

General Examination of the Patient (General Condition of the Patient, Consciousness, Position, Physique), Examination by Parts of the Body: Head, Face, Neck, Limbs, Skin Integuments

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ABSTRACT

Before treating the patient it is necessary to make a correct diagnosis of the disease and to determine its aetiology, i.e. the causes of the disease. The doctor must know well the pathogenesis of any disease, i.e. the way and mechanism of its development, as well as the symptoms by which it can be revealed.

On physical examination the doctor finds out the exact region in which the patient feels pain. On physical examination the doctor can differentiate between strange, rare and particular symptoms and common symptoms.

A number of different procedures is used to establish a diagnosis : history-taking , physical examination , which includes visual examination , palpation , percussion , auscultation , laboratory studies , consisting of urinalysis , blood , sputum and other analyses ; instrumental studies , for example , taking electrocardiograms or cystoscopy , X-ray examination and others.

Methodology for conducting a general examination.

Examination is the first method for an objective examination of the patient. Inspection requires the fulfillment of appropriate conditions: sufficient daylight is necessary, preferably lateral, the patient should be completely undressed if possible. Inspection of the trunk and chest is best done in the vertical position of the subject. The abdomen should be examined in the vertical and horizontal position of the patient. Inspection must be systematic. Neglecting the examination plan, you can miss the most important signs that give a clue to the diagnosis, for example, "hepatic palm", spider veins in cirrhosis of the liver. Examination determines the general condition of the patient, consciousness, physique, constitution, position, nutrition or fatness, and the condition of the external integument.

The value of a general inspection.

General examination as a diagnostic method has retained its importance for a doctor of any specialty, despite the ever-increasing number of laboratory and instrumental research methods. Pathological signs found during the examination of the patient provide significant assistance in taking an anamnesis and making a diagnosis. For example, changes in facial features in acromegaly, emaciation, trembling of the lowered eyelids and fingers, characteristic eye symptoms, enlargement of the thyroid gland in thyrotoxic goiter, etc.

General condition of the patient.

When demonstrating the general examination technique, draws attention to the general condition, which can be satisfactory, moderately severe. The general state is characterized by the following signs of the state of consciousness, posture, gait and nutrition of the patient.

State of consciousness and types of its disorders.

The concept of the state of consciousness is given, which can be clear, stuporous, soporous, coma. Consciousness is characterized as clear if the patient is oriented in his own personality, place, time and environment, adequately and without difficulty answers questions.

Stupor (stunning). The patient is poorly oriented in the environment, answers questions with a delay. A similar condition is observed with concussion, some poisoning.

Sopor (hibernation), from which the patient comes out for a short time with a loud shout or slowdown. Reflexes are saved. A similar condition can be in infectious diseases, in the initial stage of acute uremia.

Coma is an unconscious state characterized by a complete lack of reaction to external stimuli, a lack of reflexes and a disorder of vital functions. In the development of coma, the leading place belongs to circulatory disorders in the brain and anoxia.

Glasgow Coma Scale		
Response	Scale	Score
Eye Opening Response	Eyes open spontaneously	4 Points
	Eyes open to verbal command, speech, or shout	3 Points
	Eyes open to pain (not applied to face)	2 Points
	No eye opening	1 Point
Verbal Response	Oriented	5 Points
	Confused conversation, but able to answer questions	4 Points
	Inappropriate responses, words discernible	3 Points
	Incomprehensible sounds or speech	2 Points
	No verbal response	1 Point
Motor Response	Obeys commands for movement	6 Points
	Purposeful movement to painful stimulus	5 Points
	Withdraws from pain	4 Points
	Abnormal (spastic) flexion, decorticate posture	3 Points
	Extensor (rigid) response, decerebrate posture	2 Points
	No motor response	1 Point
Minor Brain Injury = 13-15 points; Moderate Brain Injury = 9-12 points; Severe Brain Injury = 3-8 points		

The Glasgow Coma Scale (GCS) is a neurological scale which aims to give a reliable and objective way of recording the state of a person's consciousness for initial as well as subsequent assessment.

