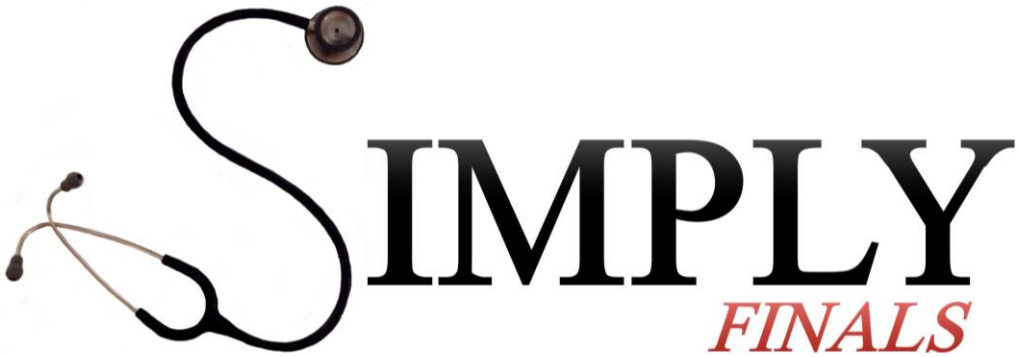
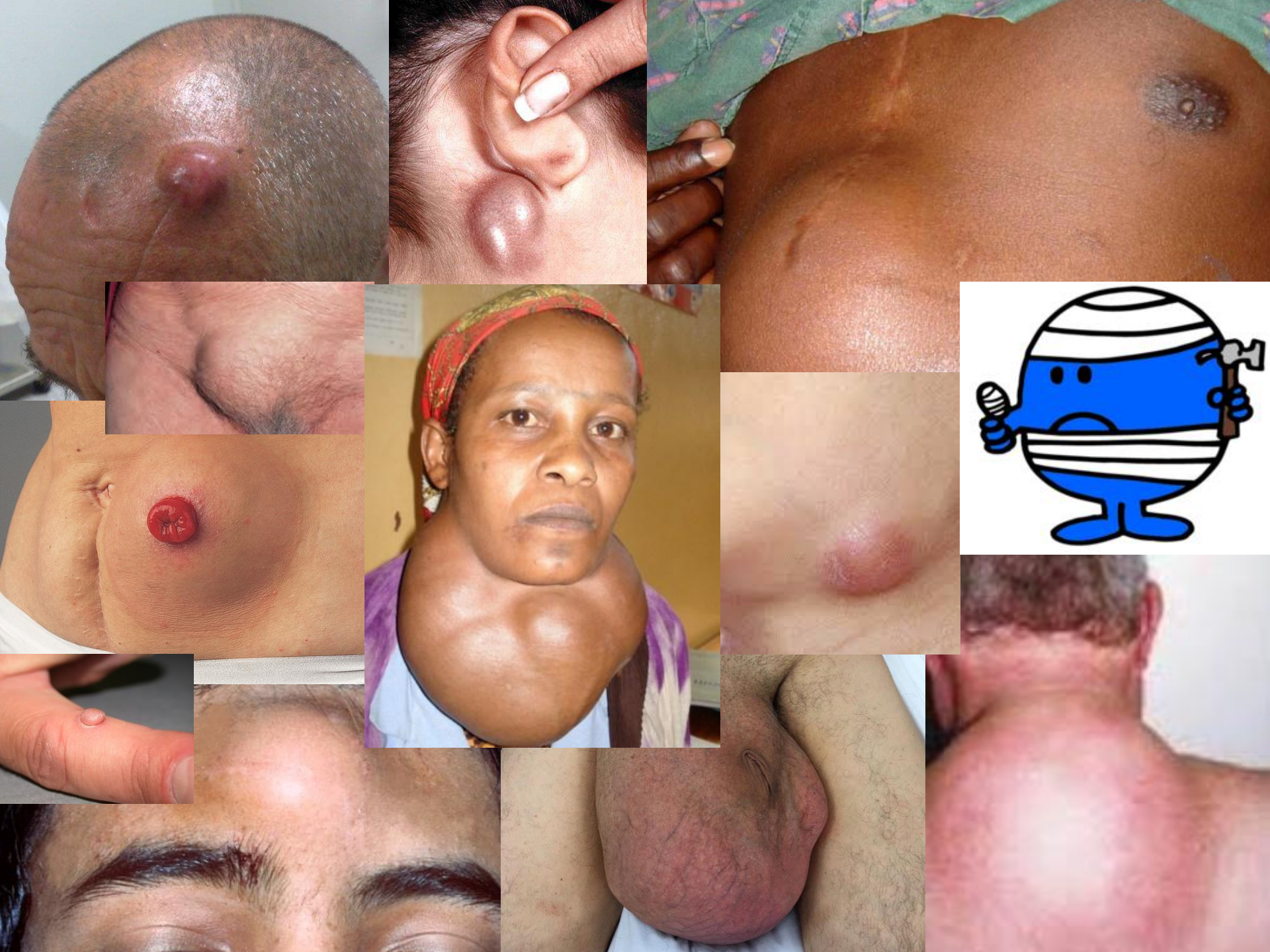
Lumps and Bumps

Ms Rose Ingleton





Outline

OSCE:

- How to examine lumps in general
- Stomas
- Hernias

Extra info on:

- Breast Lumps
- Neck Lumps
- Scrotal Lumps

SIMPLY FINALS

Common sense rules for examining lumps

- Perform whole examination unless specified

- Don't ignore it (and don't be afraid to touch it!)

