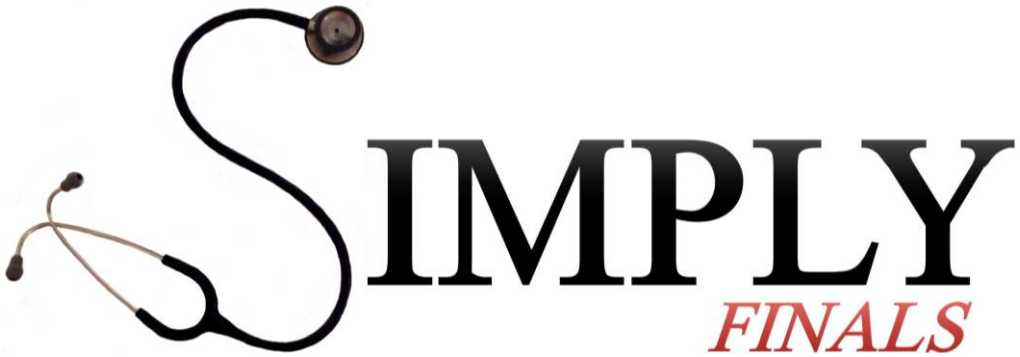
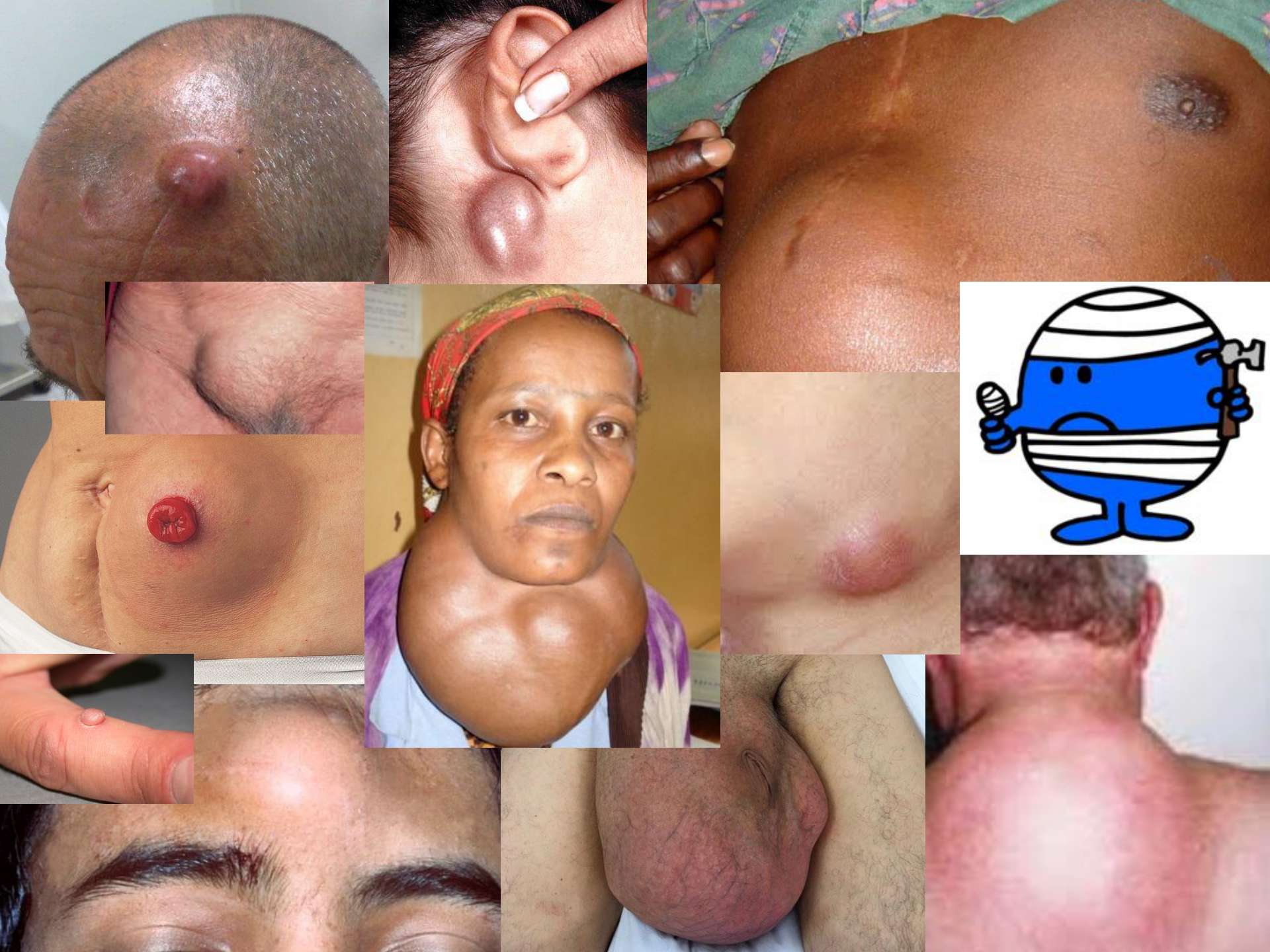
Lumps and Bumps

Ms Rose Ingleton





Outline

OSCE:

- How to examine lumps in general
- Stomas
- Hernias

Extra info on:

- Breast Lumps
- Neck Lumps
- Scrotal Lumps

SIMPLY FINALS

OSCE rules for examining lumps

- Perform whole examination unless specified
- Don't ignore it

and don't be afraid to touch it!

- If you don't know what it is, JUST DESCRIBE IT

Keep it simple:

- **INSPECT**
- **PALPATE**
- **(?)AUSCULTATE**

- Remember special 'tests' and why we do them
- Consider investigations
- (If given, USE THE HISTORY)

SIMPLY FINALS

Examining lumps

- Location
- Size/Shape
- Texture
- Colour
- Surface
- Overlying skin changes
- Surrounding structures
- Temperature
- Movement?
- Pain?
- Reducible?
- Transillumination?
- Pulsatile/Peristaltic?
- Auscultation?

