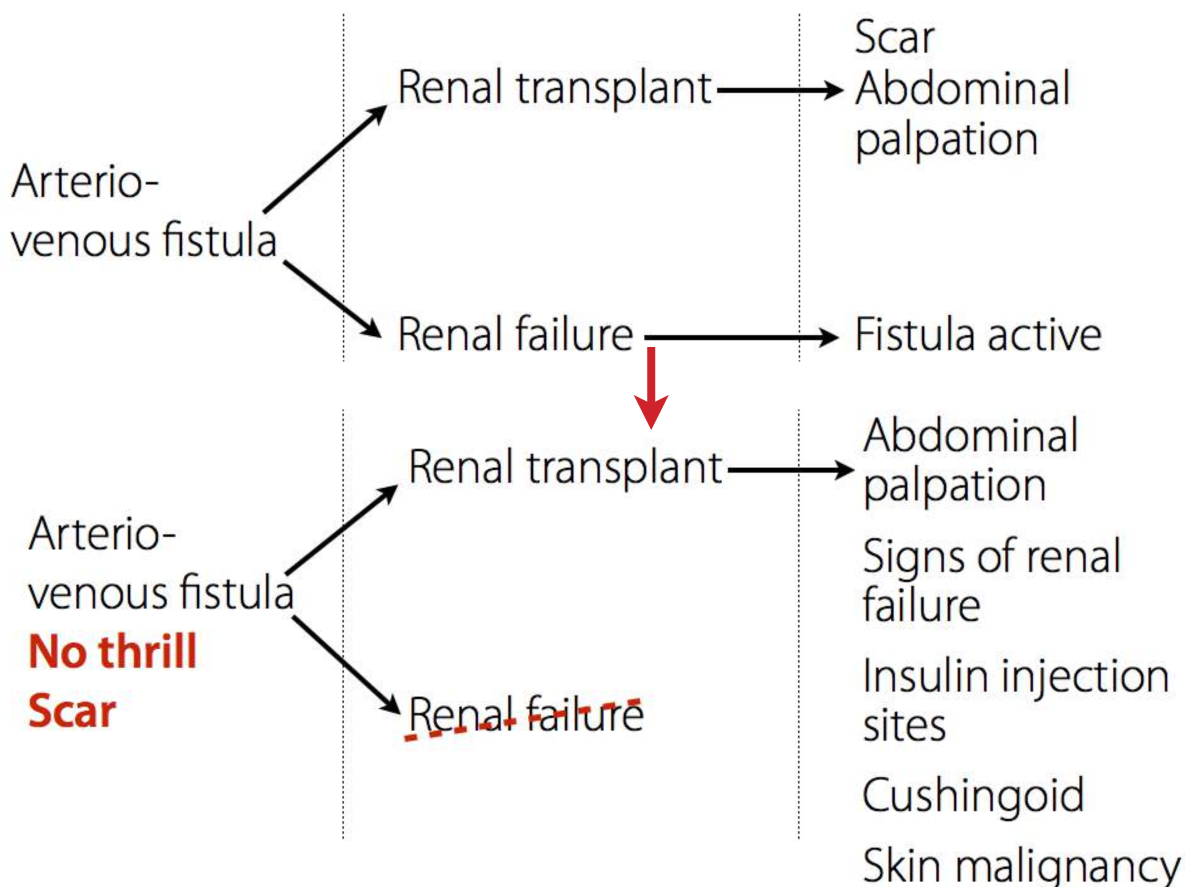
Splenomegaly + hepatomegaly

Haematological	Infective	Other
Chronic myeloid leukaemia	Malaria	Portal hypertension
Myelofibrosis	Epstein-Barr Virus	Infiltration (amyloidosis)
Spherocytosis		Sarcoidosis