GCS is used by emergency medical services, doctors and nurses as being applicable to all acute medical and trauma patients. In hospitals, it is also used in monitoring patients in intensive care units.

Types of coma.

The following types of coma are more common.

Alcoholic coma - the face is cyanotic, the pupils are dilated, the breathing is shallow, the pulse is small, rapid, blood pressure low, the smell of alcohol from the mouth.

Apoplexy coma - the face is purple, breathing is slow, deep, noisy, the pulse is full, rare.

Anemic coma - "dead" pallor, clammy sweat, thready pulse, deafness of heart sounds, hypotension.

Hypoglycemic coma - in the treatment of diabetes with insulin, pale, moist skin, increased muscle tone, convulsions.

Diabetic (hyperglycemic) coma - with advanced diabetes mellitus. The smell of acetone, the skin is dry, muscle tone and tendon reflexes, muscle tone of the eyeballs is reduced. **Hepatic coma** - with acute dystrophy and necrosis of hepatic parenchyma and in the final period of liver cirrhosis. Clinical signs of convulsions, Kussmaul's breathing, "liver smell" from the mouth, an increase or decrease in the liver, jaundice.

Uremic coma - in acute toxic and in the final period of chronic kidney disease. Breath of Kussmaul or Cheyne-Stokes muscle twitching. **epileptic coma** - face cyanotically, clonic and tonic convulsions, bite of the tongue, involuntary urination and defecation, pulse quickened, eyeballs are diverted to the side, pupils are wide, breathing hoarse.

The position of the patient.

The position of the patient is demonstrated: passive, active, forced. The active situation is characteristic of patients with relatively mild diseases or in the initial stages of severe diseases. The patient easily changes his situation depending on the circumstances. Passive situation is observed in the unconscious or extreme weakness. The patients are motionless, the head and limbs hang due to their gravity, the body slides off the pillows to the foot end of the bed. The patient takes the forced position to weaken or stop the painful sensations he has (pain, cough, shortness of breath, for example, the position of orthopnea reduces the severity of shortness of breath with circulatory failure. side, limiting the movement of pleural leaves. In cerebrospinal meningitis, the position on the side with the head thrown back and brought to the abdomen bent at the knee joints legs. stomach or duodenum ulcer). Forced lying position on the abdomen in patients suffering from a tumor of the tail of the pancreas. With effusion pericarditis, the patient sits bent forward.

Physique - types of constitution.

Constitution (constitutio) - a set of functional and morphological features of an organism, formed on the basis of hereditary and acquired properties, and determining its response to the effects of endo and exogenous factors.

There are three types of constitution.

1. The asthenic type is characterized by a predominance of longitudinal dimensions over transverse ones, limbs - over the body, chest - over the abdomen.

The heart and parenchymal organs of the asthenic are relatively small in size, the lungs are elongated, the intestines are short, the mesentery is long, the diaphragm is low. Arterial pressure is lowered, VC is increased, gastric secretion and motility, intestinal absorption capacity, blood hemoglobin, erythrocytes are reduced.

In the blood, the level of cholesterol, calcium, uric acid, sugar is reduced, Hypofunction of the adrenal glands and gonads, hyperfunction of the thyroid gland and pituitary gland.

2. Hypersthenic type - transverse dimensions prevail over longitudinal ones. The abdomen dominates the chest. The diaphragm is high. Internal organs, with the exception of the lungs, are relatively larger than those of asthenics. The intestines are longer, thick-walled. Persons of the hypersthenic type are characterized by high blood pressure, a higher content of hemoglobin, erythrocytes and cholesterol. Hypermotility and hypersecretion of the stomach. Secretory and suction functions are high. Hypofunction of the thyroid gland and increased function of the gonads and adrenal glands.