- **Associated S/S**
- **Red flag signs**
- **Always be concerned if hard, nodular, irregular**

Investigations

If in doubt, ultrasound scan always reasonable

- Neck – USS
- Breast – triple assessment (mammo/USS)
- Testicular - USS
- Hernia – USS/CT

?Biopsy/FNA

Stomas

- Usually examine as part of abdominal examination
- Don't be afraid to state the obvious from the end of the bed
- Also don't be afraid to examine it properly – ask the patient if you can remove the bag/see contents of the bag
- Use hints to decide what stoma it is and know common pathologies

SIMPLY FINALS

Ileostomy vs Colostomy

End Ileostomy = *usually* inflammatory bowel disease

Also multiple bowel Ca, familial polyposis, ischaemic bowel, toxic colitis

Loop ileostomy = *usually* to protect anastomosis

Cancer, inflammatory bowel disease

End colostomy = *usually* cancer, DD (esp. emergencies)

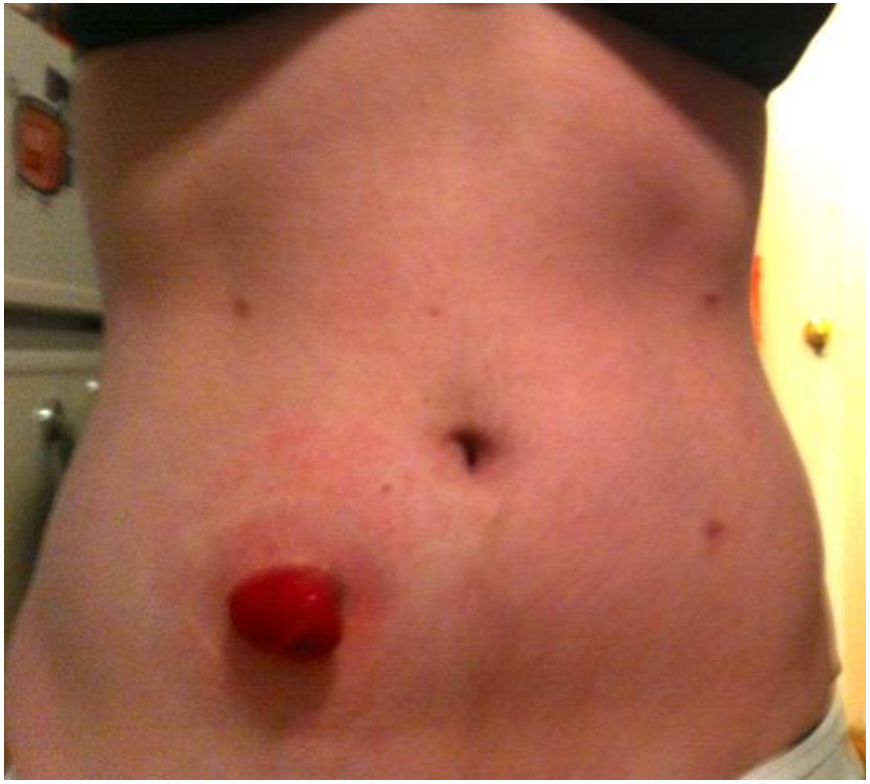
Loop colostomy = *usually* palliation or protect anastomosis

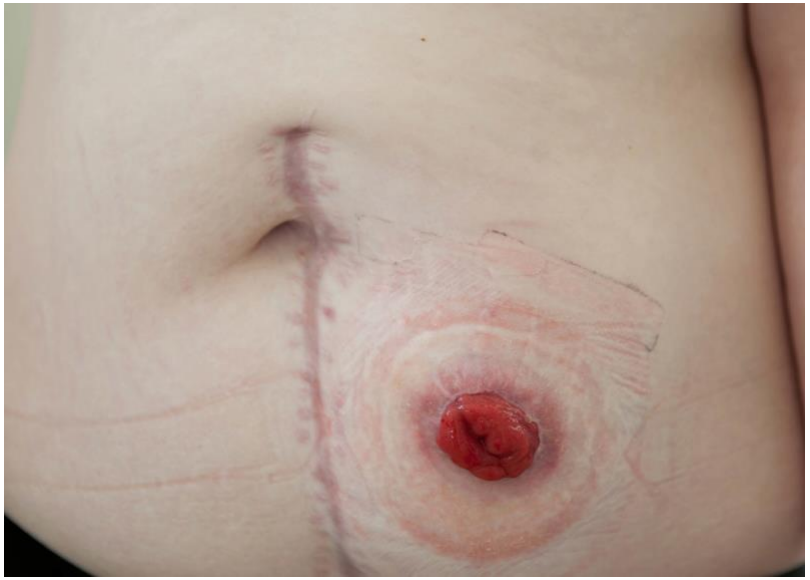
What stoma is it?

- Location
- Shape
- Contents of bag
- How many holes
- (Patient Demographic)

