

# PROPAEDEUTICS OF INTERNAL MEDICINE AS AN INTRODUCTION TO THE CLINIC OF INTERNAL DISEASES. CASE REPORT. INQUIRY OF PATIENTS

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Medical University



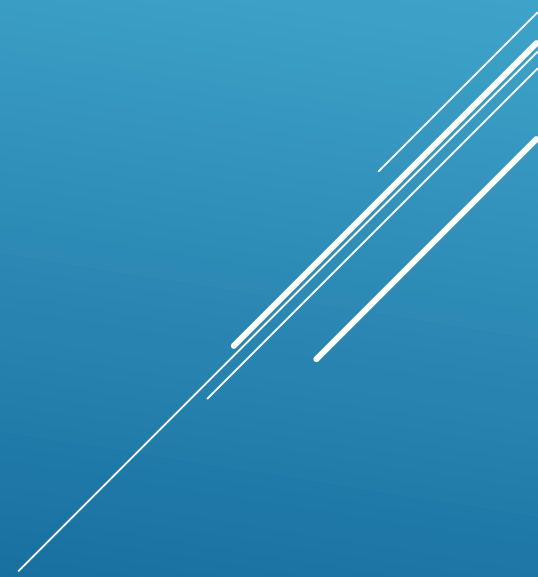
▶ is the word of Greek origin and means introduction or preliminary study

PROPEDEUTICS




- ▶ – is a field of medical science, which outlines the methods and course of the process of the patient's examination, observation and thinking by the doctor about recognizing the illnesses and evaluating the patient's condition with the purpose of prescribing the necessary treatment and prevention

# DIAGNOSTICS



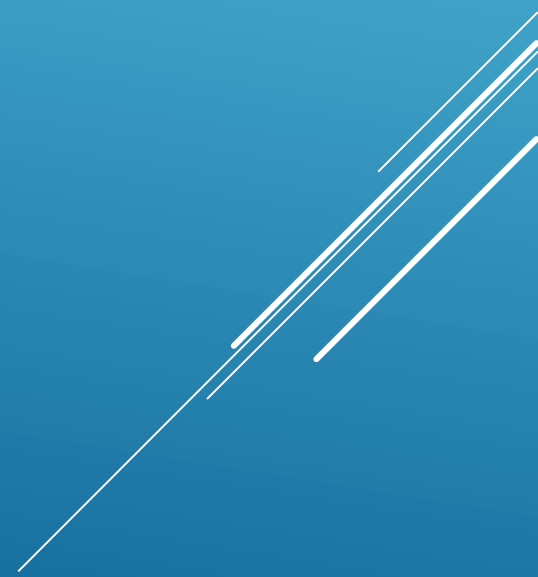
- ▶ From simple to complicated
- ▶ From surface to inside
- ▶ From the top to downwards
- ▶ From common to particular

## COMMON PRINCIPLES OF DIAGNOSTIC

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- 1. INQUIRY.*
- 2. THE GENERAL INSPECTION*
- 3. INSPECTION OF BODIES OVER SYSTEMS AND ORGANS*
- 4. PALPATION*
- 5. PERCUSSION*
- 6. AUSCULTATION*
- 7. Additional methods*

## *METHODOLOGY OF PATIENT ASSESSMENT*



# *INQUIRY.*

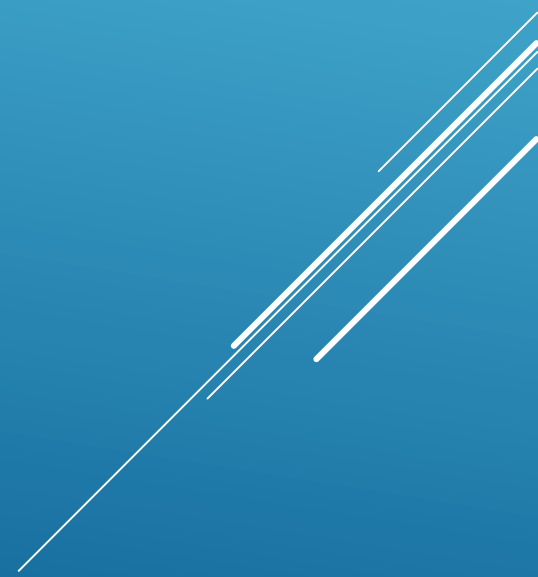
*The general part (name, address, occupation, etc.)*

*Main complaints with detailization*


*System revue*

*History of the present disease*

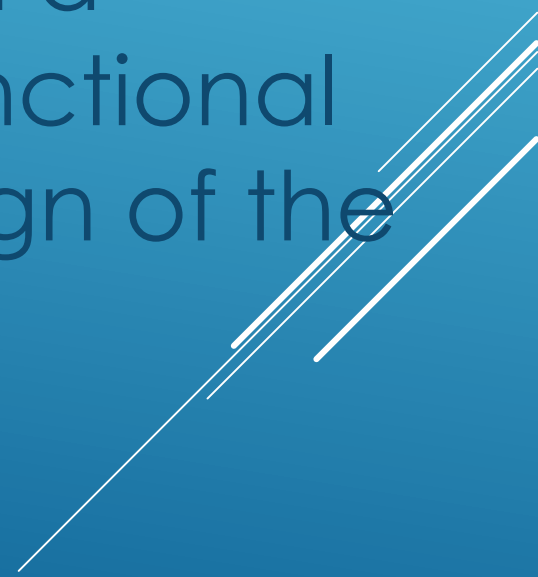
*Life history*



# MAIN PATIENT'S COMPLAINS (PRESENTING COMPLAINTS)

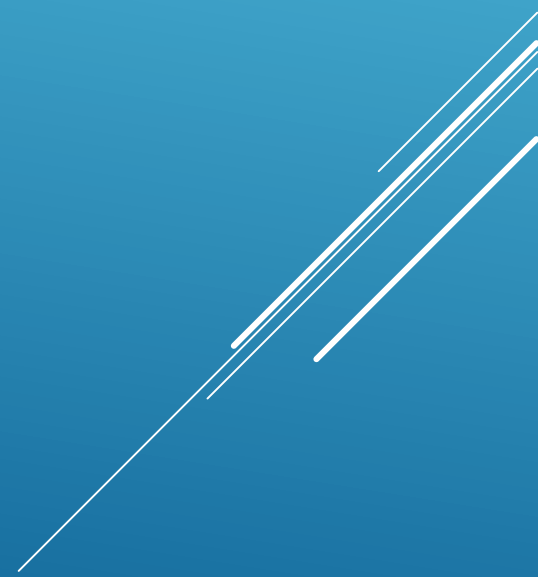
- ▶ It is important that the patient first tells everything that suppresses him. The very nature of the presentation of complaints will allow to determine how critical should be treated with information received from a patient
- 

# COMPLAINTS

- ▶ Complaints are unpleasant sensations that arise when a function or structure of functional systems is disturbed, is a sign of the disease and is subjective.
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# INQUIRY – 8 ELEMENTS OF MAIN PATIENT'S COMPLAINS (PRESENTING COMPLAINTS) DETALIZATION


- ▶ **Localization (where?)**
  - ▶ **Character (what?)**
  - ▶ **Quantity (how many?)**
  - ▶ **Chronology (when? how long? how it is frequent?)**
  - ▶ **Circumstances of occurrence (where? when?)**
  - ▶ **Provocative factors**
  - ▶ **Facilitative factors**
  - ▶ **Associative displays (irradiation)**
- 

- ▶ Information about a patient with a mental disorder or deaf-mute patients can be obtained from relatives or accompanying persons, from a family doctor, as well as from medical records.
- ▶ The patient's story can be inconsistent, chaotic and therefore the doctor should lead the conversation


