monitor the scars after operations. Stretch marks are present after pregnancy, reddened stretch marks may be present in Cushing's syndrome.



Cullen's sign in acute pancreatitis

- **Cullen's sign** - dark bruises around the umbilicus, occur in acute pancreatitis.
- **Caput medusae** - dilated subcutaneous veins, common in liver cirrhosis.

Double tap investigation

Percussion in a healthy patient should be differentiated tympanic. It is differentiated due to the different filling of the intestines. We perform the examination either in vertical lines or in a star-shaped pattern from the navel.

Examination by touch

We first use surface palpation, then depth palpation. The abdominal wall must be relaxed, so we try to divert the patient's attention. We start the examination in the lower left quadrant and continue counter-clockwise. During the examination, we pay attention to pain, pathological resistance.



McBurney's point lies at the junction of the umbilicus and spina iliaca anterior superior, at a distance of 2/3 from the umbilicus

- **McBurney point** - lies in the second third of the distance from the umbilicus between the spina iliaca anterior superior and the umbilicus, painful in appendicitis.
- **Lanza's point** - lies on the linea bispinalis at a distance of one third from the spina iliaca anterior superior dextra, painful in appendicitis.
- **Blumberg's sign** - the examiner applies pressure in the ileocecal area and when the pressure is released the patient feels pain.
- **Rovsing's sign** - when pressure is applied to the descending colon (left area), the patient feels pain in the appendix area.
- **Plenies Sign** - Painful tapping.
- **Israeli's touch** - bimanual palpation of the kidney.

Listening

Abdominal auscultation is only an additional examination. A physiological finding is a gentle twisting. Pathologically, sound manifestations can be amplified (obstructive ileus) or disappear (paralytic ileus).

 For more information see *Differential diagnosis of ileus conditions*.

Template:Stump

Links

Related Articles

- Abdominal pain
- Physical exam
- Examination per rectum
- Objective symptoms of sudden abdominal events
- Subjective symptoms of sudden abdominal events
- Signs of peritoneal irritation

References

- KLENER, Paul, et al. *Propedeutics in internal medicine*. 3rd revised edition edition. Prague : Galen, 2009. 324 pp. ISBN 978-80-7262-643-4.