

MRCPCH revision: Abdominal station - S Constantinou

- ▶ 0:00: Intro Stacey & Sophie!
- ▶ 2:03: Top Tips Tim Wartow & Dave Gallacher
- ▶ 3:15: Structure of the abdominal exam
- ▶ 3:36: WIPER – exposure from iliac crest up, maintain patient dignity, check PAIN.
- ▶ 4:12: Inspection, Palpation, Percussion and Auscultation

- ▶ 4:17: Inspection - Around the room, Patient generally, close up: hand, arms, face (eyes, mouth, teeth, behind ears), precordium / chest, abdominal inspection.
- ▶ 7:24: palpation – superficial / deep, liver / spleen / kidneys – check pain
- ▶ 8:25: percussion liver and spleen – start in RIF and don't forget to go under the umbilicus!
- ▶ 9:27: auscultation – bowel sounds & gather thoughts
- ▶ 9:45 "To complete my examination I would like to take the HR BP examine the external genitalia and hernial orifices and plot height and weight on appropriate chart"

- ▶ 10:20: Focus on Scars
 - ▶ Have a go at labelling the diagram on the next page! No cheating!
- ▶ 11:10: Focus on Organomegaly
 - ▶ Have a system for giving answers

▶ 12:15: Differential Diagnosis Hepatomegaly

Category	Example
Storage disorders	Gauchers Niemann Picks Glycogen storage disorders Consequence of CF or TPN
Obstructive	CCF
Other 'rare'	Wilson's Disease Alpha 1 antitrypsin Congenital hepatic fibrosis

Unlikely in exam but important

Neoplastic e.g. lymphoma, leukaemia, neuroblastoma or primary liver tumour, **Infective**: e.g. hepatitis A, B or EBV

▶ 13:20 Differential Diagnosis Splenomegaly

Category	Example
Haemolytic disorders	Hereditary spherocytosis Sickle cell anaemia Thalassaemia (extramedullary haematopoiesis)
Infiltration	Gaucher's Disease
Disordered Flow	Portal hypertension Cirrhosis Cardiac failure
Autoimmune	JIA / SLE

Unlikely in exam but important

Neoplastic causes: leukaemia, Hodgkins disease
Infective: sepsis, EBV, malaria.

▶ 14:46: Focus on Obesity

- ▶ Comment sensitively on patient's weight, plot BMI on appropriate chart

- ▶ **Genetic causes:** Trisomy 21, Klinefelter, Prader Willi, **Endocrine:** Growth Hormone deficiency, hypothyroidism, Cushing's syndrome (or steroid treatment) **Oncological:** Pituitary tumour, or as a side effect of steroids.

▶ 16:42: Top tip on Investigations – use a **structure**→

▶ 17:55: Focus on: glycogen storage diseases. Tip: try and get to a specialist clinic.

- ▶ E.g.GSD type 1- short, doll like face, hepatomegaly, renomegaly, intellectual disability. Hypoglycaemia, overnight glucose infusions or continuous feeds, cornstarch, long term monitoring: renal stones, hepatoma, plt dysfunction

▶ 19:55: Focus on portal hypertension

- ▶ Splenomegaly! Doesn't necessary mean the liver is failing. Also reduced muscle bulk, cutaneous portosystemic shunt (caput medusae, haemorrhoids), ascites & **you may or may not find hepatomegaly**

- ▶ Differential diagnosis of portal hypertension:

Category	Example
Pre-hepatic (obstructive) causes	Portal vein obstruction
Hepatic causes:	Cirrhosis Neoplastic Congenital hepatic fibrosis
Post hepatic	Budd Chiari Right ventricular failure

- ▶ 21:00 Focus on Cirrhosis – differential diagnosis: 1. **Biliary tract disorders:** biliary atresia, congenital hepatic fibrosis, CF, sclerosing cholangitis 2.**Genetic:** alpha 1 antitrypsin, wilsons, glycogen storage disease 3. **Nutrition:** PN 4. **Infection:** Hep B, C, CMV

- ▶ 22:50 Outro – change 4 life app! Good luck ☺

14:22 Differential Diagnosis Hepatosplenomegaly

Category	Example
Infiltrative	CF Mucopolysaccharidoses e.g. Hunters or Hurlers syndrome
Haematological	Thalassaemia
Other 'rare'	Congenital Hepatic Fibrosis

Bedside tests, blood tests, imaging, special or 'other' tests

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