Splenectomy

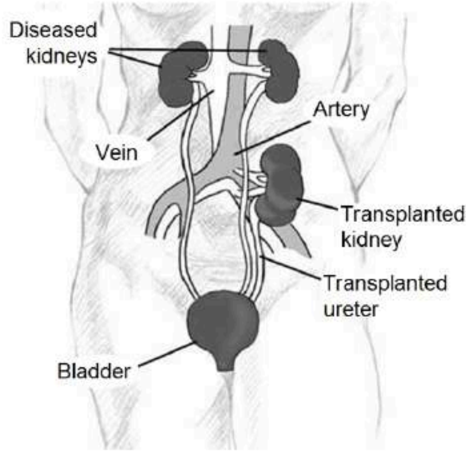
- **Indications**
  - Traumatic rupture
  - Idiopathic thrombocytopenia
  - Spherocytosis
- **Prophylaxis**
  - Pneumococcus, meningococcus, Haemophilus influenzae B
  - Penicillin V

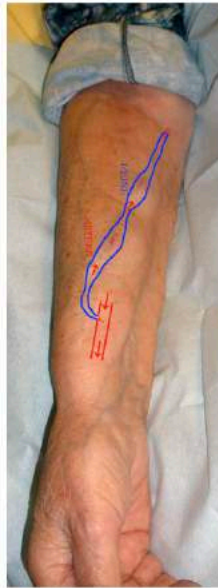
Case 3: renal transplant



20

Renal transplant





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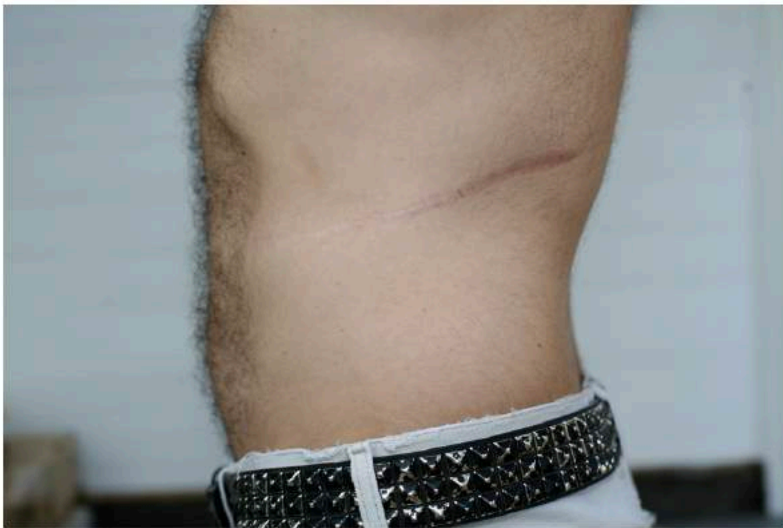
Nephrectomy scar



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Renal transplant

I examined this gentleman's abdominal system. He had a scar on his left arm suggestive of a previous arterio-venous fistula and marks from blood glucose monitoring on his fingers. There was an oblique scar over his right iliac fossa. His abdomen was soft and not tender. There was smooth mass palpable beneath the scar in the right iliac fossa. There is no peripheral oedema and he is not Cushingoid. This is man has had a renal transplant secondary to diabetes mellitus nephropathy. The transplant appears to be functioning, though I would like to auscultate his lungs for pulmonary oedema, measure his blood pressure, and test his urine.

Renal transplant

Presentation	Relevance
Previous AV-fistula	Not currently on dialysis
Blood glucose marks	(Type 1) Diabetes as indication
Oblique scar with mass	Renal transplant
No peripheral oedema	Not in renal failure
Not Cushingoid	Side-effect of steroids
Auscultation, BP, and dip urine	For features of renal failure

Viva questions

1. What are the indications for renal transplant?
2. What are the complications of renal transplant?
3. Is this transplant working? (i.e. *Is the patient in renal failure?*)