- Remember special 'tests' E.g. thyroid, hernias etc

If in doubt:

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

- Consider investigations (but if unsure, USS)

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

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

SIMPLY FINALS

Stomas

- Examine as part of abdominal examination
- State the obvious from the end of the bed
- Ask to examine it properly including contents of the bag
- Use hints to decide what stoma it is and know common pathologies

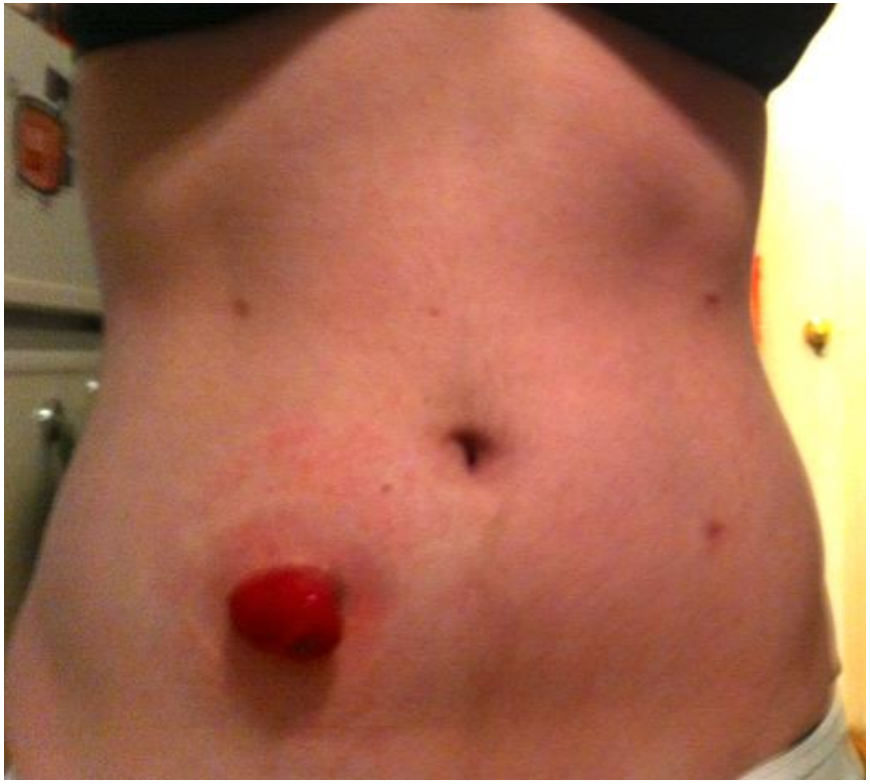
SIMPLY FINALS

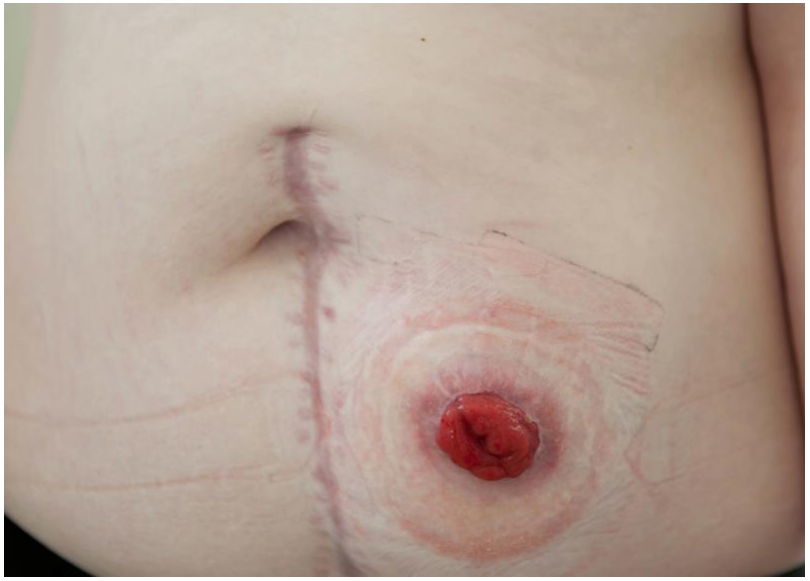
What stoma is it?