# SYSTEM REVUE –STATUS PRAESENS SUBJECTIVUS (FUNCTIONAL ENQUIRY)

- ▶ Nervous system and sense organs (dizziness, faints, sleep, memory, infringement of sight, hearing, etc. etc.)
  - ▶ Respiratory system (cough, dyspnoe, sputum, hemoptysis)
  - ▶ Cardiovascular (pains, palpitation, dyspnoe, increase BP)
  - ▶ Digestive tract (pains, nausea, vomiting, eructation, stool infringement, meteorism)
  - ▶ Urogenital system (pains, infringement of urination, etc.)
  - ▶ Locomotory system disorders
- 

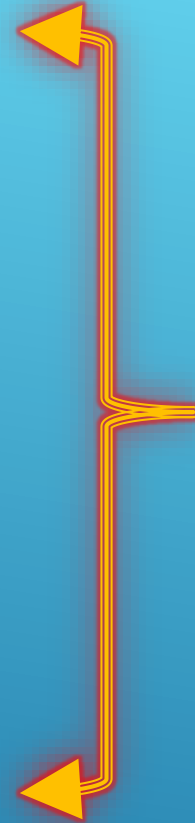
# HISTORY OF DISEASE –ANAMNESIS MORBI (IT IS HISTORY OF PRESENTING COMPLAINTS)

- ▶ How (acute? gradually?) and when did it start?
  - ▶ With what symptoms has begun? What was the first thing noticed?
  - ▶ Progress since then - with aggravations (exacerbations) and remissions?). Exacerbating and alleviating factors.
  - ▶ Ever had it before? The previous inspections, hospitalization, previous therapy and its efficiency
  - ▶ The present exacerbation
- 

# LIFE HISTORY- ANAMNESIS VITAE (PAST MEDICAL HISTORY)

- ▶ Heredity, family history
  - ▶ Previous diseases- especially TB, yellow fever, malaria, cholera, plague, AIDS, jaundice, typhus etc.
  - ▶ Ever in hospital? Illnesses? Operations? Traumas?
  - ▶ The medicinal anamnesis ( allergy to drugs? Side effects of drugs)
  - ▶ Professional harms, social history
  - ▶ Pets
  - ▶ Harmful habits
  - ▶ For women: menstruation, pregnancy, delivery, spontaneous abortion
  - ▶ Sick- leave (sick-list)
- 

- ▶ General inspection
- ▶ Respiratory organs INSPECTION
- ▶ Cardiovascular system
- ▶ Digestive system PALPATION
- ▶ Liver, biliary ways
- ▶ Urogenital system PERCUSSION
- ▶ Blood system
- ▶ Endocrine system AUSCULTATION
- ▶ Nervous system



# OBJECTIVE PATIENT EXAMINATION (STATUS PRAESENS)


Distinguish the general and special (local) inspection

- ▶ The general inspection-the first stage of diagnostic, which help receive notion about the general condition of the patient and also the valuable information necessary for statement of the diagnosis and for judgement about the forecast of disease

**INSPECTION OF PATIENT  
(LOOK AT YOUR PATIENT)**



## Steps of inspection

- ▶ Estimation of a general condition of the patient
  - ▶ Consciousness estimation
  - ▶ Posture of the patient
  - ▶ The constitution
  - ▶ Body temperature
  - ▶ Integuments, subcutaneous fat cellulose and lymph nodes
  - ▶ Inspection of the face, head, tongue, neck, chest, abdomen
  - ▶ Inspection of extremities and muscular system
- 
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## GENERAL CONDITION AND CONSCIOUSNESS

1 - The general condition of the patient are:  
satisfactory

moderate

serious

critical

agonize

2 - Consciousness: clear or altered

stupor – stun, numbness condition

sopor - unusual deep sleep

coma – absence of consciousness and reflexes

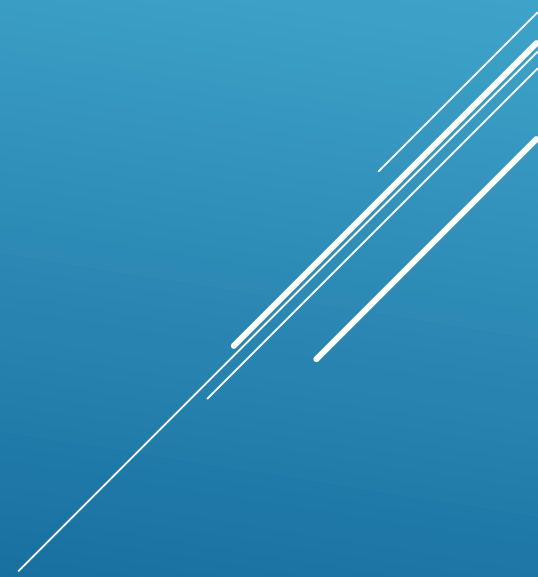


- ▶ is a acute sharp confusion of consciousness with a rough disorientation in the environment and his own personality. Characteristic anxiety and fear, motor excitement, sometimes with aggression, visual and auditory hallucinations, vivid experiences, followed by amnesia.
- ▶ **Causes:** Alcoholism. Intoxication (with pneumonia in people who abuse alcohol). Atropine poisoning. Endogenous intoxication (diabet, uremia, porphyria). Metastasis of tumors in the brain.

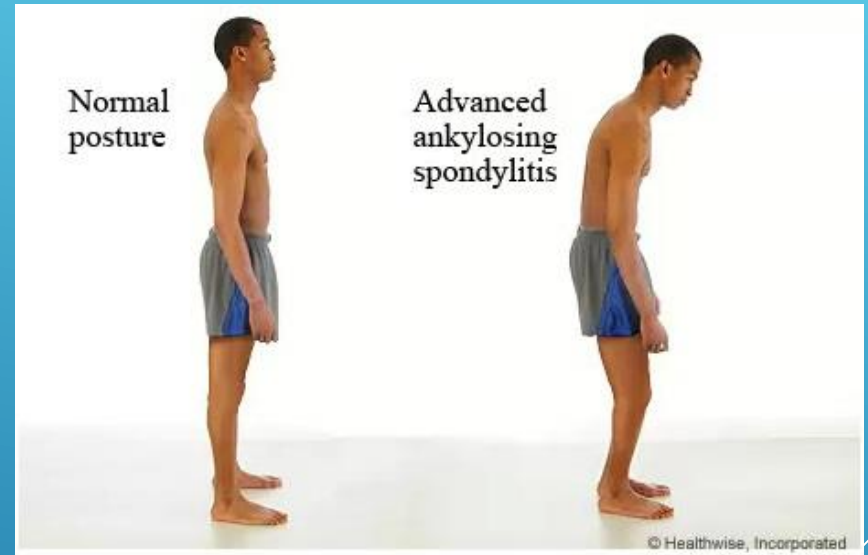
## DELIRIUM

- ▶ Are manifested by disorientation, the appearance of frightening hallucinations, anger, fear, agitation with aggression. Patients are prone to destructive actions. There is complete **amnesia** of actions during the twilight state.
- ▶ There may appear "**automatic gestures**" - involuntary movements - stroking, rubbing, feeling the blanket, pulling a blanket, trying to throw away a non-existent object.

## TWILIGHT CONSCIOUSNESS DISORDERS



- ▶ Speech of the patient.
- ▶ Voice.
- ▶ Patient's walk.