Renal transplant

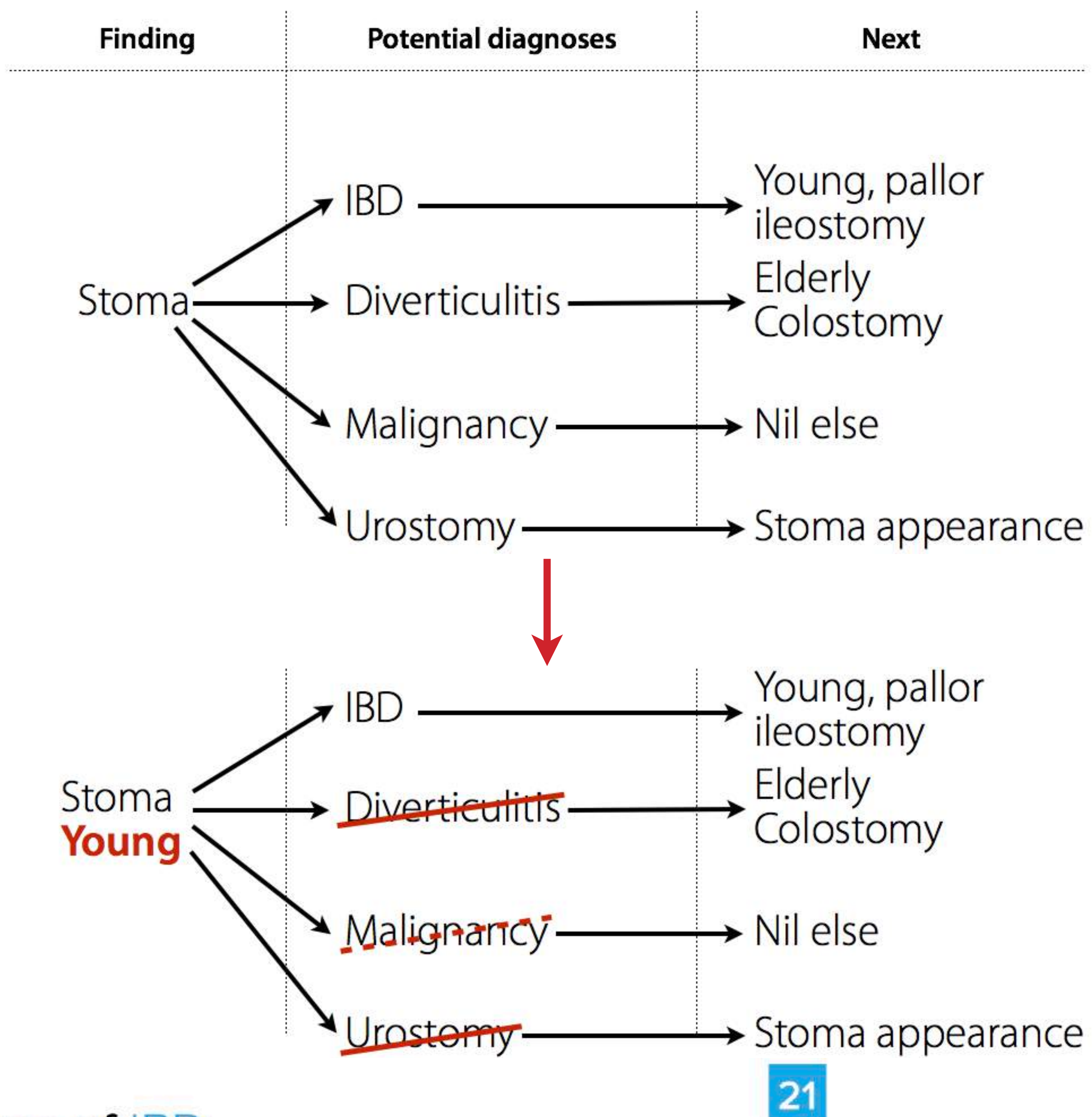
- **Indications**
  - Diabetic nephropathy → Insulin injection sites
  - Polycystic kidney disease → Flank scars
  - Glomerulonephritis

- **Complications**
  - Rejection → Renal failure
  - Cushing syndrome → Round face, bruises etc.
  - Skin malignancy → BCC and SCC
  - Ciclosporin → Gum hypertrophy

Signs of renal failure

- Scars: old A-V fistulae, neck line, peritoneal dialysis catheters
- Cachexia
- Pulmonary & peripheral oedema
- Pallor