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

SIMPLY FINALS

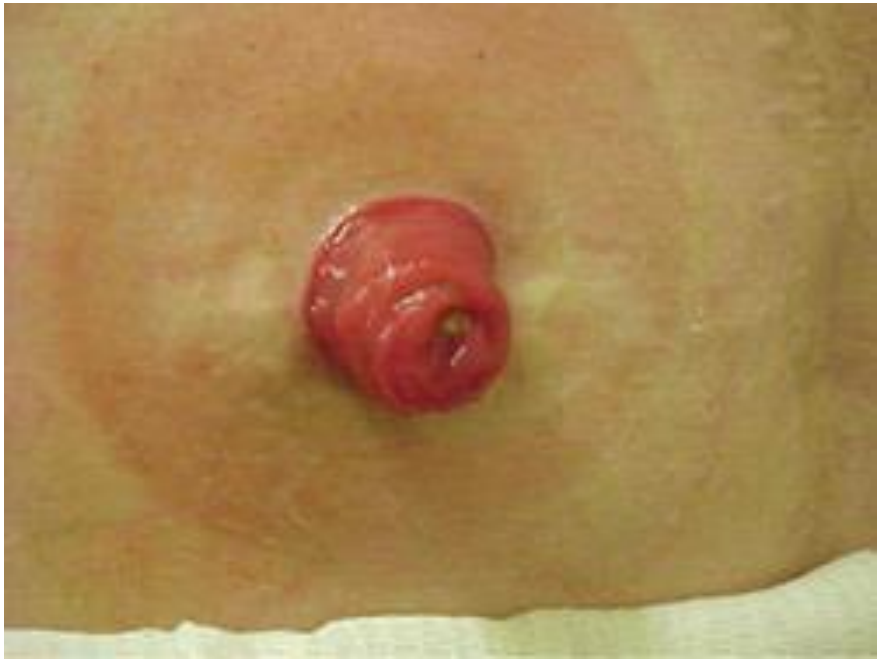
Location

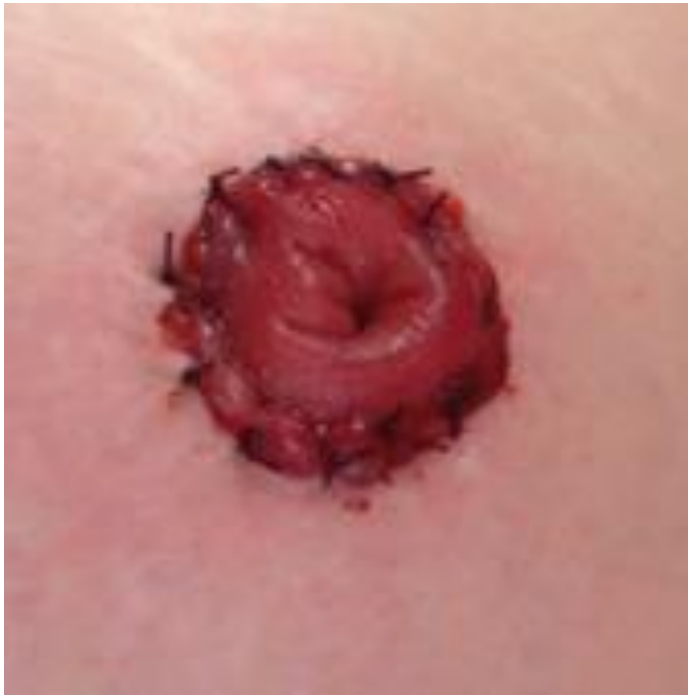




SIMPLY FINALS

Shape





SIMPLY FINALS

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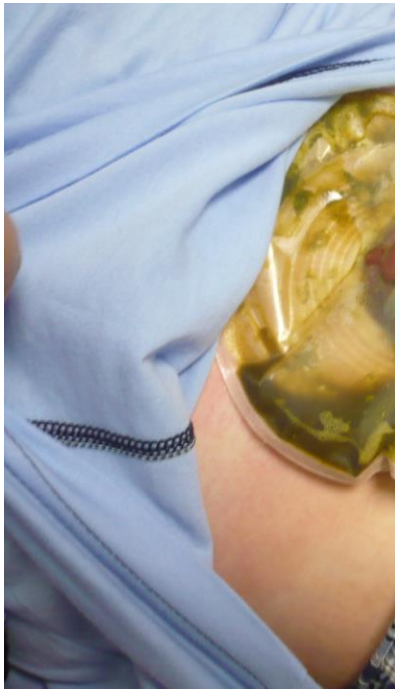
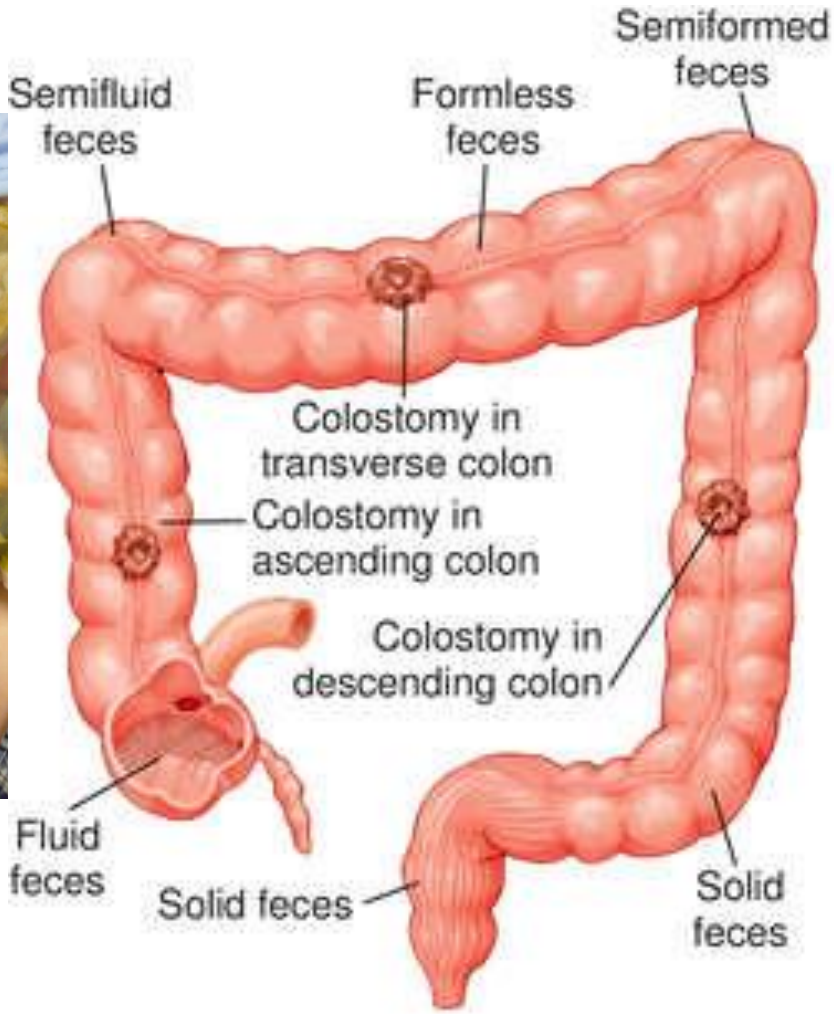
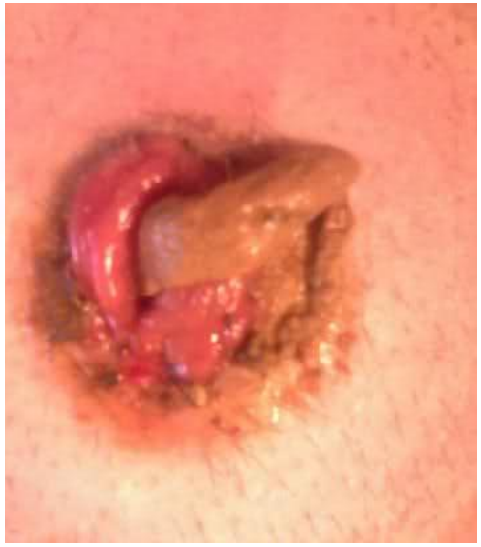
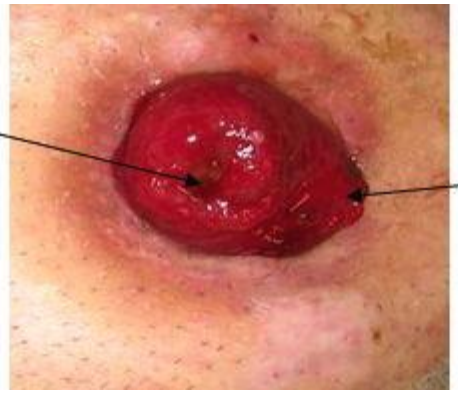