SIMPLY FINALS

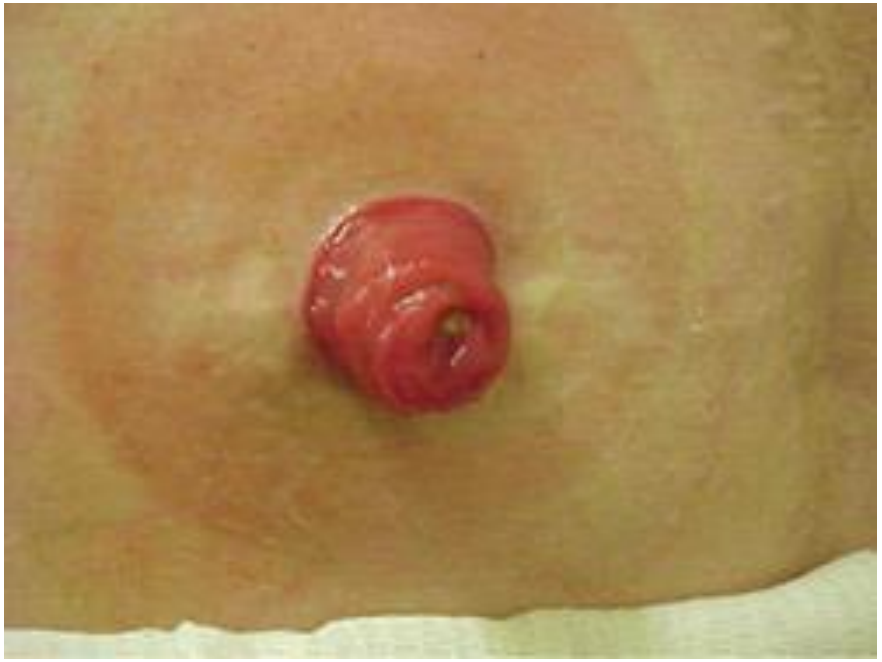
Location

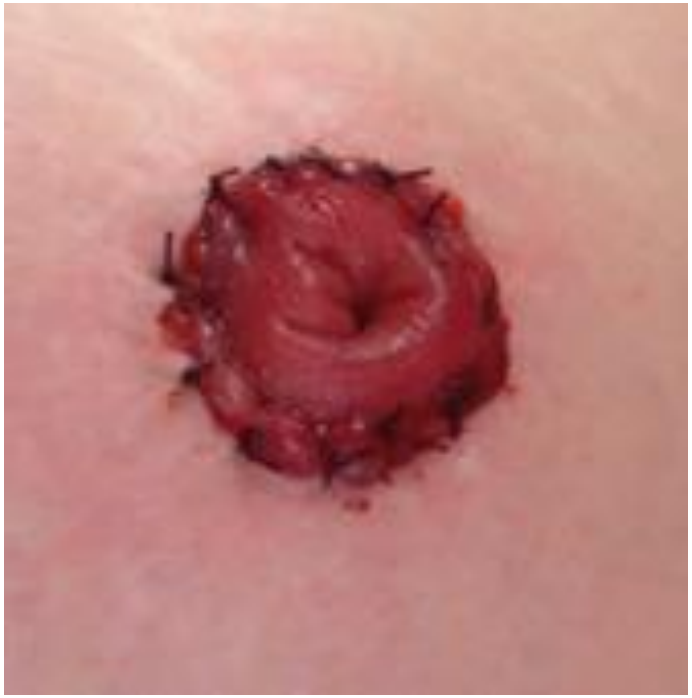




SIMPLY FINALS

Shape





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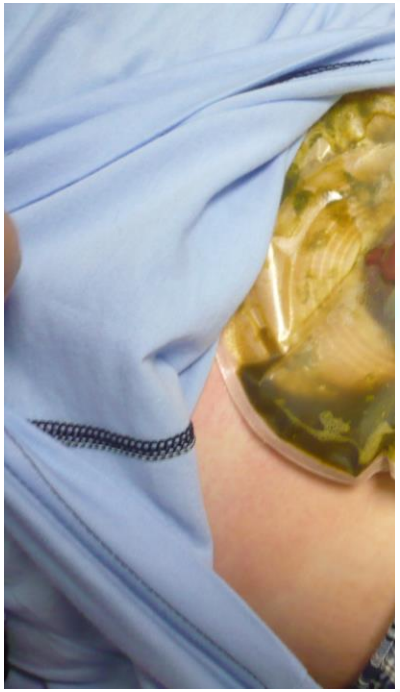
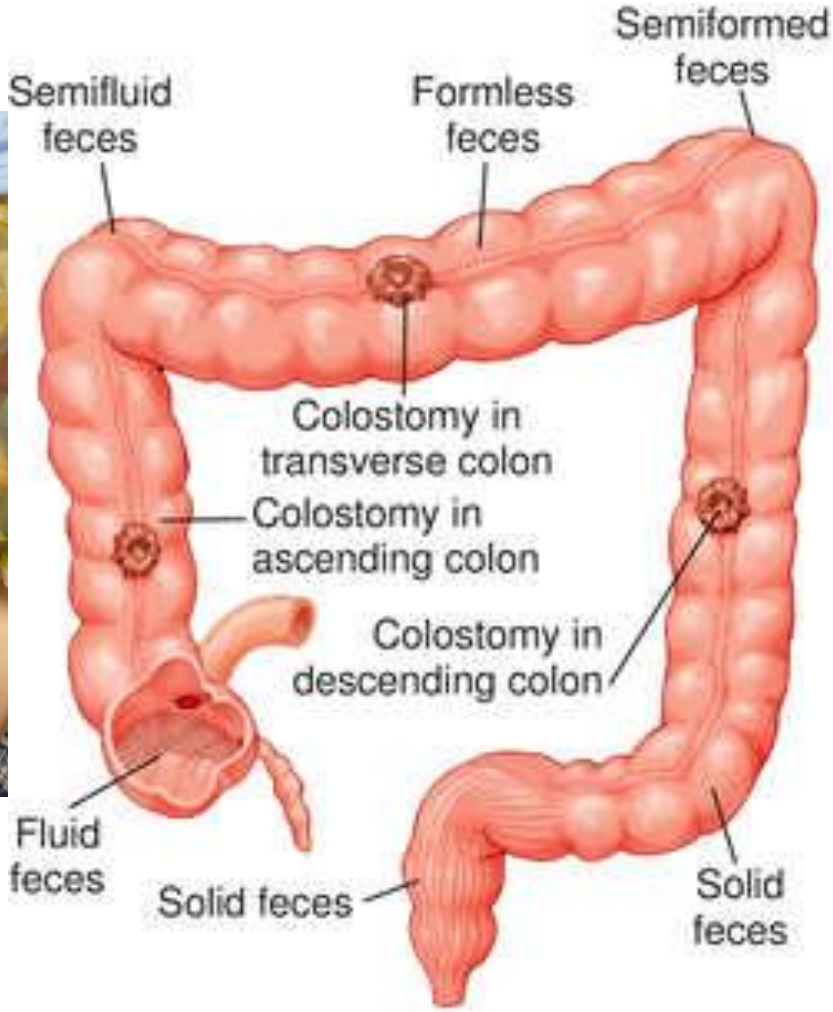
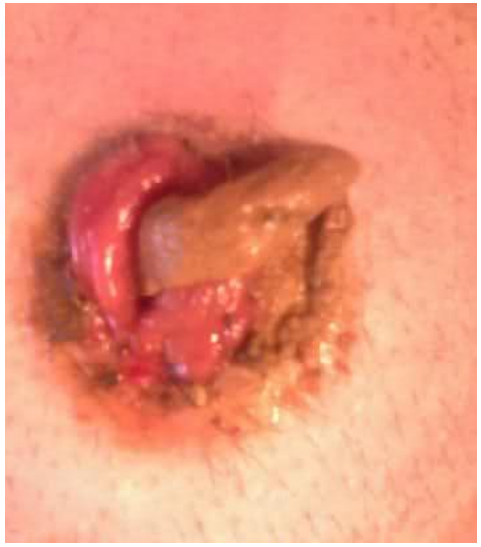
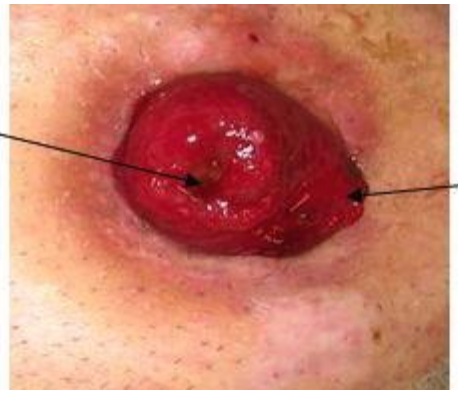