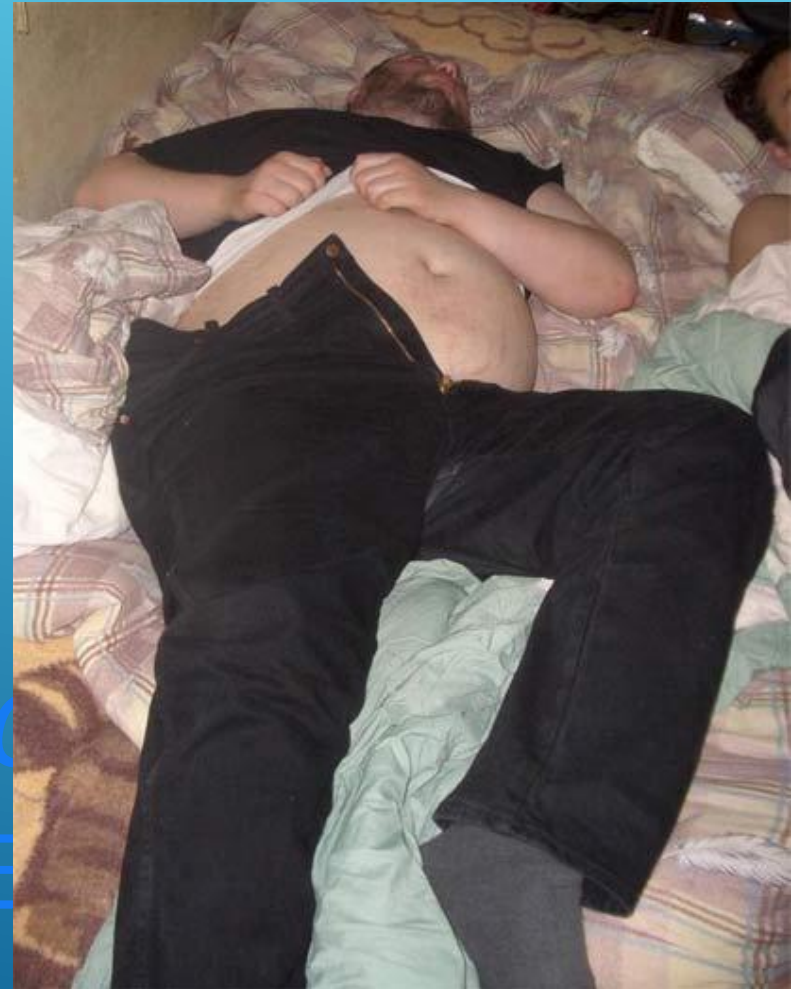
pose of "supplicant"

# GENERAL INSPECTION

▶ **Active** - the position any way selected the patient without visible restrictions

▶ **Passive** - the patient is in that position, which it have given and cannot change it independently

**POSTURE** (THE POSITION)  
A PATIENT LYING IN BE

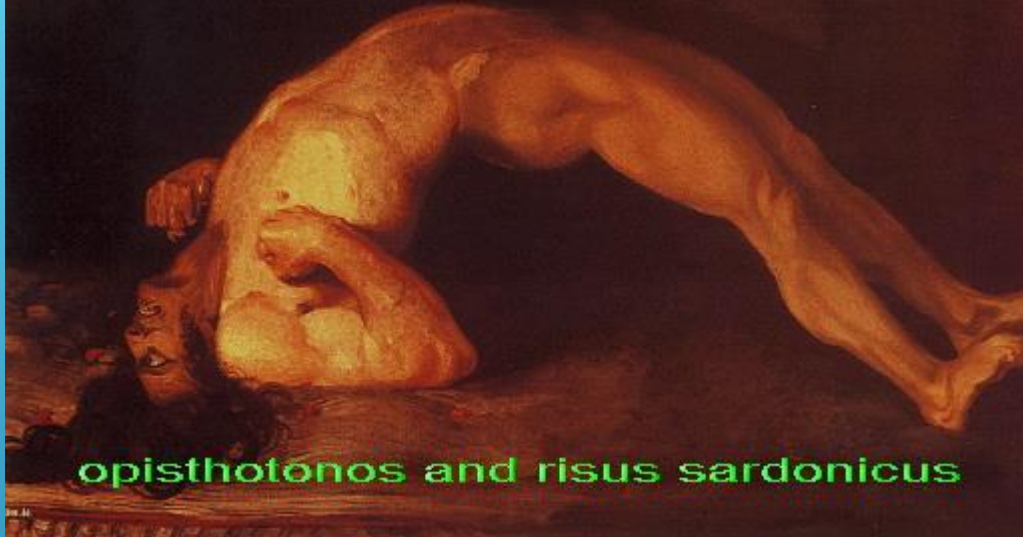


**The forced (stimulated) position of the patient, which he took for simplification of the condition (reduction of pains, dyspnoe etc.)**