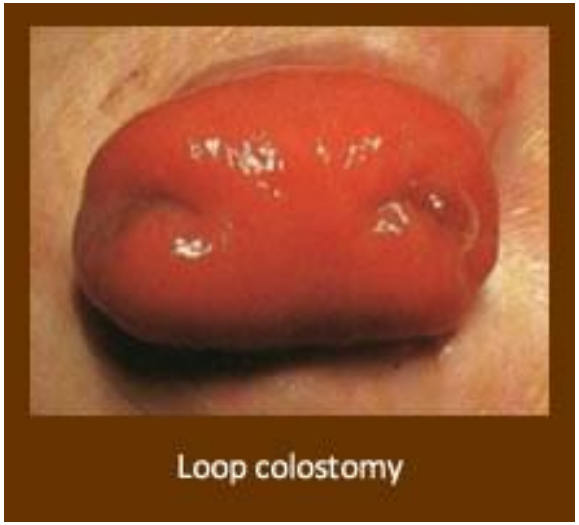




SIMPLY FINALS

Openings





SIMPLY FINALS

End Ileostomy = *usually* inflammatory bowel disease

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

Loop ileostomy = *usually* to protect anastomosis

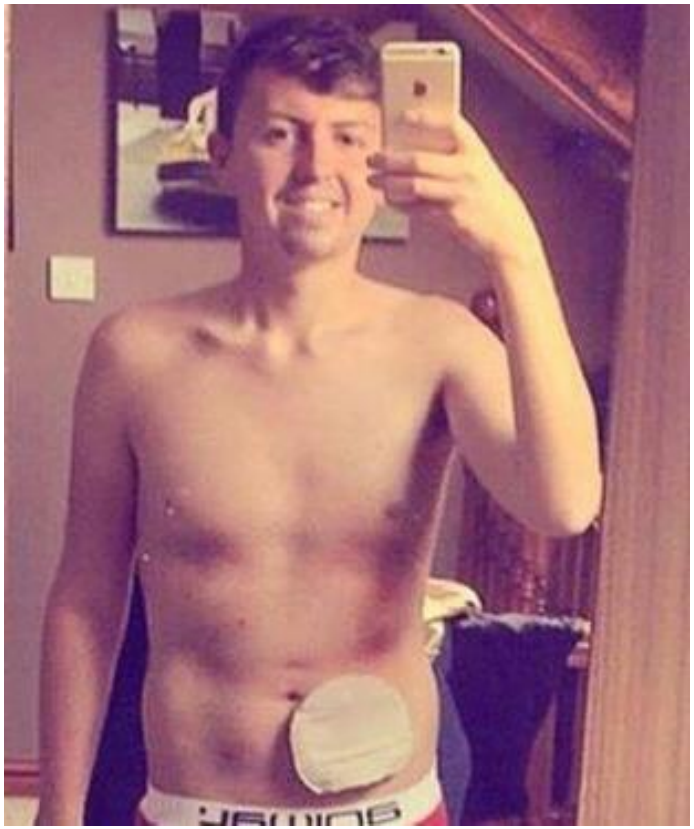
Cancer, inflammatory bowel disease

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

Loop colostomy = *usually* palliation or protect anastomosis

SIMPLY FINALS

Patient Demographics



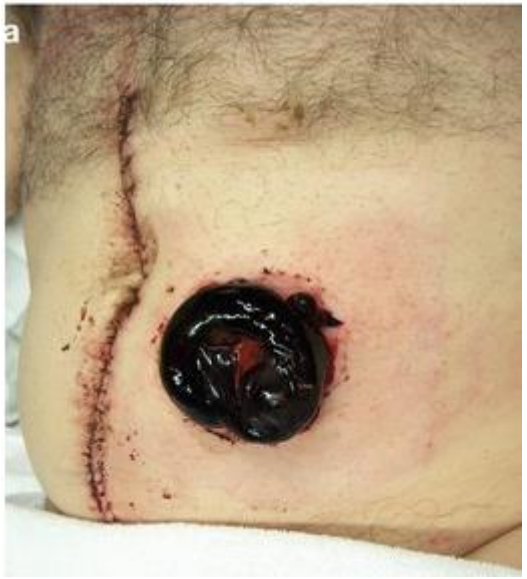
Is it *likely* I have been treated for colorectal cancer?

