

Inspection

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Scars, abdominal distension, visible peristalsis or abdominal masses, dilated veins, pulsation or abdominal wall swelling suggestive of hernia should all be carefully sought. The size and location of scars from previous surgery may provide some insight into the nature of the intervention that was performed (see Chapter 7). In an abdominal emergency look for Grey Turner's sign – skin discoloration of the flanks due to retroperitoneal haemorrhage in severe acute pancreatitis and leaking abdominal aortic aneurysm. Cullen's sign – discoloration around the umbilicus – may indicate severe acute pancreatitis, ruptured ectopic pregnancy or trauma to the liver. In these situations, blood tracks to the umbilicus along the ligamentum teres (Figure 63.3). These signs are better appreciated in a fair-skinned patient. In a patient with acute abdominal pain, it is important to observe whether the abdominal wall moves with respiration. In a thin patient with diffuse peritonitis may be unable to lie flat. George Grey Turner, 1877–1951, Professor of Surgery, at the University of Durham (1927–1934) and at the Royal Postgraduate Medical School, Hammersmith Hospital, London, UK (1935–1946). Thomas Stephen Cullen, 1868–1953, Professor of Gynecology, the Johns Hopkins University, Baltimore, MD, USA, described the sign in ruptured ectopic pregnancy in 1916. – – vi – – the abdominal wall will have a 'scaphoid' appearance owing to protective contraction of the rectus abdominis muscles. It is often appropriate to ask the patient to cough gently – this will evoke sudden discomfort in the area of underlying peritoneal irritation (equivalent to eliciting rebound tenderness, but not as distressing for the patient). A visible 'cough impulse' will also help to identify an abdominal wall hernia, if present. – A rounded, symmetrical contour of the abdomen with bulging flanks is seen in the presence of ascites. Visible abdominal masses, mobility on respiration and peristalsis are all best observed if the clinician kneels by the patient's bed so that the eye is at the level of the patient's anterior abdominal wall. The same position is useful during palpation for abdominal flat and abdominal masses (Figure 63.4). In a thin patient, visible bowel loops give clues about the pathology: an overdistended, bean-shaped loop is seen in caecal volvulus, which characteristically points towards the left upper quadrant, and in sigmoid volvulus, which points towards the right upper quadrant.

Figure 63.3 Cullen's and Grey Turner's sign of skin discoloration of the flanks and around the umbilicus (courtesy of Mr Pradip Datta, Honorary Consultant Surgeon, Wick, Scotland). Figure 63.4 Eye at the level of patient's abdominal wall.

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