3. The normosthenic constitution is distinguished by the proportionality of the physique and occupies an intermediate position between asthenic and hypersthenic.

"Examination by parts of the body: head, face, neck, limbs, skin"

The condition of the skin and visible mucous membranes.

When examining the skin, pay attention to the color, elasticity, skin moisture, the presence of spider veins, scars, xanthelasma, pigmentation and rashes. Pale skin coloration takes on a characteristic shade in various forms of anemia: icteric - with Addison-Birmer anemia, greenish - with chlorosis, earthy - with cancerous anemia, brown - with malaria, "coffee with milk" color - with septic endocarditis, red color - with fevers, overheating of the body, erythremia. Cyanosis is observed with insufficient blood supply, lung diseases. Yellow coloration of the skin is associated with liver pathology. Dark brown coloration of the skin is observed with insufficiency of adrenal function.

The elasticity of the skin is determined by taking the skin (usually the abdominal wall and the extensor surface of the arm) into a fold with two fingers.

Skin rashes are diverse in shape, size, color, persistence, distribution (roseola, erythema, wheal, purpura).

Roseola is a spotty rash 2-3 mm in diameter that disappears with pressure (typhoid fever, paratyphoid diseases, syphilis). A blistering rash appears on the skin in the form of round or oval, very itchy blisters (with allergies).



Herpetic rash - bubbles with a diameter of 0.5 to 1 cm. They first contain a clear, and then turbid liquid (with lobar pneumonia, malaria, influenza).



Purpura - skin hemorrhages in Werlhof's disease, hemophilia, scurvy, obstructive jaundice.



Condition of the subcutaneous fat. The development of the subcutaneous fat layer can be normal and to varying degrees increased or reduced. Excessive development of the subcutaneous fat layer - obesity can be caused by both exogenous and endogenous causes. Insufficient development of the subcutaneous fat layer is due to the constitutional characteristics of the body, malnutrition, and violation of the activity of the digestive organs. The extreme degree of emaciation is called cachexia. It is observed with prolonged intoxication, malignant neoplasms, tuberculosis, diseases of the pituitary gland, thyroid and pancreas.

Edema may be due to the release of fluid from the vascular bed through the walls of the capillaries and its accumulation in the tissues. In addition to examination, edema is detected by pressing a finger on the skin covering the bone formations. In the presence of edema, after removing the finger, a hole remains, disappearing after 1-2 minutes.

Pay attention to the type of hair growth. Excessive body hair (hypertrichosis) may be congenital or due to tumors adrenal cortex, gonads. A decrease in hair growth is observed with cirrhosis of the liver, eunuchoidism and infantilism.

Technique of research of lymph nodes.

The teacher shows the method of palpation of the lymph nodes. Determines their size, consistency, soreness, mobility, their fusion with each other and with the skin. Inflammatory processes in the oral cavity lead to an increase in the submandibular lymph nodes. An increase in the cervical lymph nodes occurs with pulmonary tuberculosis, cancer of the stomach, intestines can metastasize to the lymph nodes of the neck (left). An increase in axillary lymph nodes in breast cancer. Systemic enlargement of the lymph nodes is observed in lymphocytic leukemia, lymphogranulomatosis, lymphosarcomatosis.

Methodology for the study of muscles, bones, joints.

When examining the muscular system, the degree of its development, the presence of atrophy, and pain on palpation are determined.

Then they pay attention to various kinds of defects on the part of the bones of the skull, chest, spine and limbs.

The soreness of the bones during effleurage is determined.

When examining the joints, attention is paid to their configuration, limitedness and pain during active and passive movements, swelling, hyperemia of nearby tissues.

Head examination.

After a general examination, an examination by parts of the body is demonstrated: the head, its shape and size, position.

An excessive increase in the size of the head occurs in hydrocephalus. An abnormally small head (microcephaly) is observed with mental underdevelopment. The square shape of the head with prominent frontal tubercles is found in congenital syphilis, rickets.