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

SIMPLY FINALS

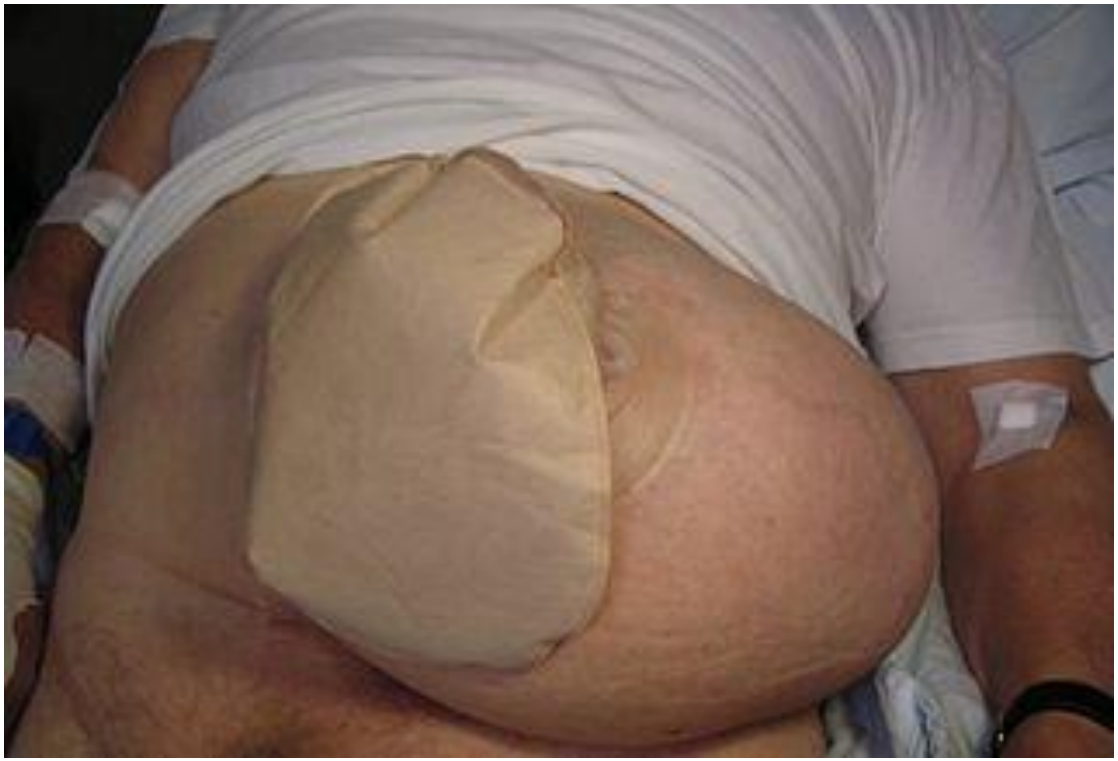
Additional examination points

- 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

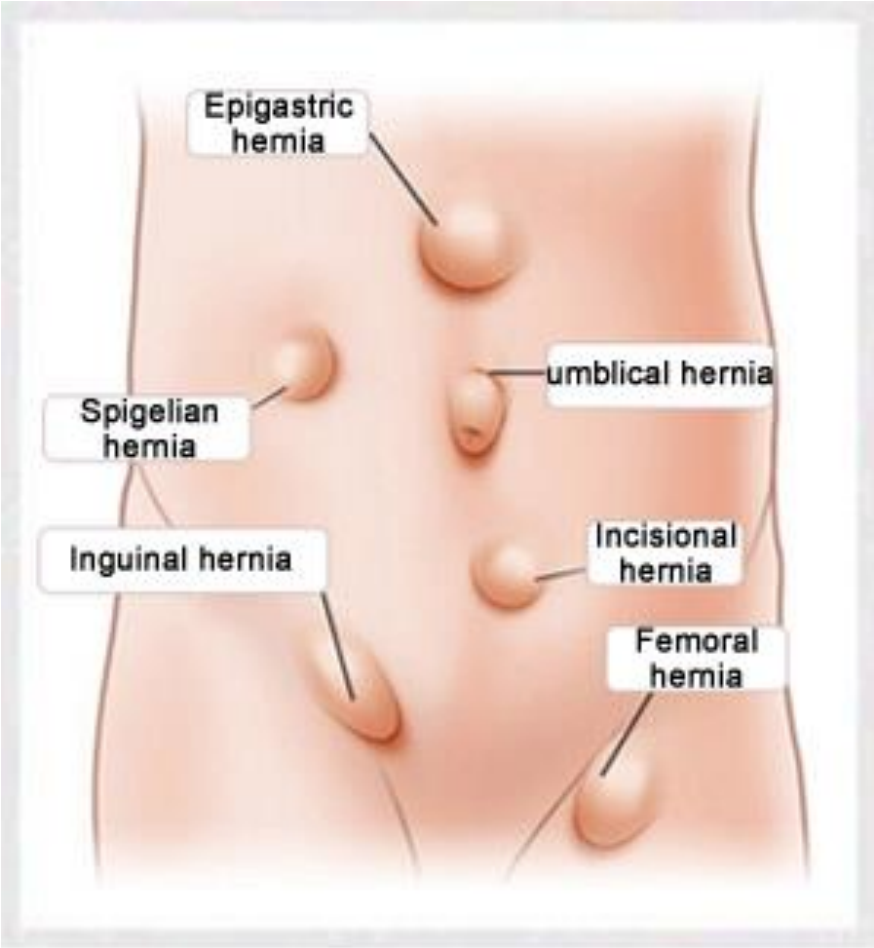
Hernias

- Examine as part of abdominal examination
- State the obvious from the end of the bed
- Use extra manoeuvres specific to hernias for complete examination
- 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 it
- Use location to identify subtype
- Reducible vs. irreducible (incarcerated)
- Remember it may disappear on lying flat
- Know the risks/complications

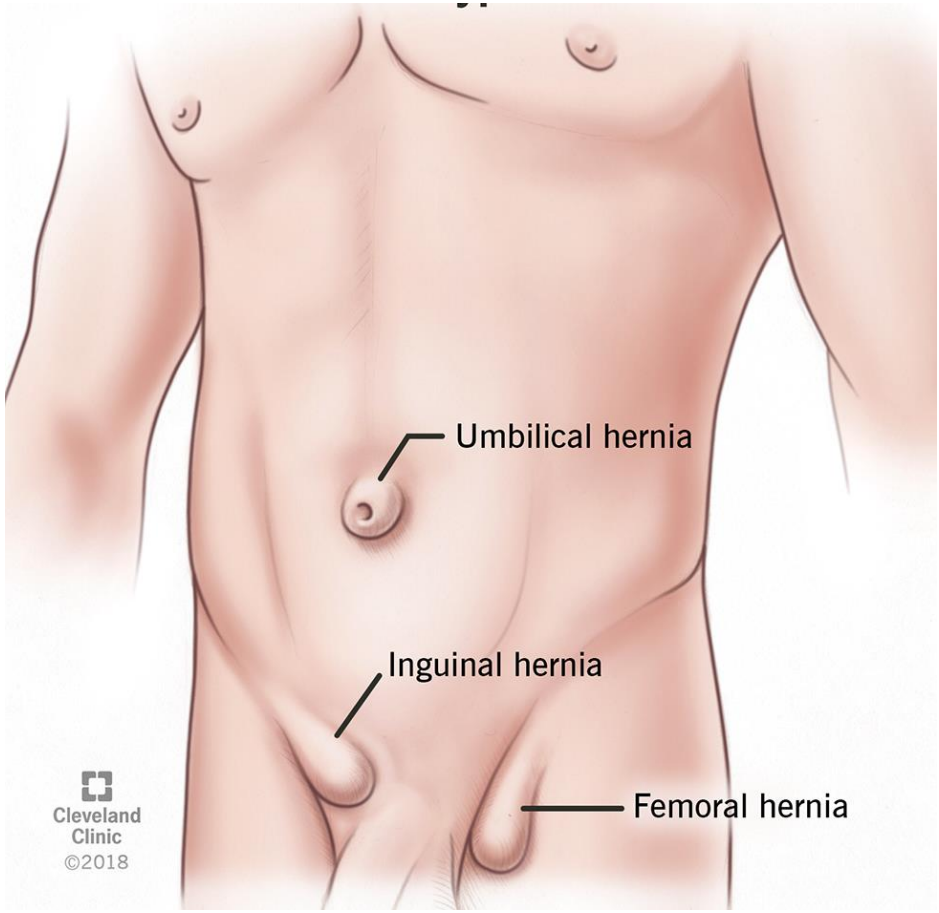
SIMPLY FINALS

Examining hernias

- Perform abdominal examination as you would normally
- During palpation examine 'lump' as you would any other. Can you feel peristalsis? Is it reducible? Does it cause pain?
- Auscultate – are there bowel sounds?
- At the end of the examination ask the patient to stand – does the 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?



