Lump and ulcer examination

INSTRUCTION

'Ask this gentleman a few questions about his lump/ulcer.'

APPROACH

- Introduce yourself to the patient
- Establish the patient's name and age,
- Go straight to questions about the lump or ulcer.

TOP TIP

If the examiner tells you the patient's name, then do not embarrass yourself by asking his name again – this only shows that you have not been listening to the examiner!

VITAL POINTS

Ask the following questions about the lump/ ulcer:

Onset

- When did you first notice it?
- What made you notice it?
- Were there any predisposing events (e.g. trauma, insect bite)?

Continued symptoms

- How does it bother you, i.e. what symptoms does it cause? (Ask particularly about pain)
- Has it changed since you first noticed it? (colour, shape and size changes are important in malignant melanoma)
- Have you noticed any other lumps?
- Has it ever disappeared or healed?

Treatments and cause

- What treatments have you had in the past for this?
- o What do you think is the cause of the lump/ ulcer?

You will usually find that as you extract the relevant information, the examiner will move you onto the examination relatively quickly.

TOP TIP

When asked to take a history, keep eye contact with the patient throughout your questioning. Don't stare at the lump!

LUMPS AND ULCERS – EXAMINATION

INSTRUCTION

'Examine this lump.'

Inspect

- **Site** most accurately measured with respect to a fixed landmark, such as a bony prominence
- Size measure the dimension in centimeters (if the lump is large enough, be seen to use a measuring tape/ruler, but do not use a tape on a small lump as it can appear awkward)
- o Shape
- o Skin changes
- o Symmetry
- o **Scars**
- o Colour

Ask the patient if the lump is tender before proceeding with palpation.

Palpate

- o Surface smooth/irregular
- Edge well/poorly defined
- Consistency soft/firm/hard
- Temperature using the dorsal surface of the examining fingers or hand
- Tenderness
- Transilluminability using a pen torch on one side of the lump, better after switching off the rom light.
- Pulsatility place a finger on opposite sides of the lump
 - Expansile pulsation = fingers pushed apart
 - Transmitted pulsation = fingers pushed in the same direction (usually upwards)
- o Compressibility/reducibility press firmly on the lump and release
 - Compressible = lump disappears on pressure but reappears on release, e.g. arteriovenous malformations
 - Reducible = lump disappears on pressure but reappears only when another opposite force is applied, such as coughing in hernia examination
- Fluctuation (for small lumps) rest two fingers of one hand on opposite sides of the lump and press the middle of the lump with the index finger of your other hand if the fingers are moved apart, the lump is fluctuant. (*Repeat the test at right angles to the first in order to confirm your findings.*) This is also known as **Paget's sign.**
- Fluid thrill for large lumps ask the patient to place the edge of his hand on the center of the lump and then flick one side of it, feeling the other side for a percussion wave.
- Fixation decide which plane the lump is in by determining which structures it is attached to, e.g.:
- Skin see if you can move the skin over the lump

• **Muscle** – move the lump in two planes perpendicular to each other, ask the patient to then tense the relevant muscle and reassess the motion in the two planes.

Percuss

• Dull/resonant (the latter indicating an air-filled mass).

Auscultate

• Bruits or bowel sounds may be heard.

Finish your examination here

Completion

Say that you would like to:

- Examine the draining lymph nodes
- Assess the neurovascular status of the area/limb
- Look for similar lumps elsewhere
- Perform a general examination (as necessary).

TOP TIP

When assessing consistency, imagine:

• **Soft**, comparable with the consistency of the flesh of your nostrils (i.e. the ala)

- Firm, comparable with your nasal septum
- Hard, comparable with the bridge of your nose.

Mnemonic

We use the following mnemonic to remind us what to do with a lump. It is very useful as an *aide-memoire* for completeness, but note that it does not provide you with the correct order for examination:

{Should The Children Ever Find Lumps Readily}

- S Size/Site/Shape/Surface/Skin changes/ Symmetry/Scars
- T Temperature/Tenderness/Transilluminability
- C Colour/Consistency/Compressibility
- E Edge/Expansility and pulsatility
- F Fluctuation/Fluid thrill/Fixation
- L Lymph nodes/Lumps elsewhere

R – **R**esonance/**R**elations to surrounding structures and their state, e.g. neurovascular status

A note on ulcers

Ulcers should be examined in a similar way to a lump, but important additional points to look for on examination can be remembered in the form of the mnemonic **BEDD**:

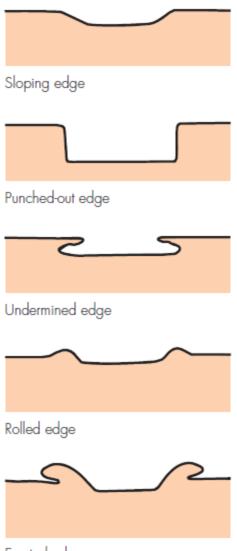
Base. Look for the presence of granulation tissue, slough (i.e. dead tissue) or evidence of malignant change

Edge. Five types of edges to be aware of are: see the figure below

- 1. **Sloping** = a healing ulcer (usually venous or traumatic)
- 2. Punched-out = ischaemic or neuropathic (rarely syphilis)
- 3. Undermined = pressure necrosis or tuberculosis
- 4. Rolled = basal cell carcinoma
- 5. Everted = squamous cell carcinoma

Describe which structure is visualized at the base of the ulcer, e.g. is the ulcer down to fascia, muscle or bone?

Discharge. Is the discharge serous (clear), sanguineous (blood-stained), serosanguineous (mixed) or purulent (infected)

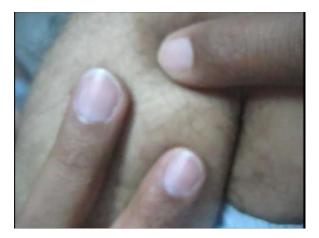


Everted edge

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Transilluminability



Fluctuation

روابط فيديوات

ملاحظة: انسخ الرابط على اليوتيوب وسيظهر لك عنوان الفيديو المذكور

- 1. How To Elicit Fluctuation In Small & Large Swelling? https://youtu.be/LYPXZ_elvxE
- 2. Transillumination Test For Hydrocele using pen torch https://youtu.be/BHnl1ltqFiQ
- 3. Examination of an ULCER https://youtu.be/S1FpVuyUJ6Q
- 4. Examination of Swelling for Medical Students <u>https://youtu.be/GUX6UpRiU9c</u>

مقراح فؤاح