Ortopnoe

Original in the Royal College of Surgeons of Edinburgh,  
Scotland



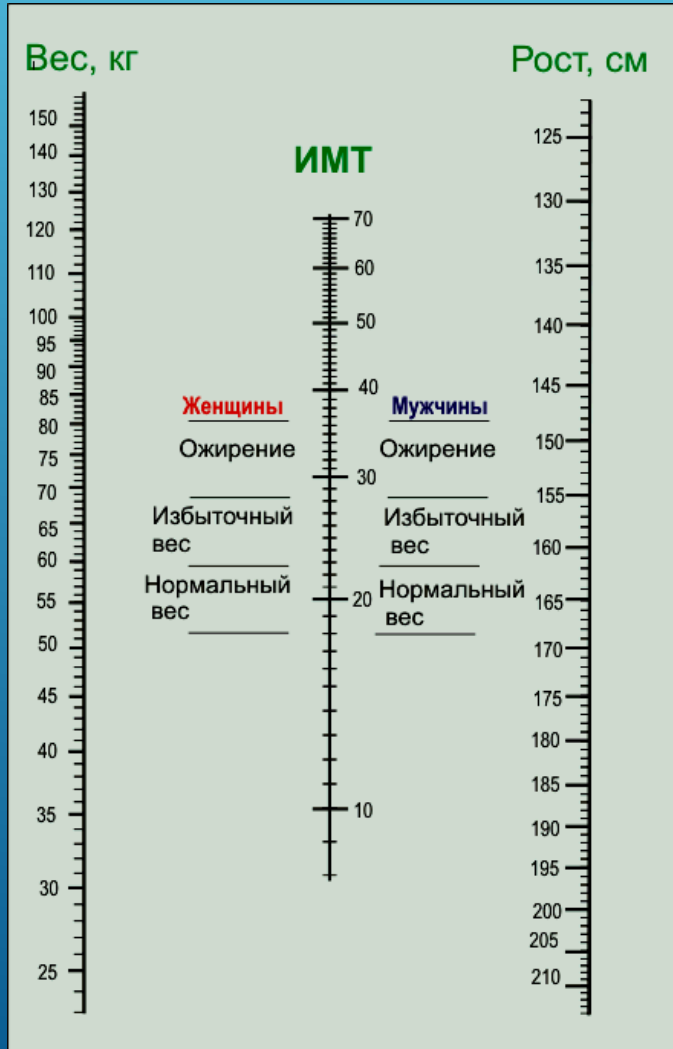
opisthotonos and risus sardonicus



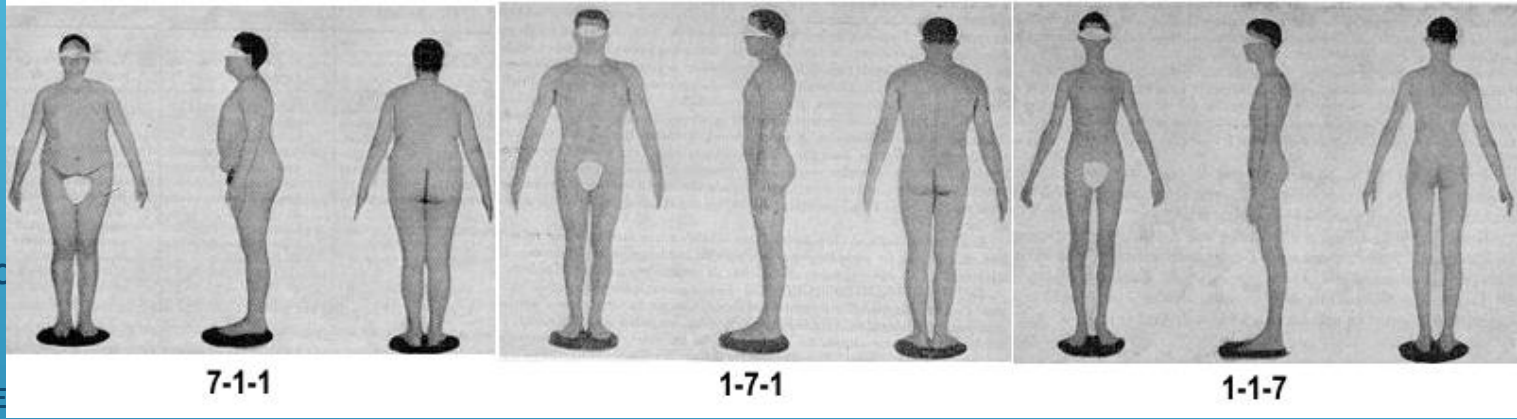
# Constitution and body structure

determination of body mass index  $BMI = \text{weight (kg)} : \{\text{height (m)}\}^2$

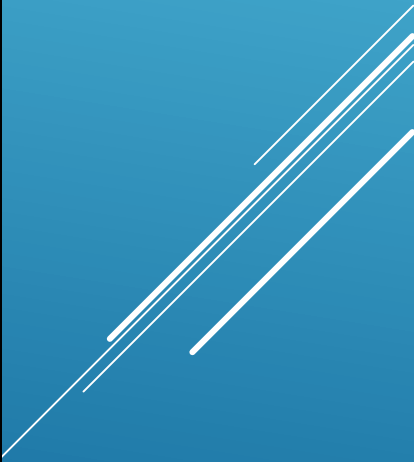
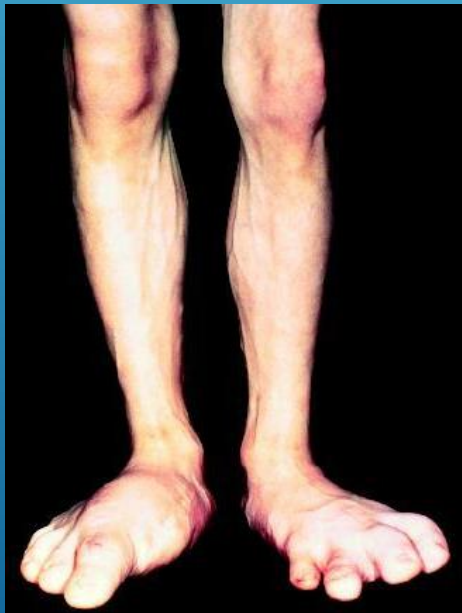
20-24 normal weight, 25-30 surplus body mass, 30-34 obesity 1st degree,  $\geq 35$  pronounced obesity



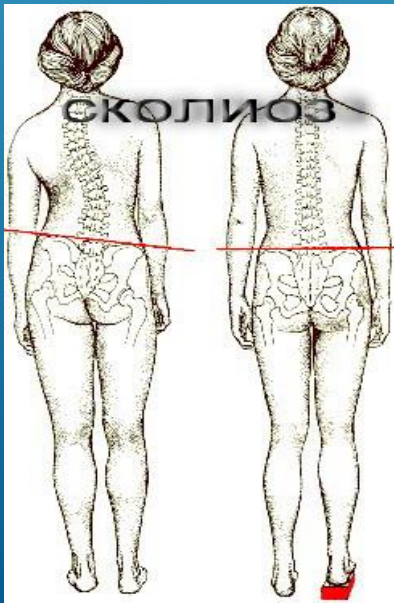
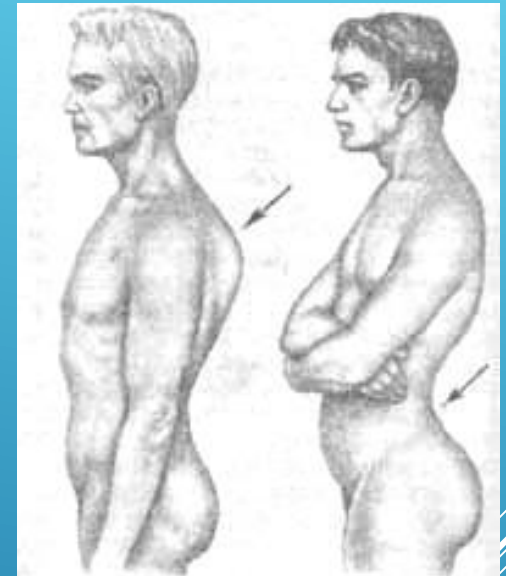




- ▶ E
- ▶ Mesomorph (1
- ▶ Ectomorph (1-



# CONSTITUTION AND BODY STRUCTURE



# TEMPERATURE CURVES

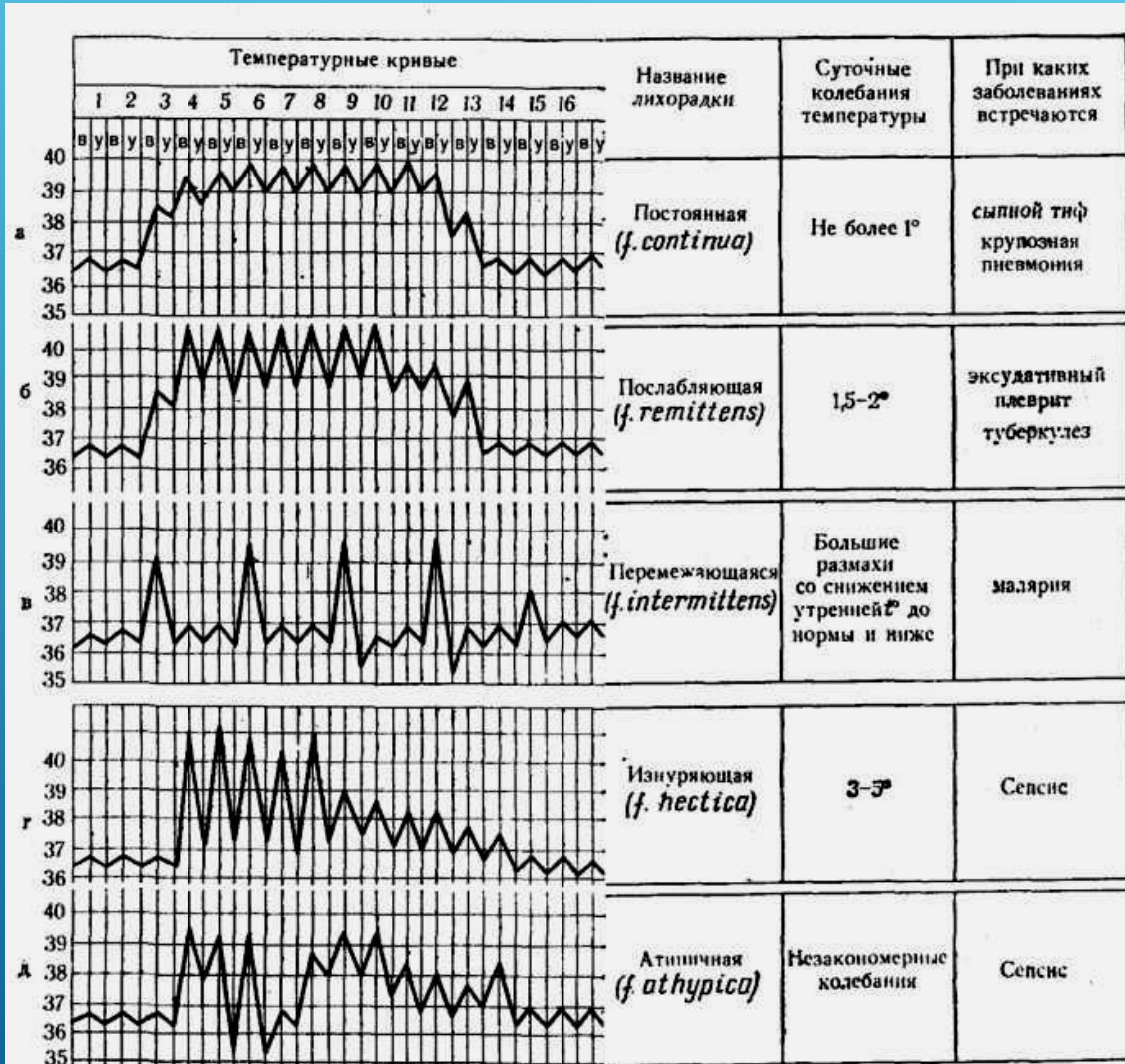
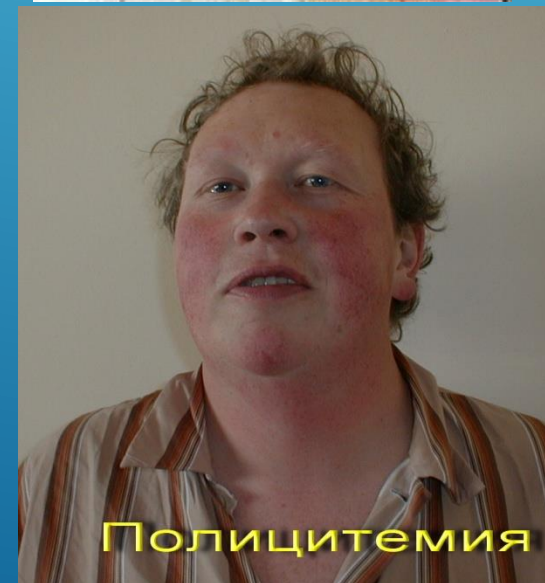