Inguinal hernias most common in men AND women

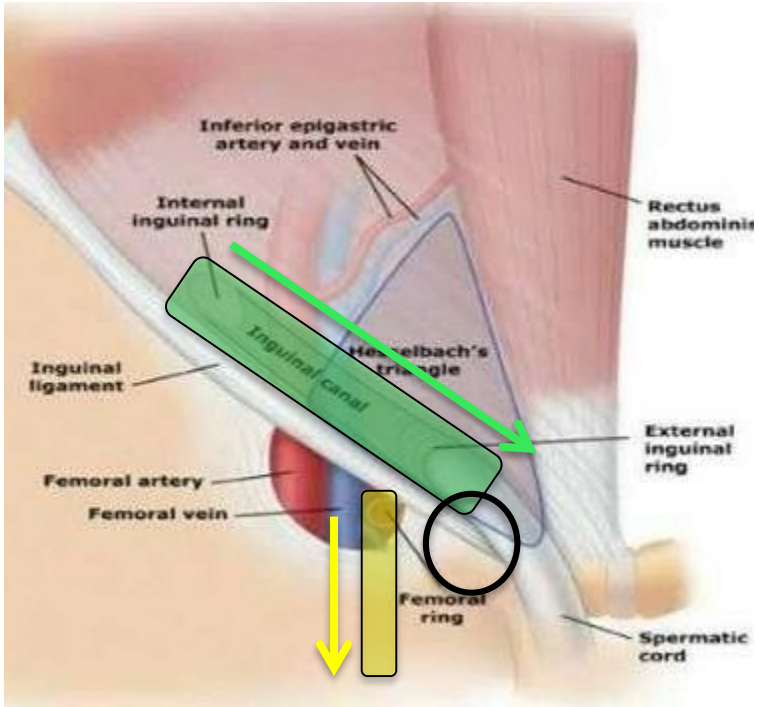
Femoral hernias almost never seen in men

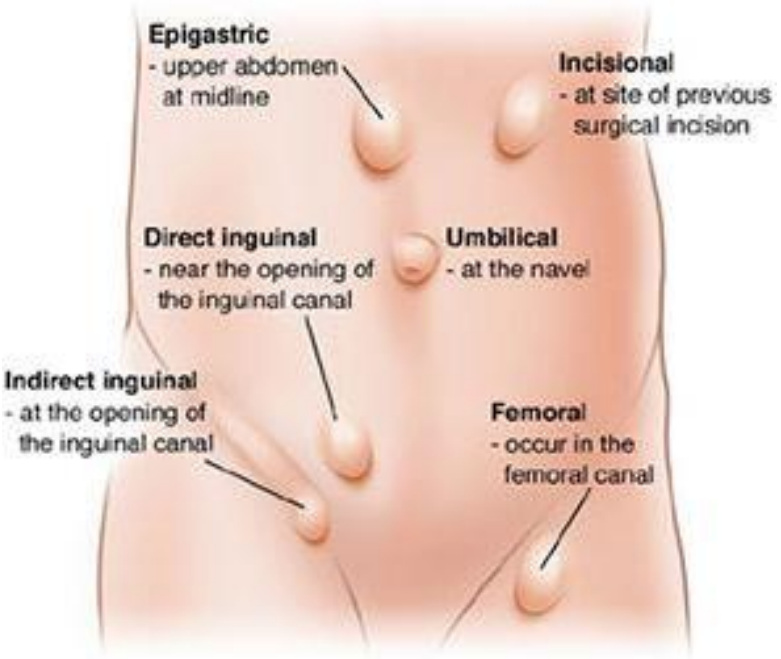
SIMPLY FINALS

Which groin hernia is it?

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

Looks like it's below the groin crease= femoral



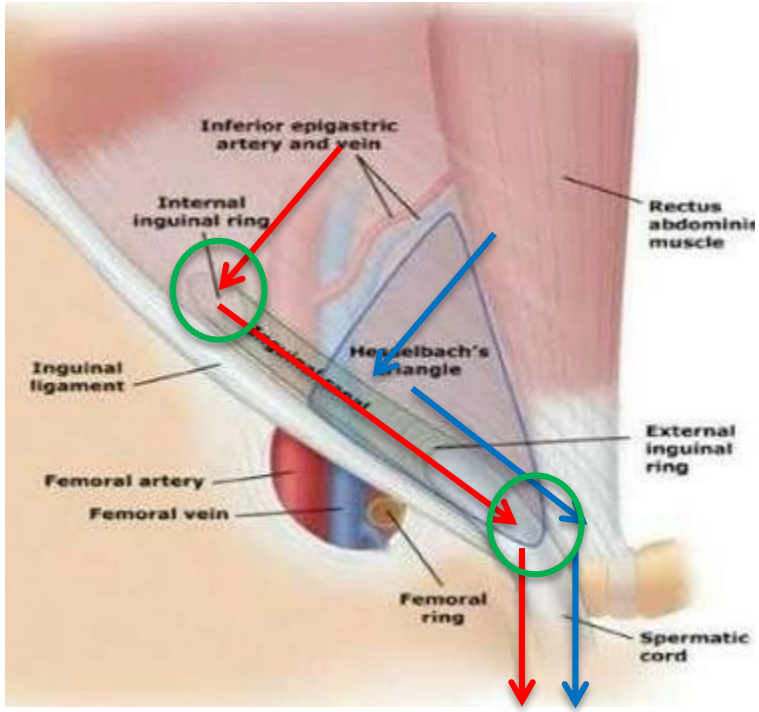


SIMPLY FINALS

Which groin hernia is it?