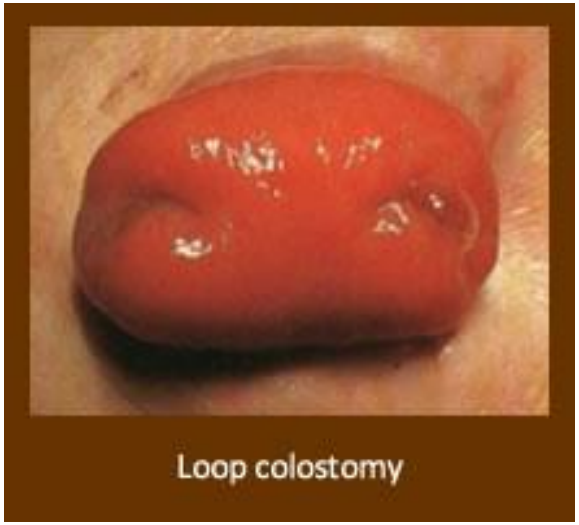




SIMPLY FINALS

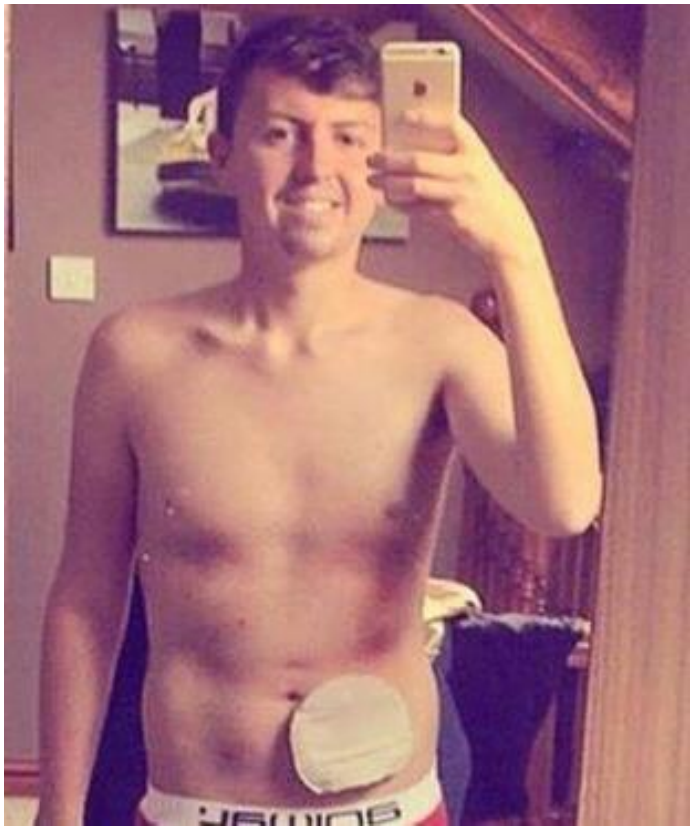
Holes





SIMPLY FINALS

Patient Demographics



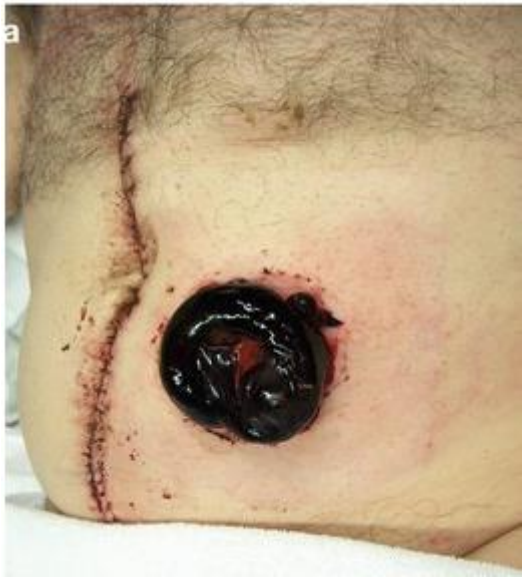
Is it *likely* I have been treated for colorectal cancer?

(Hint: Less than 2 per 100,000 males under 20 dx with bowel cancer per year)

SIMPLY FINALS

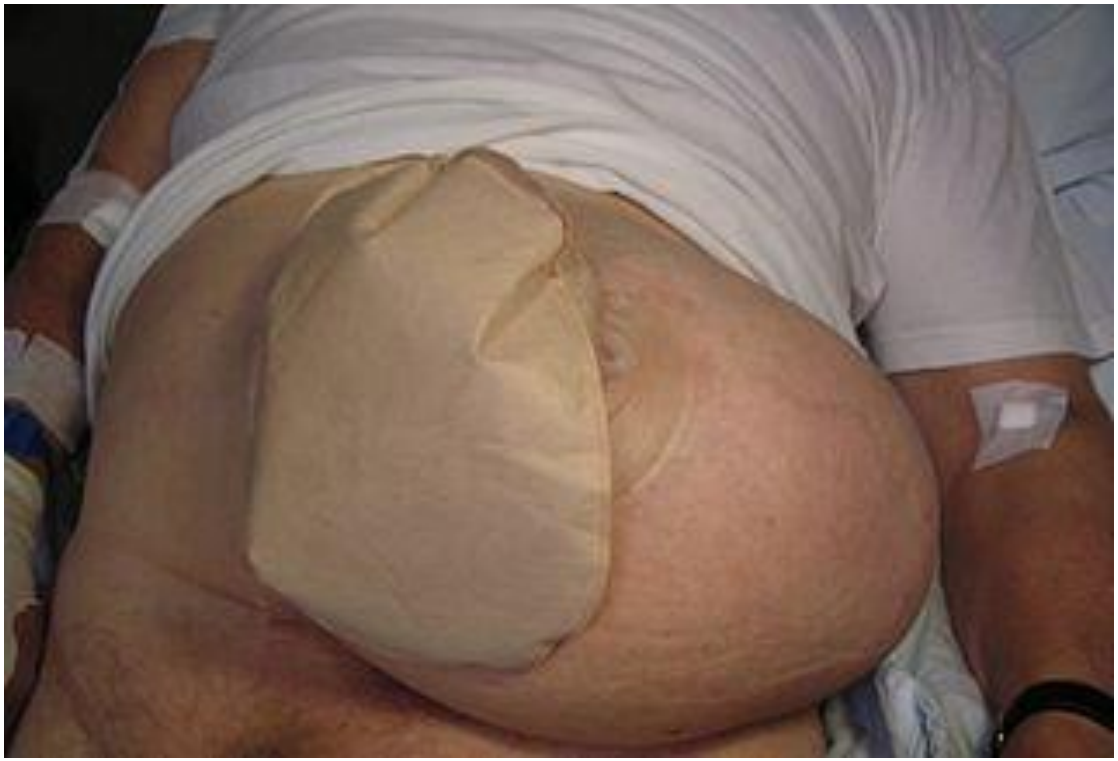
Additional examination points

- Looks healthy vs. unhealthy (pink, moist, shiny)
- Pink vs. dusky (ischaemia) or black (necrotic!)
- Producing waste successfully
- Prolapse?
- Retraction?
- Infection?
- Skin excoriation? (ileostomy)



SIMPLY FINALS

Don’t forget, stomas can get their own lumps too!