Рис. 24. Типы температурных кривых при некоторых лихорадочных заболеваниях.

# INSPECTION OF HEAD AND FACE



# MOON FACE, CUSHINGOID

## HIPPOCRATIC FACIES

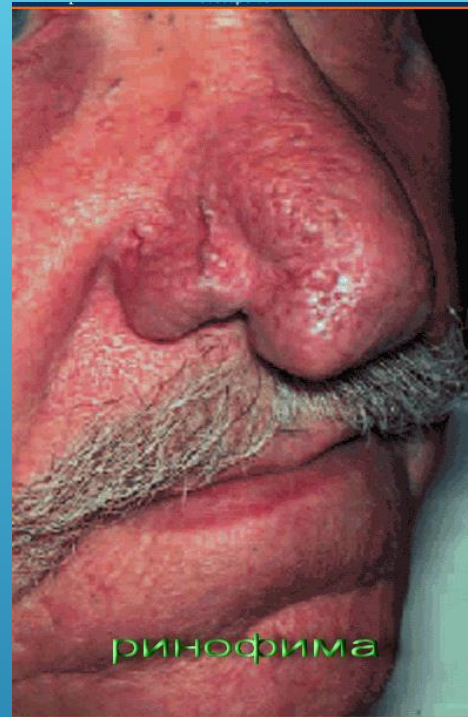
In late generalised peritonitis, circulatory failure ensues, with cold, clammy extremities, sunken eyes, dry tongue, thready (irregular) pulse and drawn and anxious face