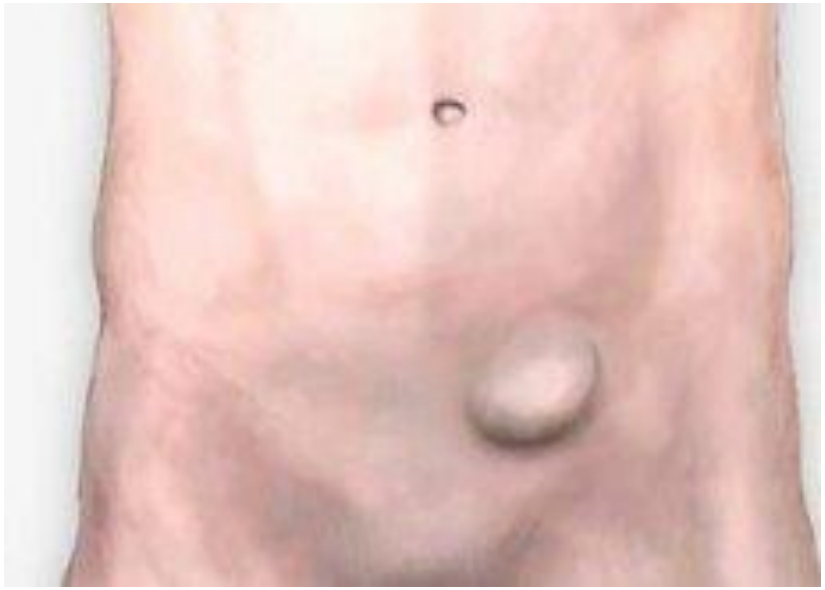
Indirect vs. direct inguinal hernia

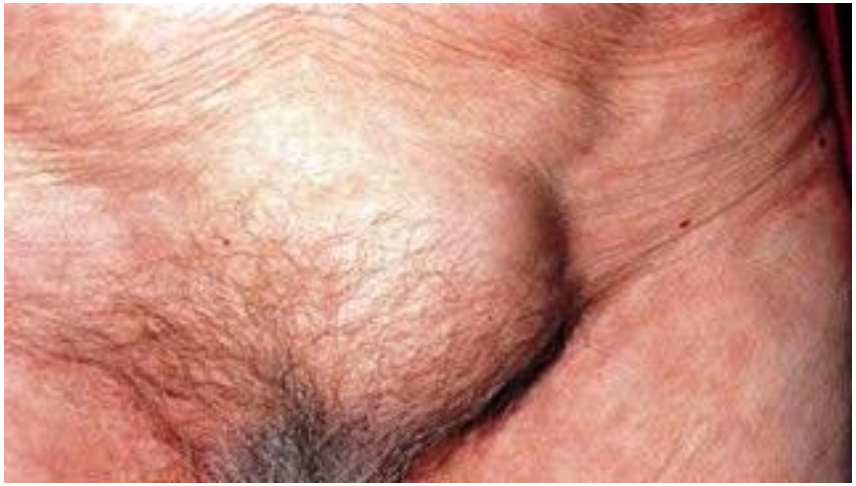
- Reduce lump
- Press hand over deep inguinal ring (halfway between pubic tubercle and ASIS)
- Ask patient to cough
- If hernia protrudes = must be direct (as you are obstructing deep ring)