SIMPLY FINALS

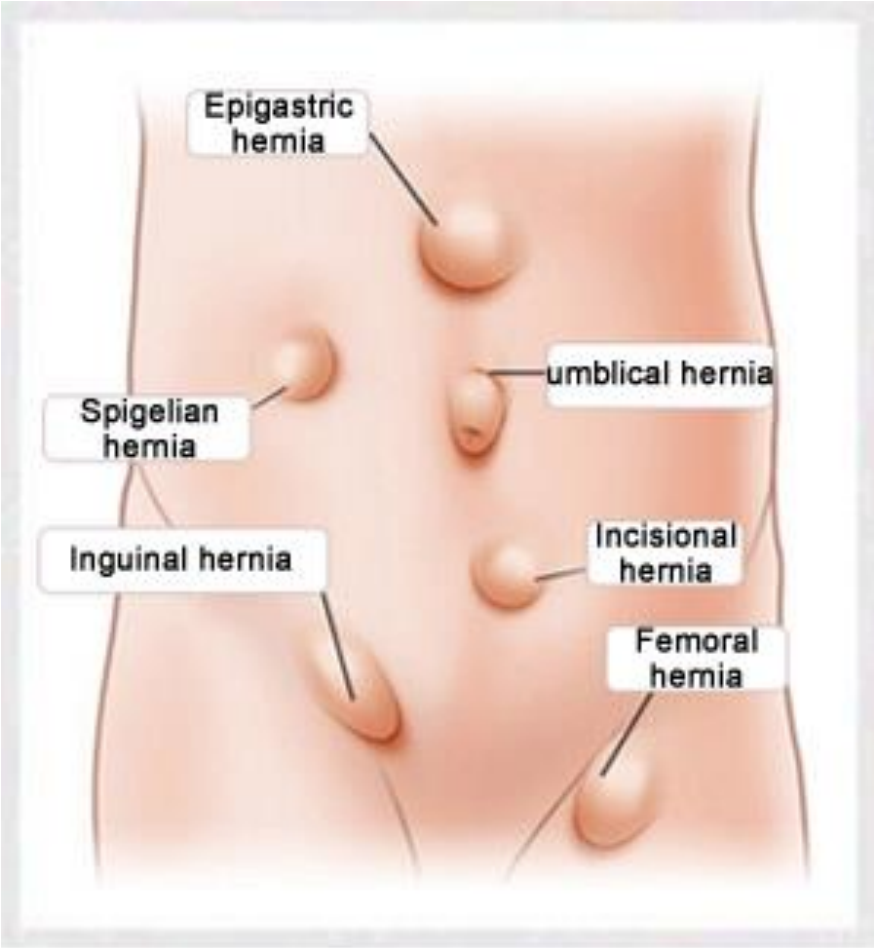
Hernias

- Usually examine as part of abdominal examination
- Don’t be afraid to state the obvious from the end of the bed
- Use extra manoeuvres to examine properly
- Use hints to decide what hernia it is

SIMPLY FINALS

Hernias

- Inguinal
- Femoral
- Umbilical
- Incisional
- Epigastric
- (Spigelian)



SIMPLY FINALS

Hernias

- Not all lumps in the abdomen are ‘hernias’
  – lipoma, cyst, abscess, lymph node, varix

- **Describe the lump!**
- Use location to identify
- Reducible vs. irreducible (incarcerated)
- Remember it may disappear on lying flat
- Know the risks/complications

Examining hernias

- Perform abdominal examination as you would normally
- During palpation examine 'lump' as you would any other. **Is it reducible?**
- Auscultate
- At the end of the examination ask patient to stand – does lump get bigger?
- Ask patient to cough – palpate. If swelling enlarges = positive cough impulse. Diagnostic for hernias.
- Determine what hernia it is (if you can!)

SIMPLY FINALS

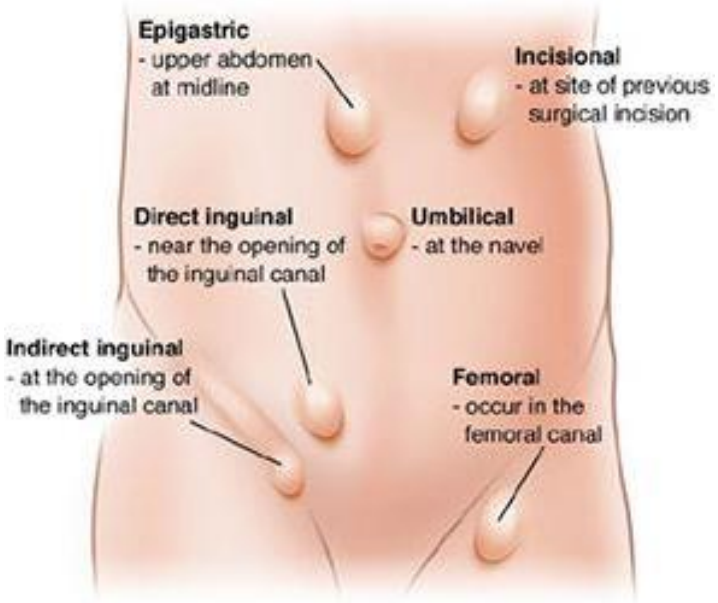
Which groin hernia is it?

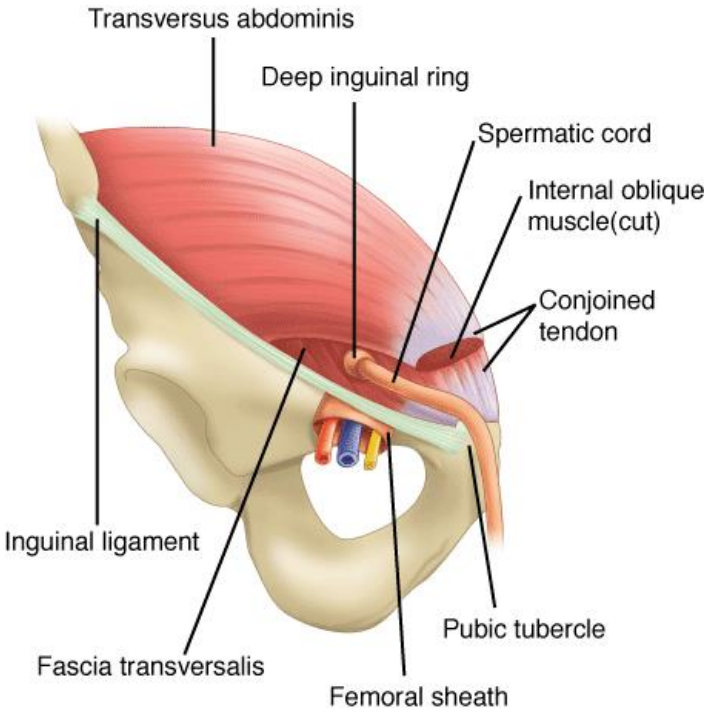
Above/medial to pubic tubercle
= inguinal hernia (M+F)

Looks like it's above/part of the groin crease (or within scrotum) = inguinal

Below/lateral to pubic tubercle
= femoral (F)