facies Hippocratic



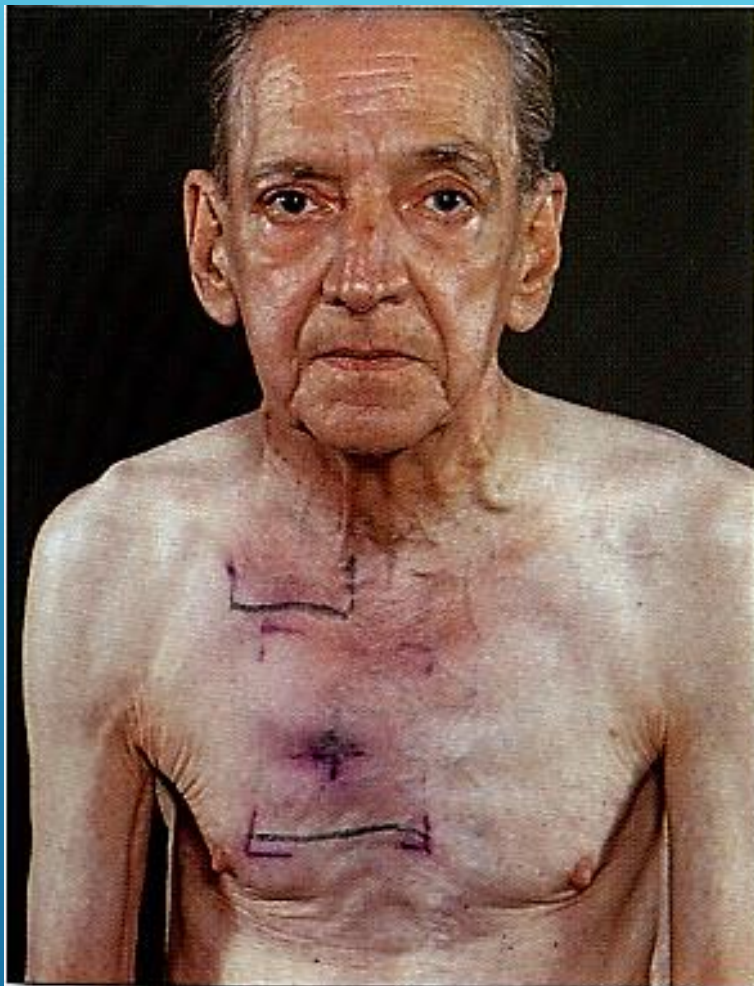
# INSPECTION OF HEAD AND FACE

# INSPECTION OF FACE AND NECK





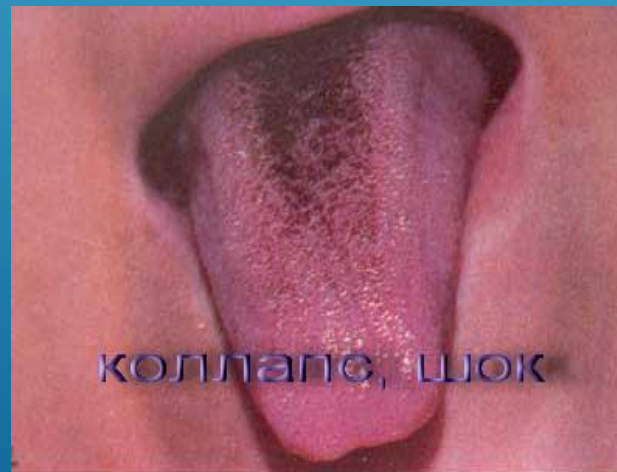
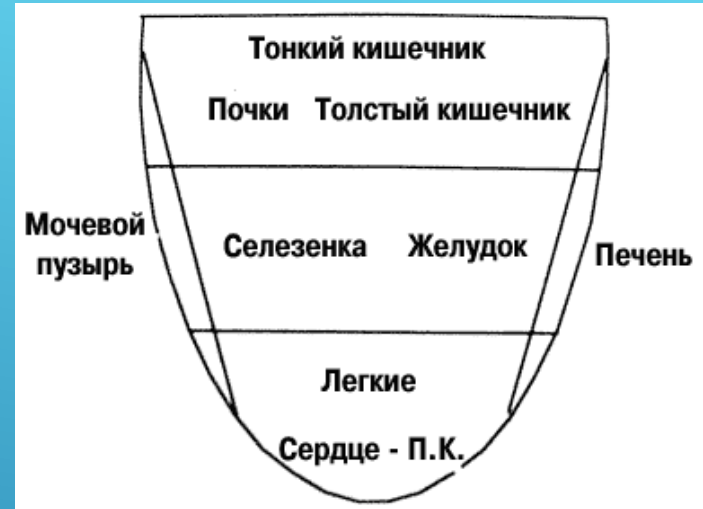
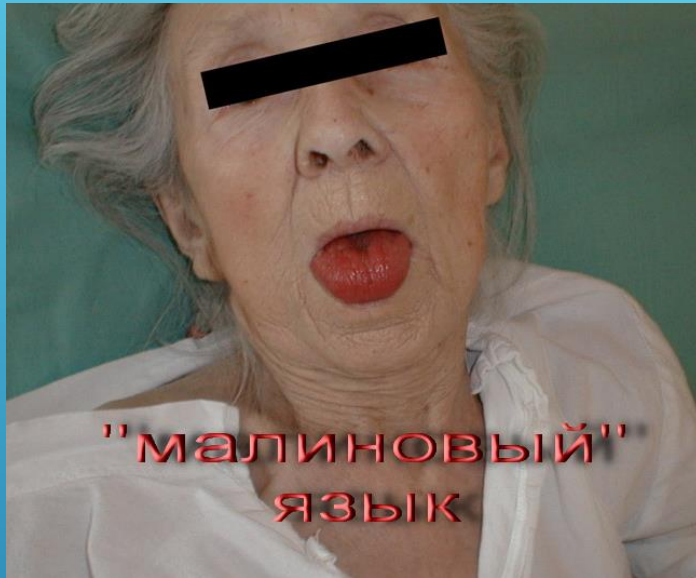
# Inspection of the neck



**554. Синдром верхней полой вены:**  
**до лучевой терапии.** Нарушение венозного оттока проявляется одутловатостью и покраснением лица. Видны отеки под глазами.

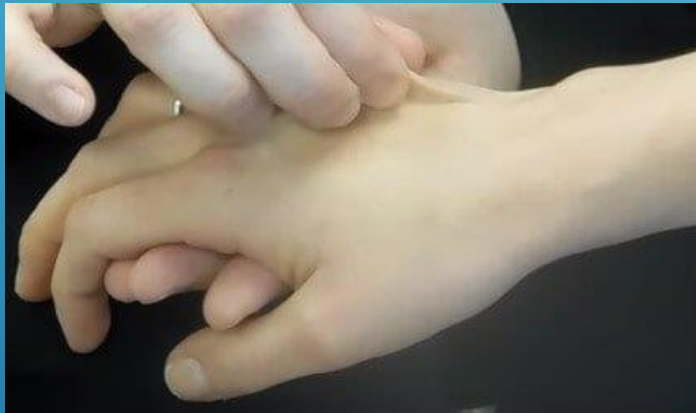


# INSPECTION OF TONGUE



# SKIN AND VISIBLE MUCOSA - TURGOR





TURGOR

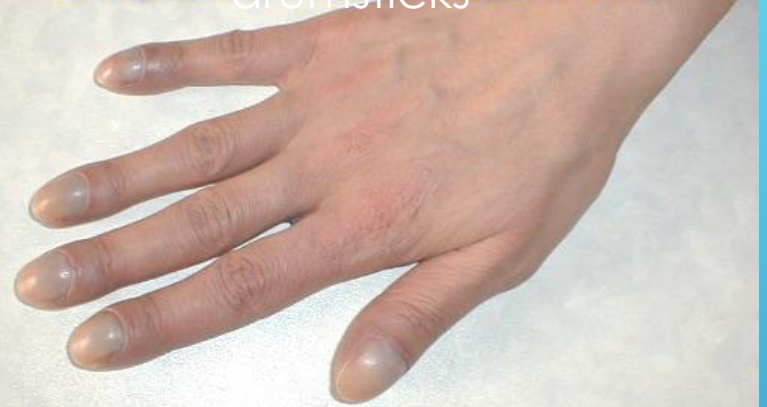
# SKIN AND VISIBLE MUCOSA, NAILS



Central cyanosis



Fingers in the form of "drumsticks"



