

Approach to GIS Symptoms

Gi Symptoms

Localizaiton

- Upper Gi
- Lower Gi
- Other

Cardinal Symptoms

- Heartburn
- Dyspesia
- Dysphagia
- Non-cardiac chest pain
- Nausea
- Diarea
- Constipation
- Abdominal pain
- Weight loss
- Gi bleeding

Upper GI

- Dysphagia
 - Intermittant
 - Progressive
 - Malignite
 - Oropharyngeal
 - Özophageal
- Odynofagia
 - Reflux
 - Pill özofagitis
- Reflux Symptoms
 - Heartburn
 - Chest pain
 - Regurgitation

- 
- Hoarseness
 - Hiccups
 - Refractory cough
 - Bad taste
 - Belching
 - Halitosis

Regurgitation

- effortless return of esophageal or gastric contents into the hypopharynx...
 - Esophageal regurgitation
 - Achalasia
 - Esophageal tumor
 - Gastric regurgitation
 - GERD

Abdominal Distention

- increased abdominal girth...
 - Fat
 - Flatus
 - Fetus
 - Fluid



- Hematemesis
 - Fresh blood
 - Coffee ground
- Melena
 - Appearance
 - Smell



Globus

- “Stuck of moutfull at the farenx”
- GI related causes:
 - GERD(oropharyngeal reflux)
 - Achalasia
- Globus hystericus

Lower GI

- Abdominal Pain
 - Visceral pain
 - Parietal pain
 - Reflecting pain : Acute Cholecystitis
- Localization
 - Epigastric
 - Other quadrants
 - Diffuse abdomen
 - Lower abdomen
- Related to meals or defecation

Stool pattern

- Frequency
- Volume
- Shape
 - Goat stool
 - Slimming
- Color
 - Black
 - Red

Constipation

- an inability to have spontaneous complete and relieving bowel movements...
 - Slow colonic transit type
 - Frequency < 2 per week
 - Consistency: Hard
 - Colonic dysfunction
 - Difficult evacuation type
 - Frequency > 2 per week
 - Consistency: Soft
 - Anorectal dysfunction



Hematochesia

- Fresh red
- Purple brown
- Small dribblets
- Diffuse



Diarrhea

- a decrease in stool consistency due to increased water content...
 - Acute Diarrhea
 - Viral
 - Bacterial (*E. coli*, etc.)
 - Chronic Diarrhea
 - IBS
 - IBD (CD and UC)
 - Infectious (*Amoeba*, *Tbc.*)
 - Antibiotic associated
 - Others



Steatorrhea

- presence of excess fat in feces...
- Causes
 - Chronic pancreatitis
 - Celiac disease
 - Postgastrectomy
 - Cholestasis (esp. PSC)
 - Giardiasis
 - Crohn's disease



Fecal Incontinence

- involuntary defecation...
- Causes:
 - Accidental injury to the rectum/anus
 - Diabetes Mellitus
 - Rectoanal tumors
 - Fecal impaction



Anal Symptoms

- Pruritis
- Pain
- Tenesmus
- Hard Defecation



Hepatitis and liver failure

- Jaundice
- Fatigue
- Weight loss or gain
- Loss of appetite
- Cirrhosis
 - History of jaundice
 - Abdominal distention
 - Change in consciousness

Asterixis

- Synonyms: Liver flap, Flepping tremor
- Causes:
 - Hepatic: Liver failure → Hepatic Encephalopathy
 - Renal: Renal failure → Uremic syndrome
 - Pulmonary: Severe respiratory insufficiency



Why Abdominal Examination?

- Treatment should be urgent or elective
 - GI Bleeding? Perforation? Acute abdomen?
 - Peptic ulcer activation? Or Acute pancreatitis?
- Findings in physical examination targets to the diagnosis
- Differential diagnosis?
- How do we decide the lab. Tests for diagnosis
- Does the patient need any intervention immediately?

Be carefull!!

- Introduce yourself before examination
- Outpatient clinic should not be crowded
 - Only one person with the patient, close relative
- Be calm and cool
 - Do not shout, be angry or talk with sarcastic words
- Always have the records on the files
- Always give detailed information for the diagnosis & the treatment