

## 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?
- 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)
- **Shape**
- **Skin changes**
- **Symmetry**
- **Scars**
- **Colour**

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

#### Palpate

- **Surface** – smooth/irregular
- **Edge** – well/poorly defined
- **Consistency** – soft/firm/hard
- **Temperature** – using the dorsal surface of the examining fingers or hand
- **Tenderness**
- **Transillumination** – using a pen torch on one side of the lump, better after switching off the room 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)
- **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** – **Resonance/Relations 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)



Sloping edge



Punched-out edge



Undermined edge



Rolled edge



Everted edge



**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](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  
<https://youtu.be/GUX6UpRiU9c>

مقداد فؤاد