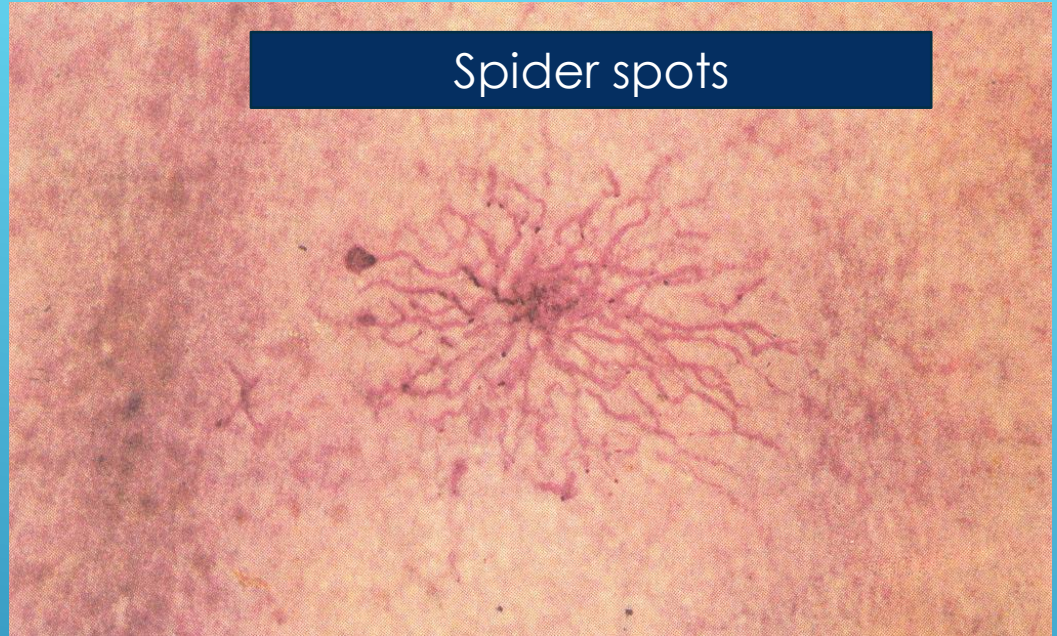
Koilonyhia



palmar erythema



Spider spots



erythema nodosum



Osler's nodules



©George Finkelman/MD



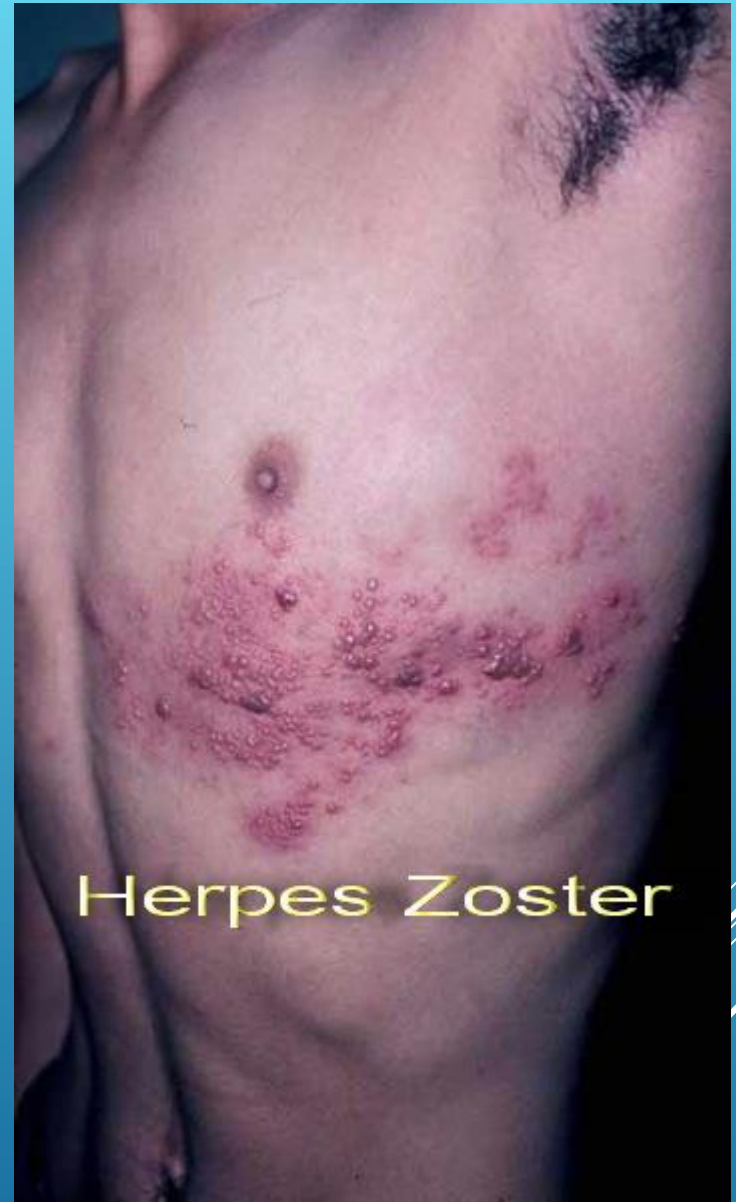
Hematoma



Petechia



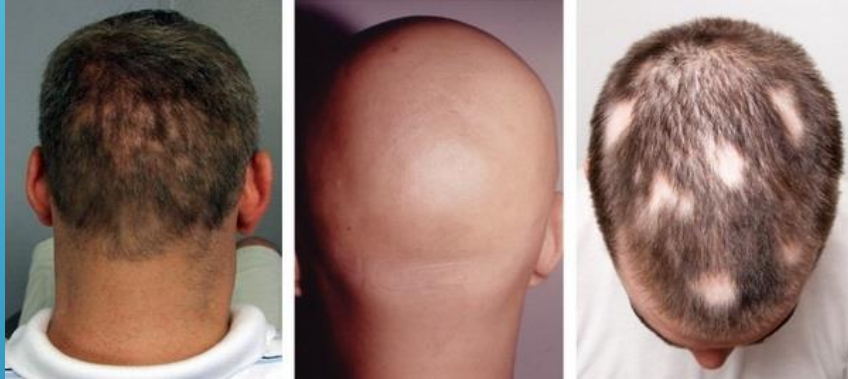




# HYPERTRICHOSIS (HIRSUTISM) - EXCESSIVE HAIR GROWTH

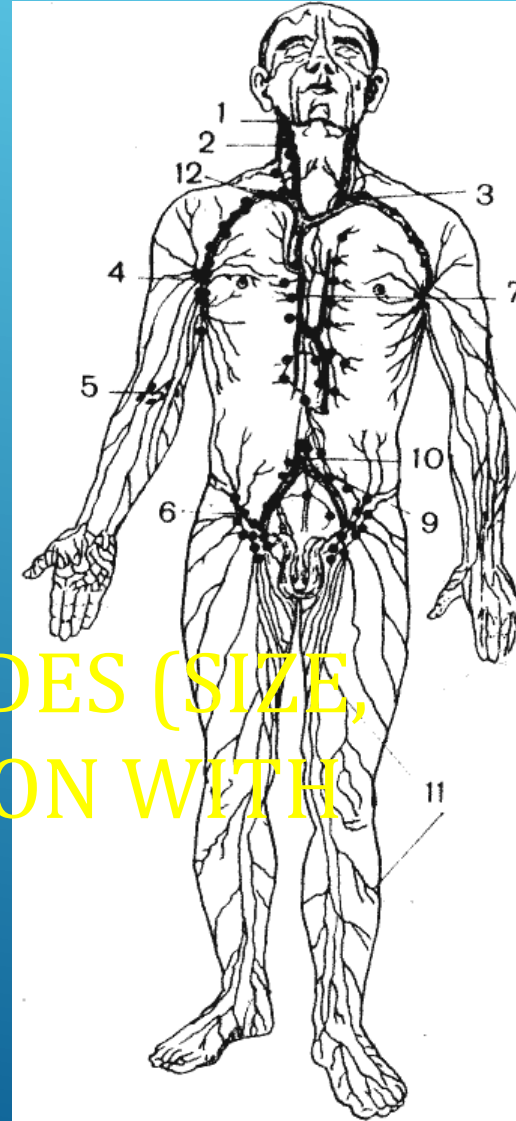


# ALOPECIA - PATHOLOGICAL HAIR LOSS



инфекционный  
моноклеоз

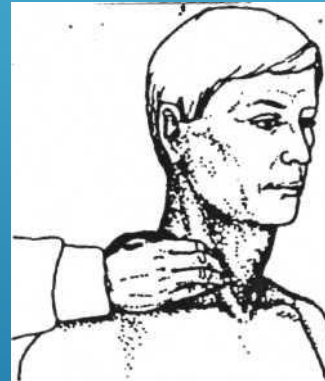
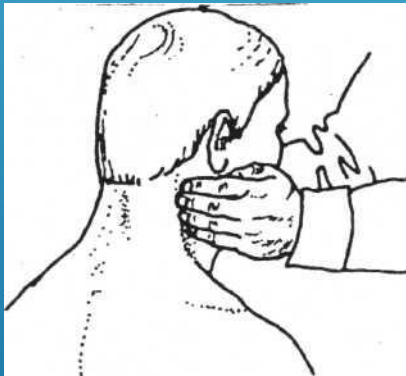
PERIPHERAL LYMPH NODES (SIZE,  
PAIN, MOBILITY, ADHESION WITH  
SOFT TISSUES)