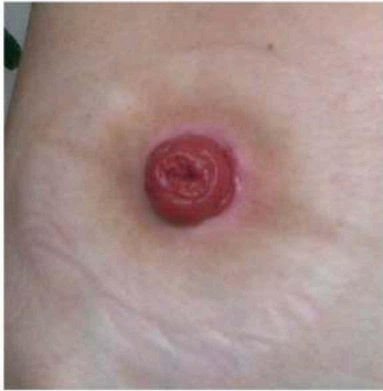
Case 4: inflammatory bowel disease

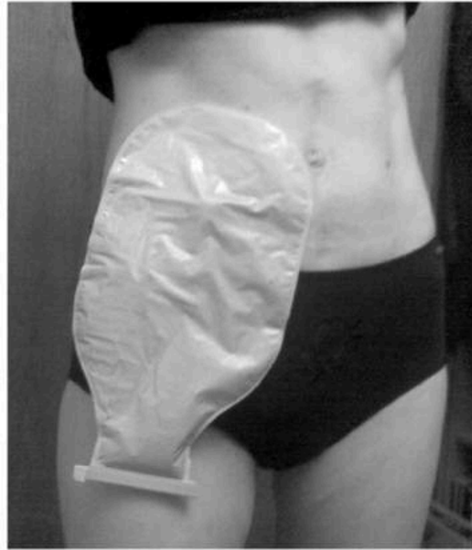


Signs of IBD

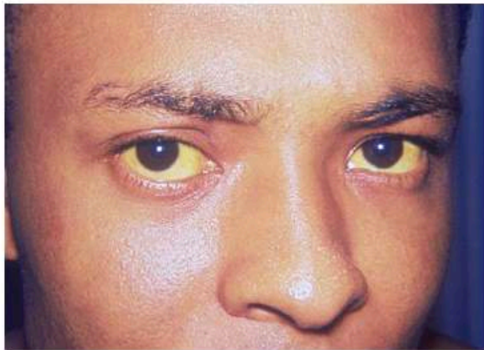
- Relatively young
- Pallor and slim
- Oral ulcerations
- Pyoderma gangrenosum (or erythema nodosum)
- Digital clubbing
- Medications

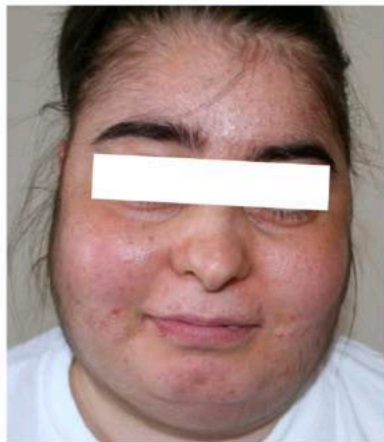
Stomas for IBD





Signs of complications of IBD





Signs of complications of IBD

- Scars from Hickman lines (for parenteral nutrition)
- Cushingoid
- Gum hypertrophy & hypertension (ciclosporin)
- Jaundice or taking ursodeoxycholic acid (primary sclerosing cholangitis)
- Hepato-splenomegaly from amyloidosis

Crohn's disease

I examined this gentleman's abdominal system. He was pale and slim. There was no digital clubbing. He a stoma in his right iliac fossa and a midline laparotomy scar. His abdomen was soft and not tender. There were no hernias or fistulae. He was not Cushingoid. The differential diagnosis for these signs include: Crohn's disease with defunctioning ileostomy, ulcerative colitis with an end ileostomy, and panprotocolectomy for familial adenosis polyposis. I would like to examine him for perianal disease associated with Crohn's and take a history to assess disease activity.

Crohn's disease

Presentation	Relevance
Pale & slim	Signs of Crohn's disease
No digital clubbing	Would be a sign of IBD
No hernias or fistulae	(Post-op) complications
Not Cushingoid	Side-effect of steroids
Examine for perianal disease	Sub-type of Crohn's
History for disease activity	Disease activity scores/monitoring

Viva questions

1. What are the extra-intestinal manifestations of IBD?
2. What are the complications of IBD?
3. What are the indications for stomas in IBD?
4. What kinds of stomas are performed in IBD?