Looks like it's below the groin crease = femoral



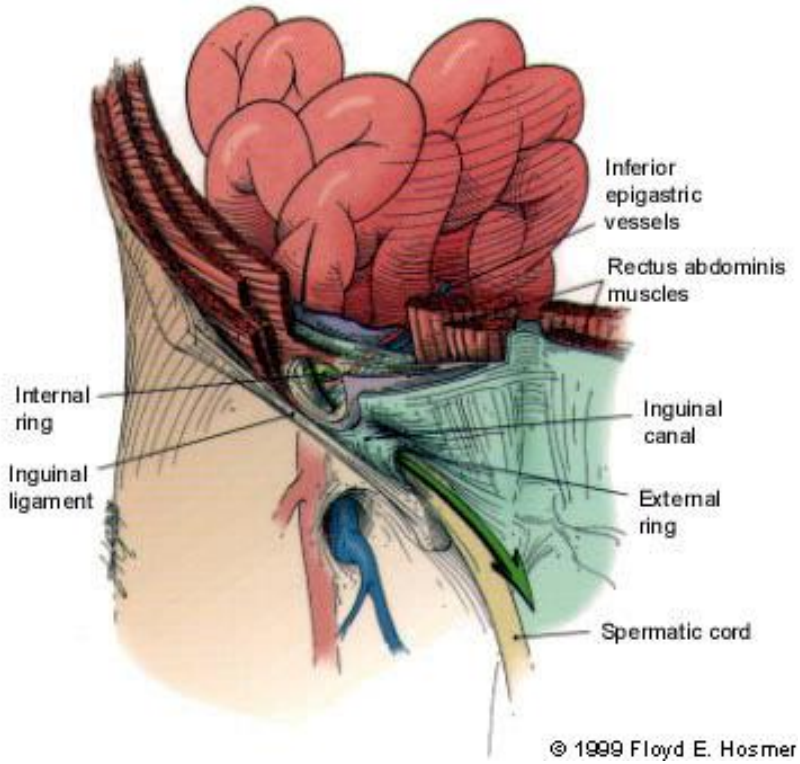


SIMPLY FINALS

Which groin hernia is it?

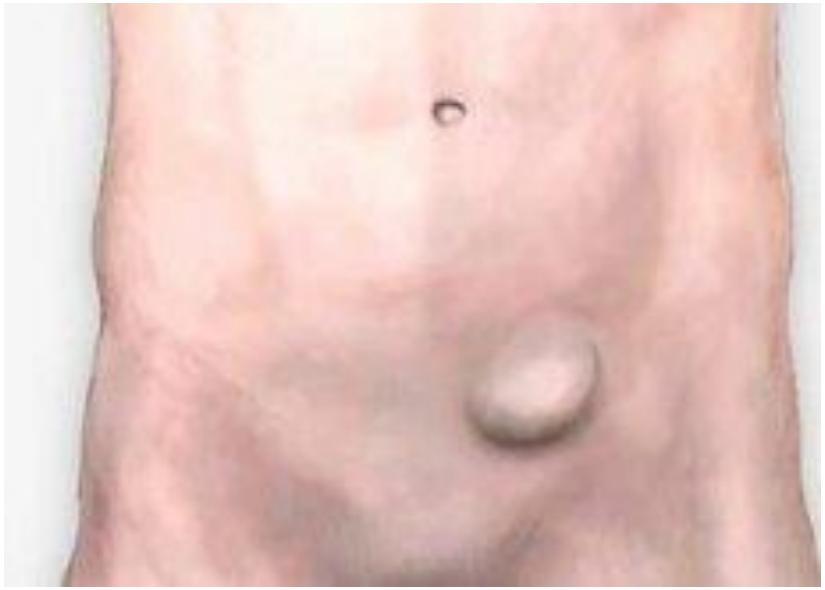
Indirect vs. direct inguinal hernia

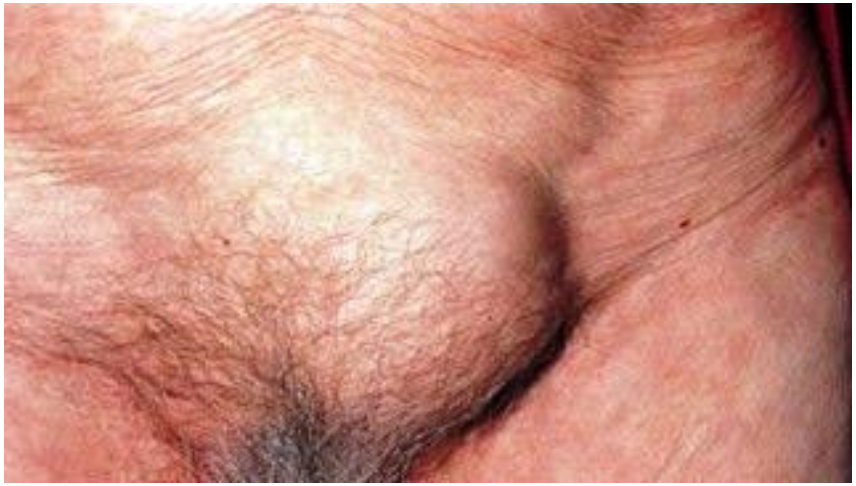
- Reduce lump
- Press hand over deep inguinal ring (halfway between pubic tubercle and ASIS)
- Ask patient to cough
- If hernia protrudes =
  must be direct (does not pass through ring)