SIMPLY FINALS

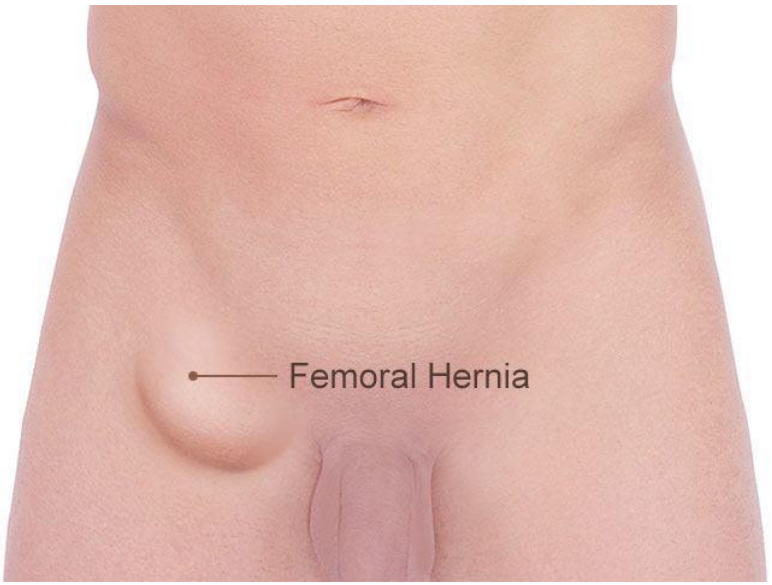
Hernias





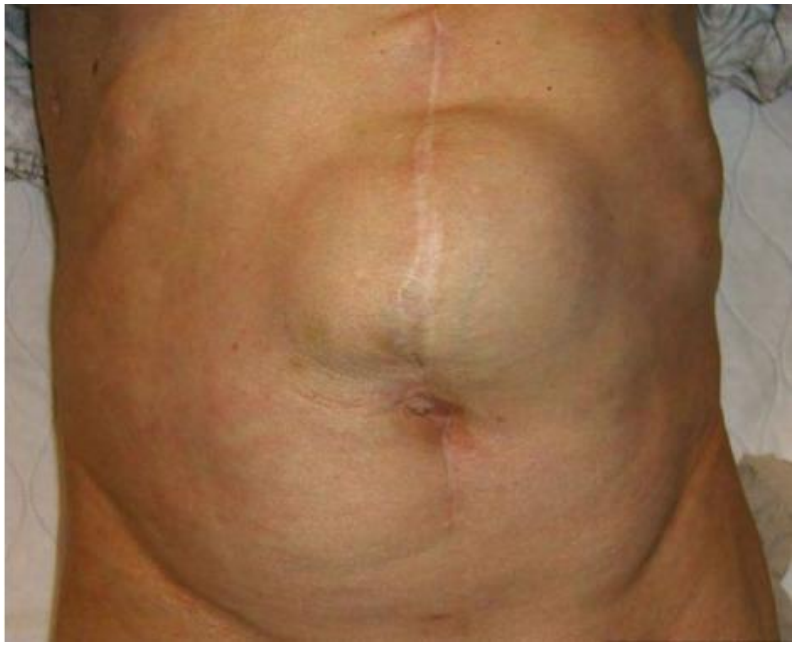
SIMPLY FINALS

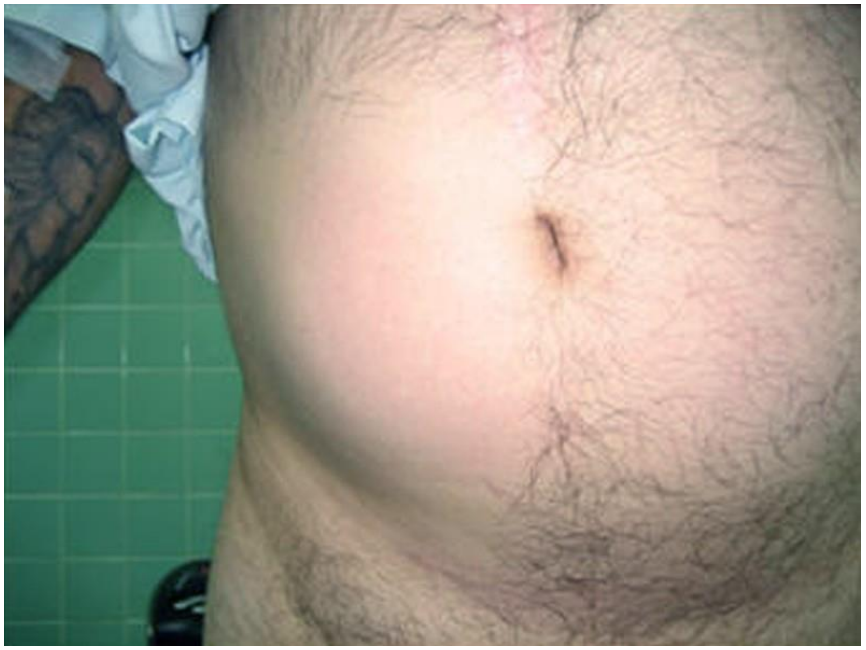
Hernias

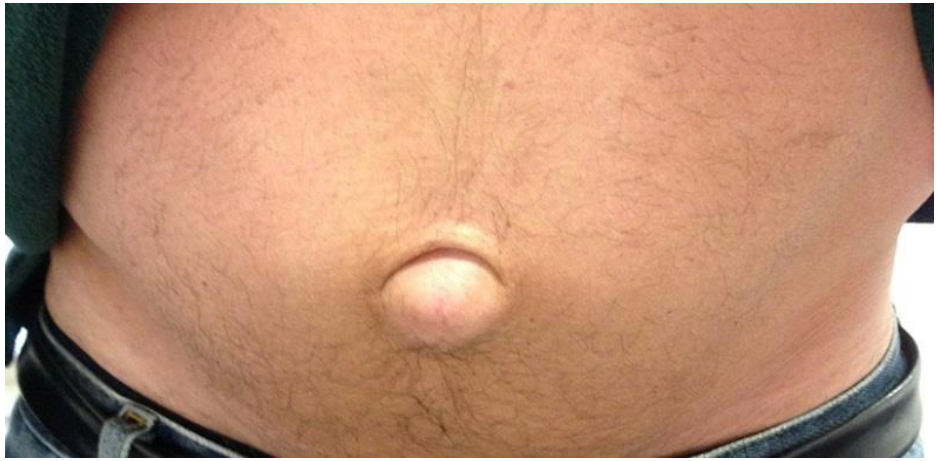


SIMPLY FINALS

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

SIMPLY FINALS

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**

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

SIMPLY FINALS

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)

SIMPLY FINALS

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

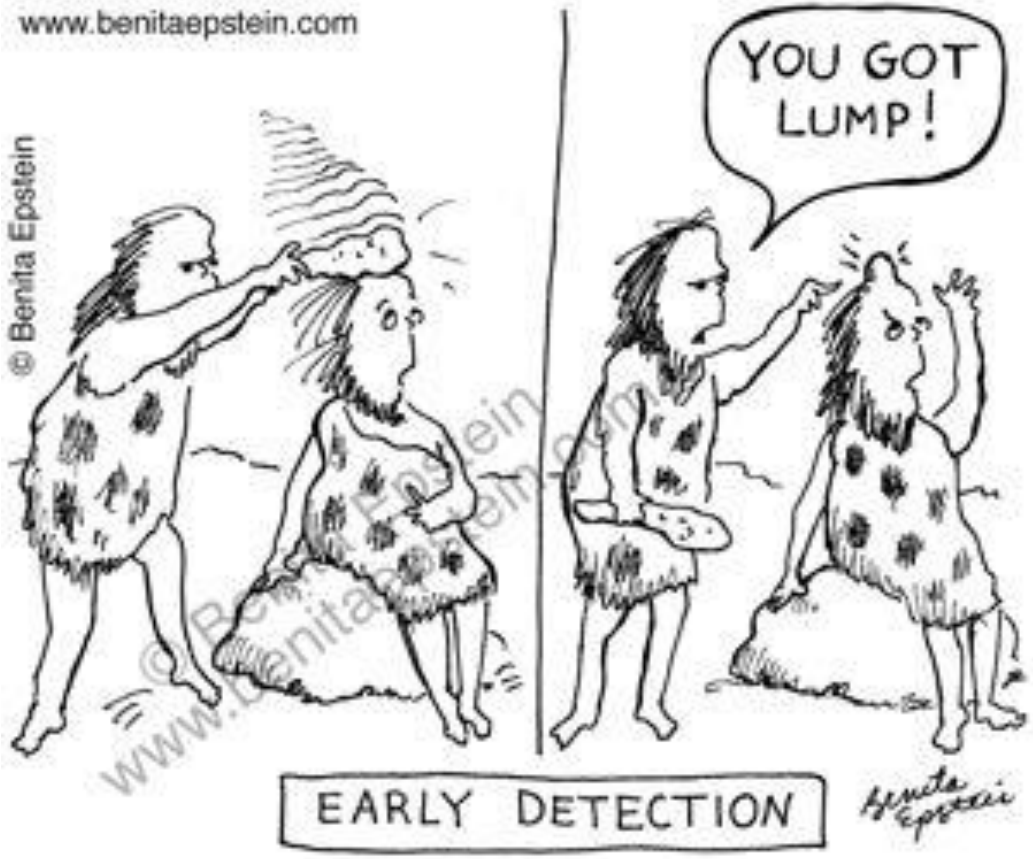
- **Sebaceous cyst**
- **Undescended testes**

- **Torsion –** acute onset swelling + pain

= surgical emergency

SIMPLY FINALS

Any questions?



SIMPLY FINALS