Indications for stomas in IBD

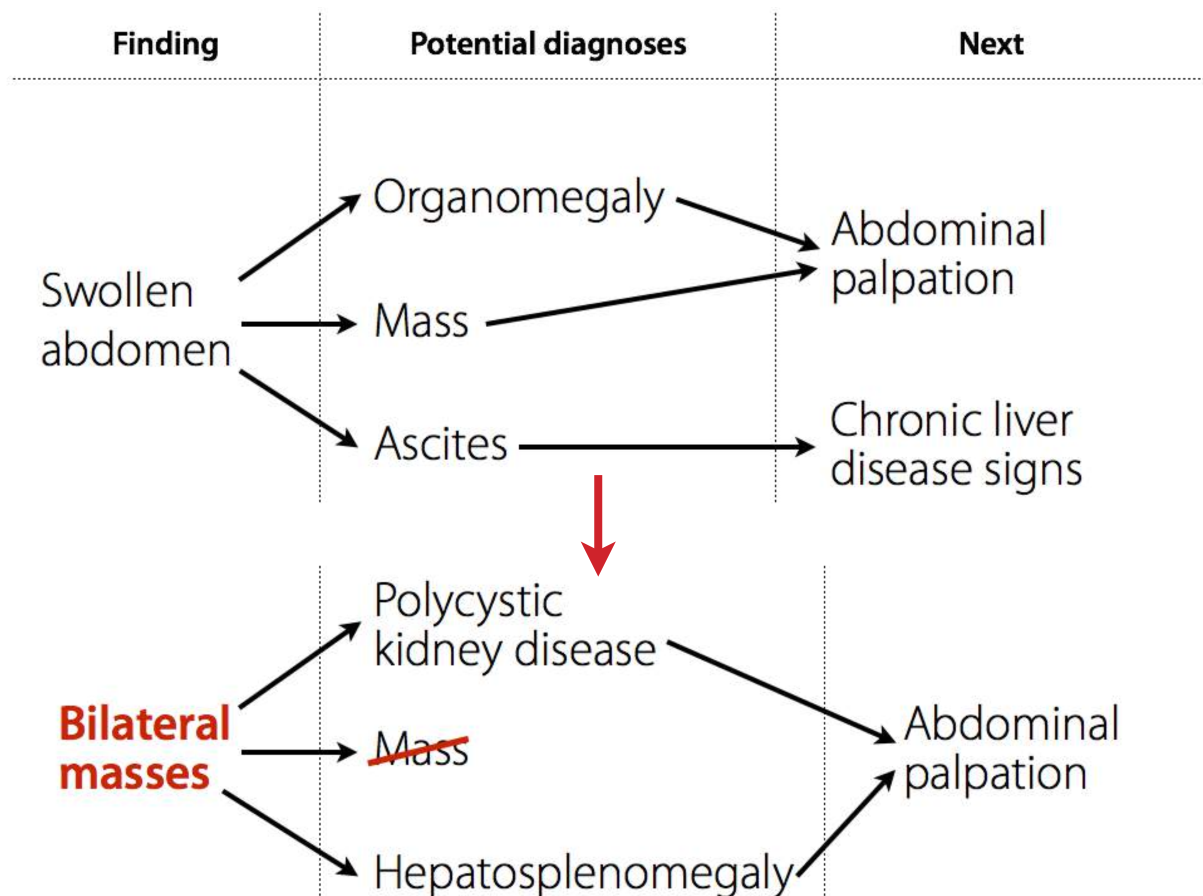
22

- **Crohn's**
  - Failure of medical management (severe activity)
  - Obstruction (from strictures)
  - Fistulae
- **Ulcerative colitis**
  - Failure of medical management (severe activity)
  - Toxic megacolon
  - Malignancy

Types of stomas in IBD

- **Crohn's**
  - De-functioning (loop) ileostomy
- **Ulcerative colitis**
  - End ileostomy (from pan-proctocolectomy)
  - Diversion ileostomy, with ileal rectal pouch formation

Case 5: polycystic kidney disease



Polycystic kidney disease

I examined this gentleman's abdominal system. There were no peripheral signs of abdominal disease. His abdomen was distended but soft and not tender. There were bilateral, resonant, ballotable masses. There was no oedema or scars from dialysis. There signs are consistent with bilateral renal enlargement, most likely due to autosomal dominant polycystic kidney disease. He does not appear to be in renal failure though I would like to auscultate his lungs for pulmonary oedema, measure his blood pressure, and test his urine.