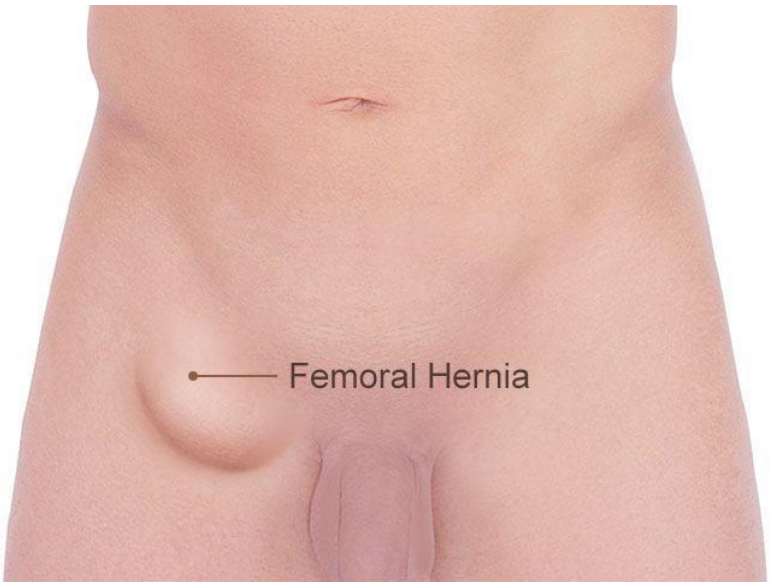
SIMPLY FINALS

Hernias

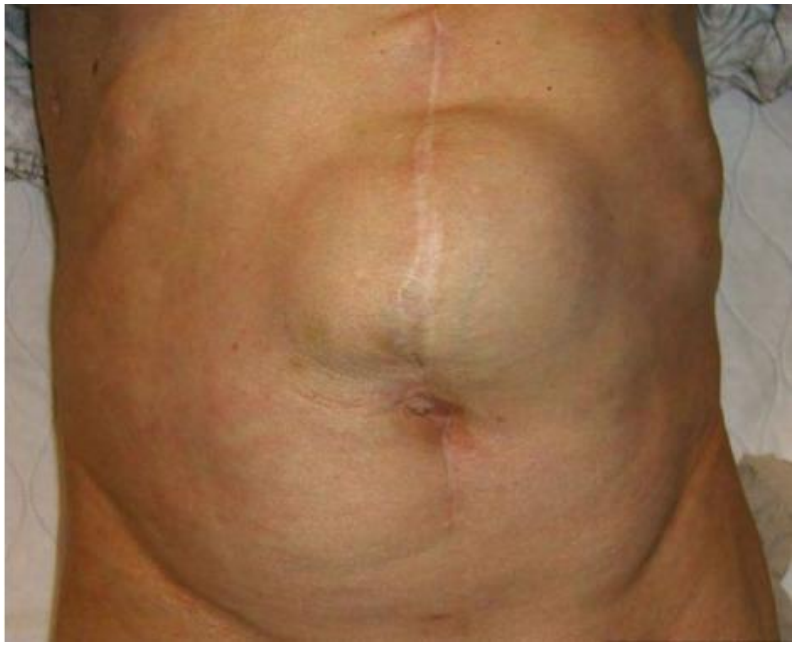


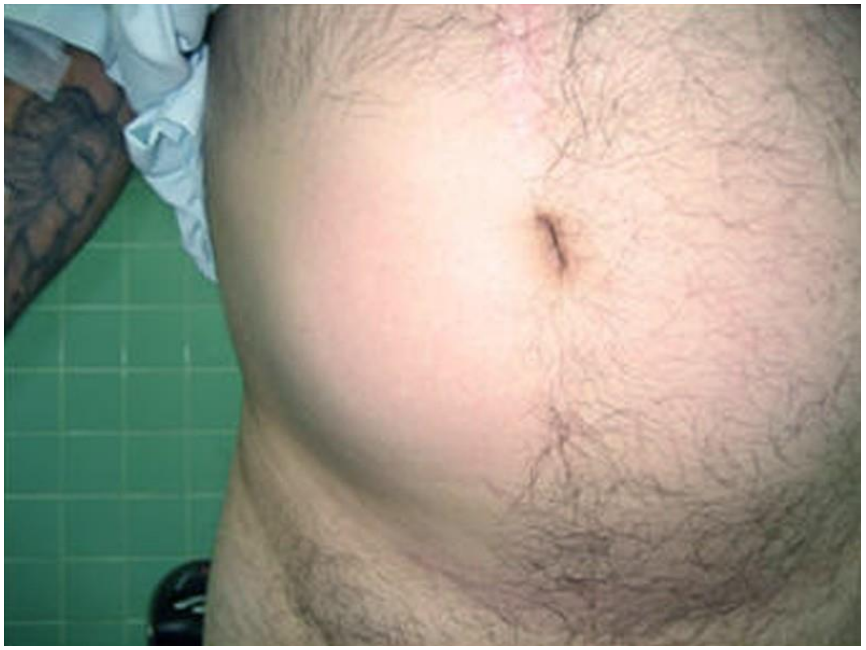


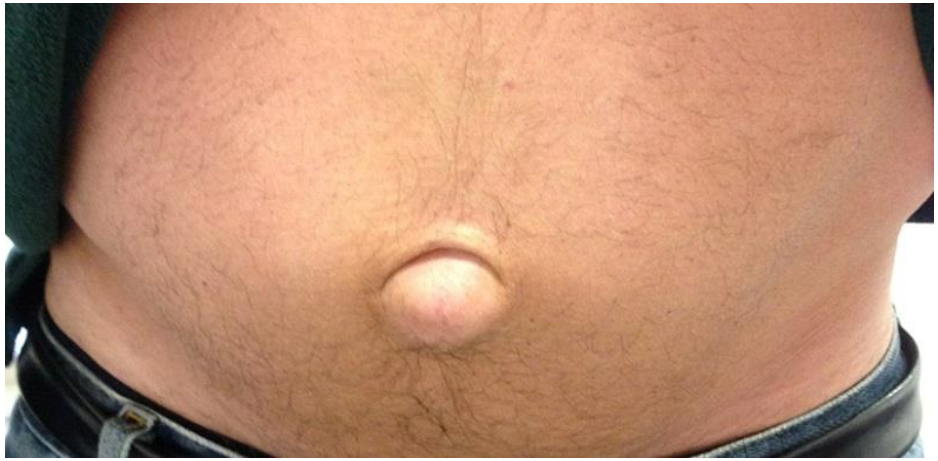
Hernias



Hernias







SIMPLY FINALS

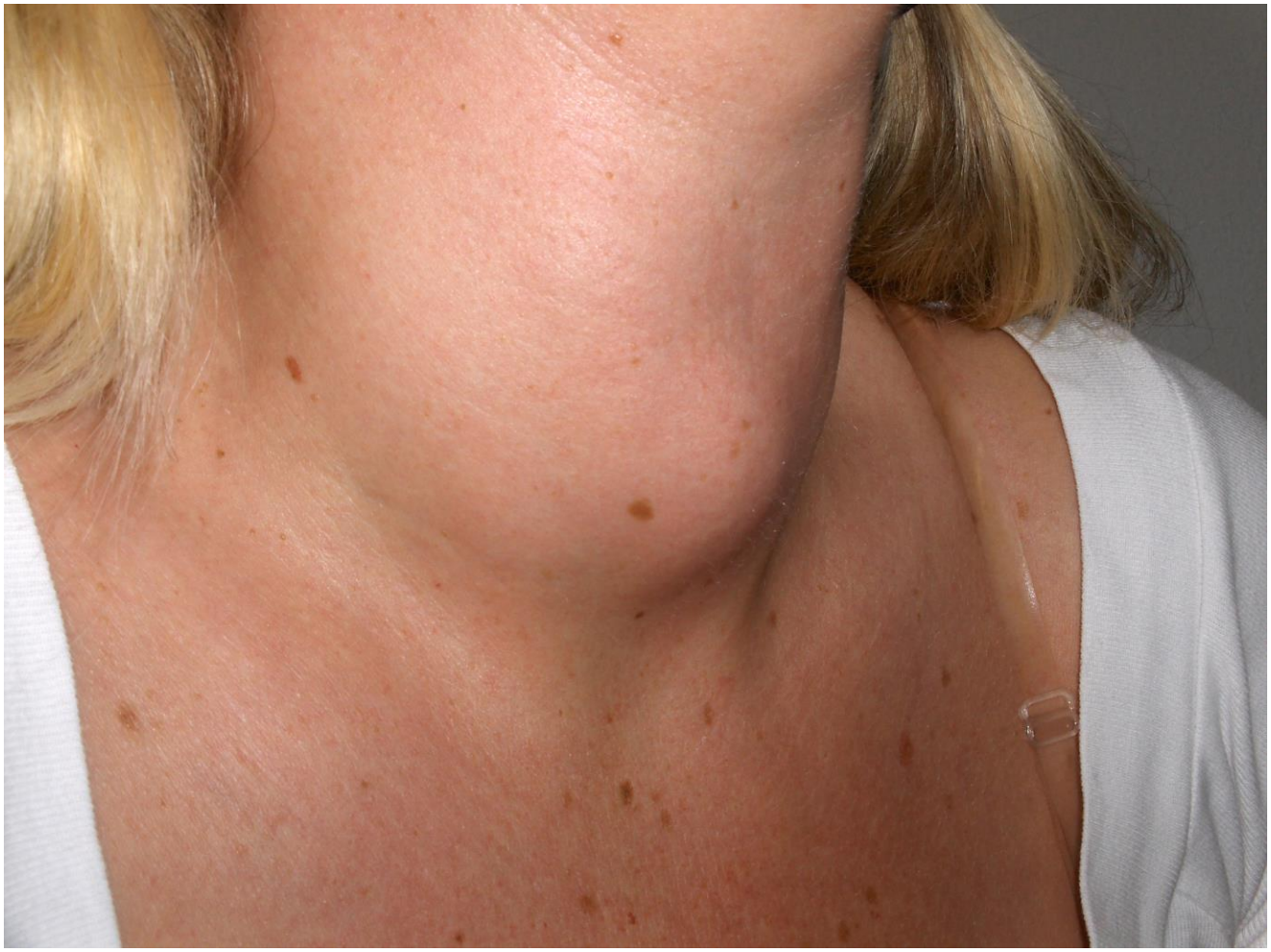
Additional examination points

- Most hernias **do not** suffer complications
- Is the patient clinically well? Is it painful?
- Incarcerated vs. obstructed vs. strangulated
- Strangulated hernia = medical emergency
- High risk of recurrence

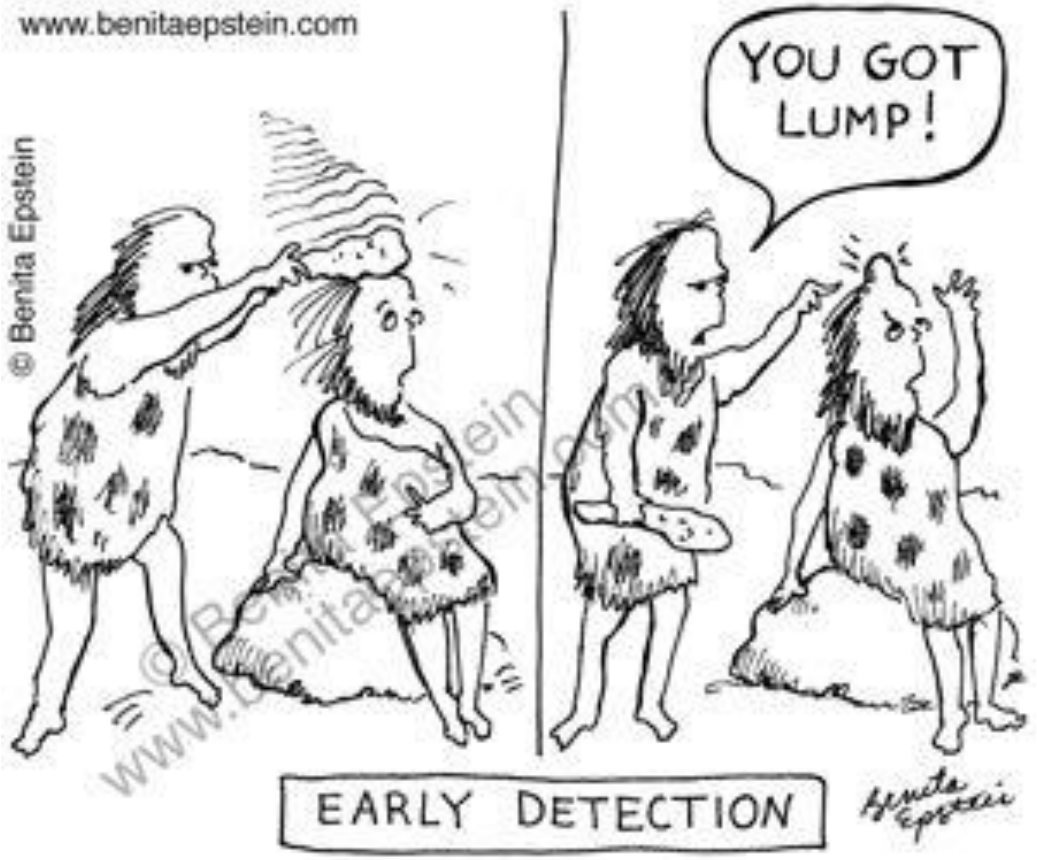
Neck/Breast/Scrotal lumps

- Location
- Size/Shape
- Texture
- Colour
- Surface
- Overlying skin changes
- Surrounding structures
- Temperature
- Movement?
- Pain?
- Reducible?
- Transillumination?
- Pulsatile/Peristaltic?
- Auscultation?

- **Associated symptoms**
- **Red flag signs**
- **Always be concerned if hard, nodular, heterogenous**



Any questions?



SIMPLY FINALS

Breast Lumps

- **Fibroadenoma** – smooth, painless, v. mobile, single,
- **Cyst** – fluid-filled, well-defined
- **Abscess** – red, hot, painful, discharge/pus
- **Duct ectasia** – behind nipple +/- inversion, green discharge
- **Fat necrosis** – firm, +/- pain, recent trauma
- **Cancer** – heterogenous, nipple inversion, discharge, skin change