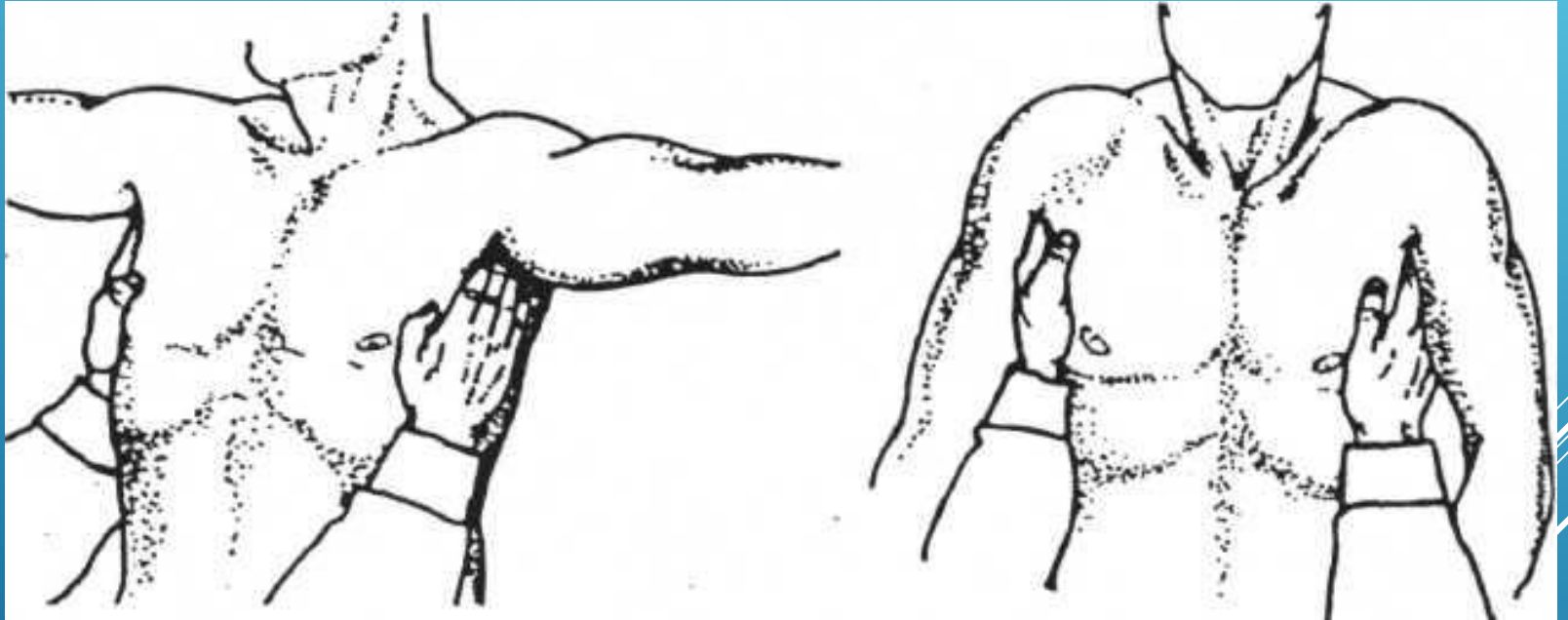
# PALPATION OF THE CHIN AND SUBMANDIBULAR LYMPH NODES



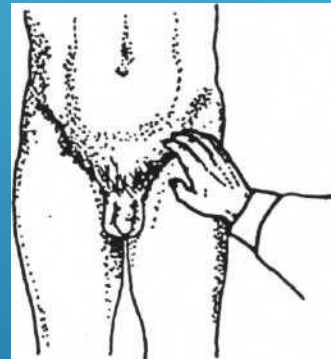
# PALPATION OF THE POSTERIOR CERVICAL AND ANTERIOR CERVICAL LYMPH NODES



# PALPATION OF AXILLARY LYMPH NODES:

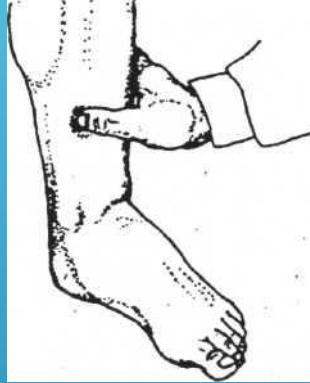


# PALPATION OF POPLITEAL AND INGUINAL LYMPH NODES





# DETECTION OF EDEMA BY PRESSING ON THE FRONT SURFACE OF THE SHIN



# EDEMAS



# ALGORITHM OF UNCONSCIOUSNESS P-T ASSESSMENT

Skin - damp, dry, hyperemic, cyanotic, icteric, cerise (CO<sub>2</sub>), traces of injections, traces of stings, hemorrhagic rashes

Eyes – hemorrhages, yellowness, scleras, pupils - wide, narrow, asymmetric

Nose, ears – hemorrhagic discharge, purulent discharge

Tongue - wet, dry, traces of biteness

Neck – rigidity of occipital muscles, a pulsation of carotids, a congestion and swelling of cervical veins

Breath - superficial, deep, rhythmical, arrhythmic, frequency (norm 16-20 per minute, tachypnoe, bradypnoe, apnoe), pathological types of breath (Cheyne-Smokes, Biot's, Kussmaul's, Grocco's)

Pulse – is absent, rare, frequent (norm 60-90 per minute) a rhythm, filling, pressure,


Arterial pressure – is absent, is lowered, raised

Movements – convulsive, are involuntary

Pelvis organs - involuntary urination, an urine delay, involuntary defecation

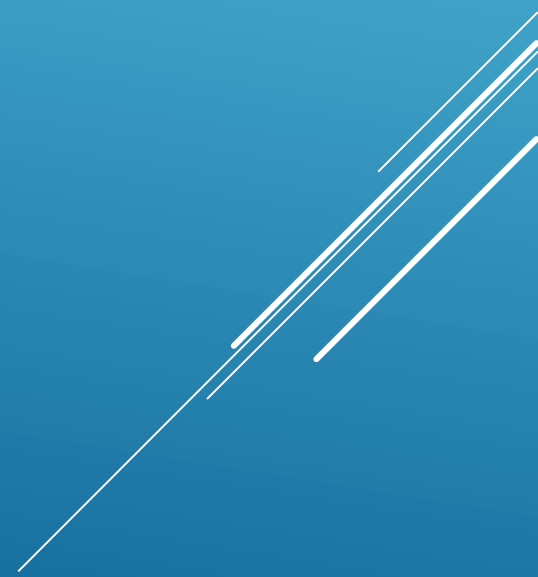
Abdomen palpation - increase of liver, spleen, kidneys

# DIAGNOSIS

- ▶ (diagnosis - recognition) is a short medical statement about the nature of the disease and the condition of the patient, expressed in terms of modern medical science
- 

# PROGNOSIS

- ▶ A scientifically grounded prediction of the development of the consequences and the end of the disease is the prognosis

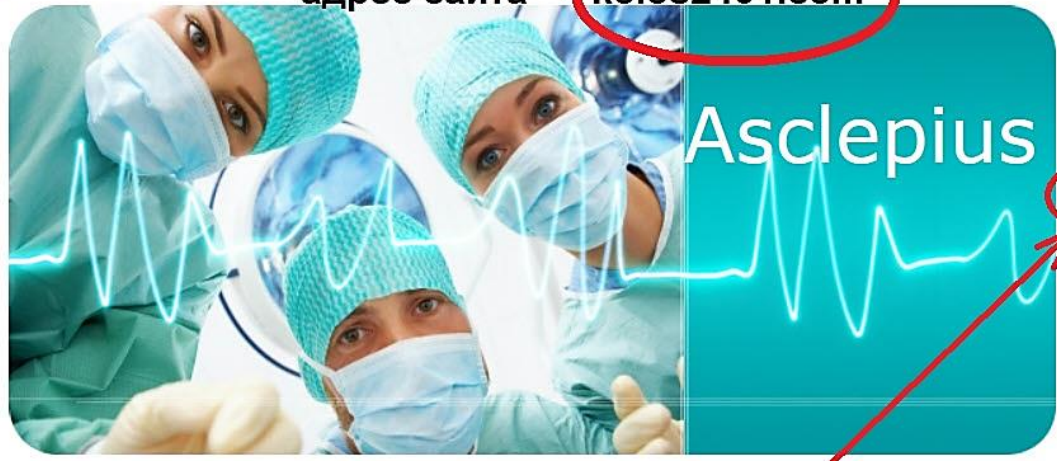


- ▶ Kovalyova O. N. Propedeutics to internal diseases : textbook for stud. ... 4 level of accred. / O. N. Kovalyova, T. V. Ashcheulova. - 2-nd edit. – Vinnytsya : Nova knyha,
  - ▶ Part. 1 : Diagnostics. - 2011. – 424 p.
- ▶ Kovalyova O. N. Propedeutics to internal medicine : textbook for stud. ... 4 level. of accred. / O. N. Kovalyova, S. O. Shapovalova, O. O. Nizhegorodtseva. - 2-nd edit.– Vinnytsya : Nova knyha,
  - ▶ Part. 2 : Syndromes and diseases. - 2011. – 264 p.

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