The position of the head has a diagnostic value in cervical myositis, spondyloarthritis. Shaking of the head occurs with parkinsonism, pulsation of the head with aortic valve insufficiency (Musset symptom). They even pay attention to facial expressions, coloration, changes in features.

Face examination.



1. Bird facies 2. Chipmunk facies 3. Leonine facies
4. Adenoid facies 5. Torpid or Myxedematous facies
6. Mask like or Parkinsonian facies 7. Acromegaic facies
8. Cushingoid facies 9. Gargoyle facies

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1. A puffy face occurs in diseases of the kidneys, as a result of venous congestion during attacks of suffocation and coughing, in case of compression of the lymph nodes, compression of the superior vena cava ("Stokes' collar").

2. The "face of Corvisart" is characteristic of heart failure.

3. Feverish face (facies febrilis) - with lobar pneumonia, typhus and typhoid fever, tuberculosis has its own distinctive features.

4. Changed facial features in endocrine disorders:

a) **acromegalic face** with an increase in protruding parts (nose, cheekbones, chin) - with acromegaly and pregnancy;



b) **myxedematous** face with a decrease in thyroid function: swollen with small palpebral fissures, with no hair on the outer halves of the eyebrows;

v) **facies basedovica** with hyperfunction of the thyroid gland with dilated palpebral fissures, bulging eyes, enhanced eye brilliance;

d) **a red, moon-shaped face** with the development of a beard and mustache in women is characteristic of Itsenko-Cushing's disease.

5. "**Lion's face**" with lumpy nodular thickening of the skin under the eyes and above the eyebrows with a dilated nose is observed in leprosy.

6. "**Parkinson's mask**" - amimichesky person at encephalitis.

7. **The face of the "wax doll"** is puffy, very pale with a yellowish tint in patients with Addison-Birner anemia.

8. **Risis sardonius** - sardonic laughter in tetanus.

9. **Face of Hippocrates** (facies Hyppocratica): sunken eyes, pointed nose, deathly pale skin with a bluish tint, covered with large drops of sweat occurs in severe diseases of the abdominal organs.

10. **Asymmetry of movements** of the muscles of the face after a hemorrhage in the brain or neuritis of the facial nerve.

Further examination: eye (bulging eyes, sunken eyes, mydriasis, anisocaria, etc.); eyelids (ptosis, xanthomas); nose (enlargement at acromegaly, induration with syphilis, sudden respiratory movements with shortness of breath); lips (cyanosis, condition of the corners of the mouth: symmetry, the presence of cracks, rash of bubbles); oral cavity (teeth, gums, tongue,

tonsils).

For a number of diseases, the **type of language** has its own characteristics: a) clean, red, wet - in peptic ulcer; b) raspberry - with scarlet fever; c) dry, cracked and dark brown in the center and clean at the tip and along the edges - with typhoid; d) polished tongue - in Addison-Birmer's disease "lacquered" - stomach cancer, pellagra, ariboflavinosis.

Neck inspection. When examining the neck, attention is paid to the pulsation of the carotid arteries, swelling and pulsation of the external veins, an increase in lymph nodes, an increase in the thyroid gland. Inspection of the limbs. Examination of the limbs allows you to detect varicose veins, swelling, changes in the skin, muscles, trembling of the limbs, deformation, swelling and hyperemia in the joints, ulcers, scars. The fingers in the form of "drum sticks" with a change in the nails in the form of watch glasses are of great diagnostic importance. This symptom is observed in long-term lung diseases (chronic suppurative processes), hearts (subacute septic endocarditis, congenital defects), liver (cirrhosis). The periodically occurring spasm of the vessels of the extremities leads to the appearance of a symptom of a "dead finger" observed in Raynaud's disease. When examining the legs, attention should be paid to flat feet. Saber-shaped tibia are observed in rickets, sometimes with syphilis.