Neck Lumps

- **Lymph nodes - usually posterior triangle**
  Reactive – painful, mobile, short/appropriate history
  Malignant – mets/lymphoma. Look for associated symptoms

- **Thyroid – midline, move with swallowing**
  Benign – diffuse/nodular goitre
  Tumour – single, hard, heterogenous

- **Salivary glands – parotid/submandibular/sublingual**
  Tumour, sialolithiasis (stones), mumps (B/L)

Neck Lumps

Cysts – soft, smooth, cystic (liquid/semi-liquid)

- **Thyroglossal cyst** - midline, moves on tongue protrusion

- **Branchial cyst**
- **Cystic hygroma**

} developmental abnormalities, lateral neck, may not appear until adolescence. CH more posterior, transilluminates.

- **Sebaceous cyst** – soft, mobile, common on face and neck

- **Lipoma**

SIMPLY FINALS

Scrotal Lumps

- **Indirect hernia** – separate from testicle, can't get above it
- **Varicocele –** dilated veins, feels like 'bag of worms'
- **Hydrocele –** smooth, painless, fluid-filled, transilluminates
- **Spermatocele –** non-growing posterior nodule
- **Tumour –** painless, solid hard lump, irregular
- **Epididymitis –** posterior painful swelling

- **Sebaceous cyst**
- **Undescended testes**

- **Torsion –** acute onset swelling + pain
- = surgical emergency

SIMPLY FINALS