

Clinical Signs and findings

Sophia Lionaki

Cyanosis

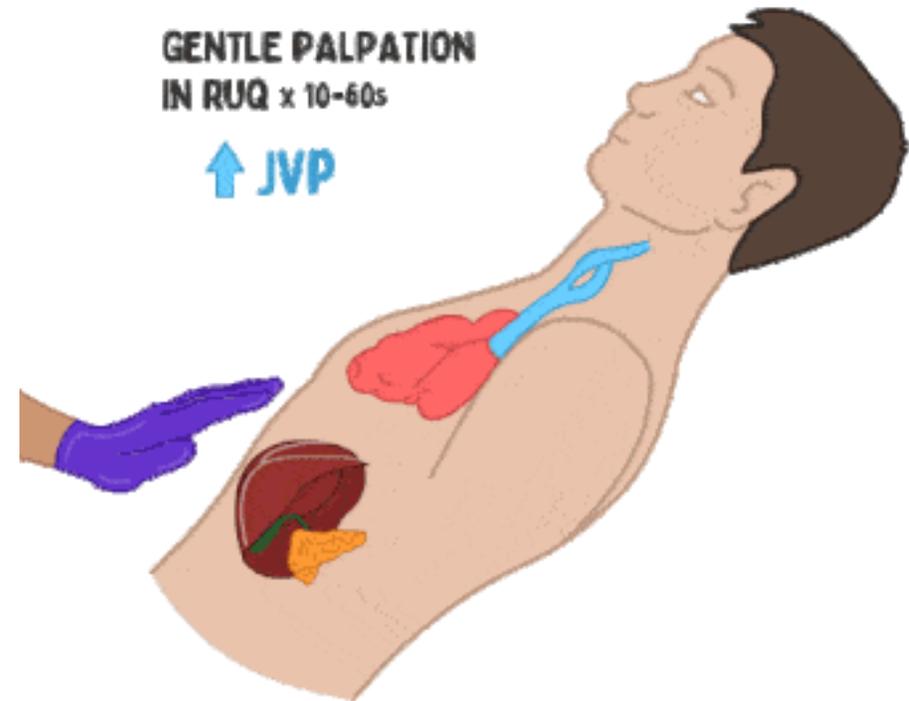
- Cyanosis is when your skin, lips and/or nails turn a bluish tone. It occurs when your blood lacks the oxygen it needs to reach the different tissues in your body. Cyanosis can be caused by many different conditions. Some may be serious medical conditions. Diagnosis and treatment depend on the cause. Oxygen therapy is usually a first treatment.
- Cyanosis can mean your organs, muscles and tissues aren't getting the amount of blood they need to function properly.



Hepatojugular reflux

- The hepatojugular reflux, as presently defined, consists of a distention of the neck veins when pressure is applied over the liver.
- With a **competent heart**, pressure on the liver **does not** elevate the venous blood level in the neck veins when the subjects are in the semirecumbent position
- The hepatojugular reflux is a maneuver to help determine possible heart failure exacerbation or other conditions which could increase venous pressures. This is often performed if JVD is not obvious but clinical suspicion remains.

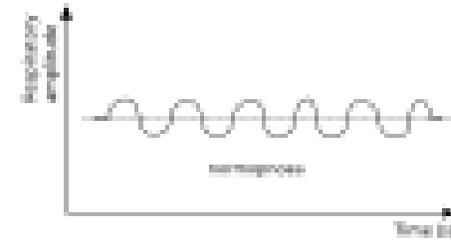
HEPATOJUGULAR REFLUX



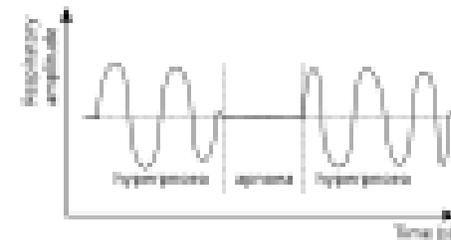
Apply gentle pressure over the RUQ or mid-abdomen for **10-60 seconds**, and watch for increased JVD

Kussmaul breathing

- is a deep and labored breathing pattern often associated with severe metabolic acidosis, particularly diabetic ketoacidosis (DKA) but also kidney failure. It is a form of hyperventilation, which is any breathing pattern that reduces carbon dioxide in the blood due to increased rate or depth of respiration.

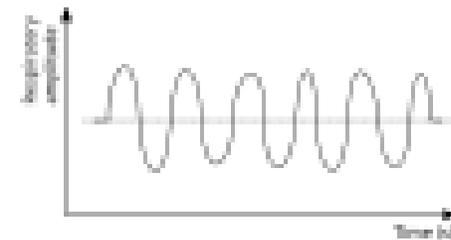


Normal respiration



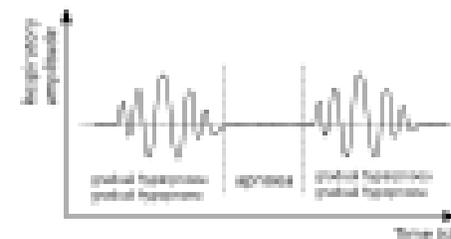
Biot's respiration

- also called gasping
- Periodic breathing
- hyperpnea (or normopnea) and apnea
- Poor prognosis
- Brain damage



Kussmaul breathing

- Metabolic acidosis (diabetic mellitus)
- Hypopnea
- B = Ketosis (Diabetic ketoacidosis)
- U = Uremia
- S = Sepsis
- T = Salicylates
- M = Methanol
- A = Aldehydes
- LA = Lactic acid/Lactic acidosis



Cheyne-Stokes respiration

- Periodic breathing
- Gradual hyperpnea/hypopnea and apnea
- Sleep/Hypoxemia/Drugs
- Hypertrophy of the brain (respiratory center)

Murphy's sign

Murphy's sign is tested during an [abdominal examination](#) in supine position; I

t is performed by asking the patient to breathe out and then gently placing the hand below the [costal margin](#) on the right side at the mid-clavicular

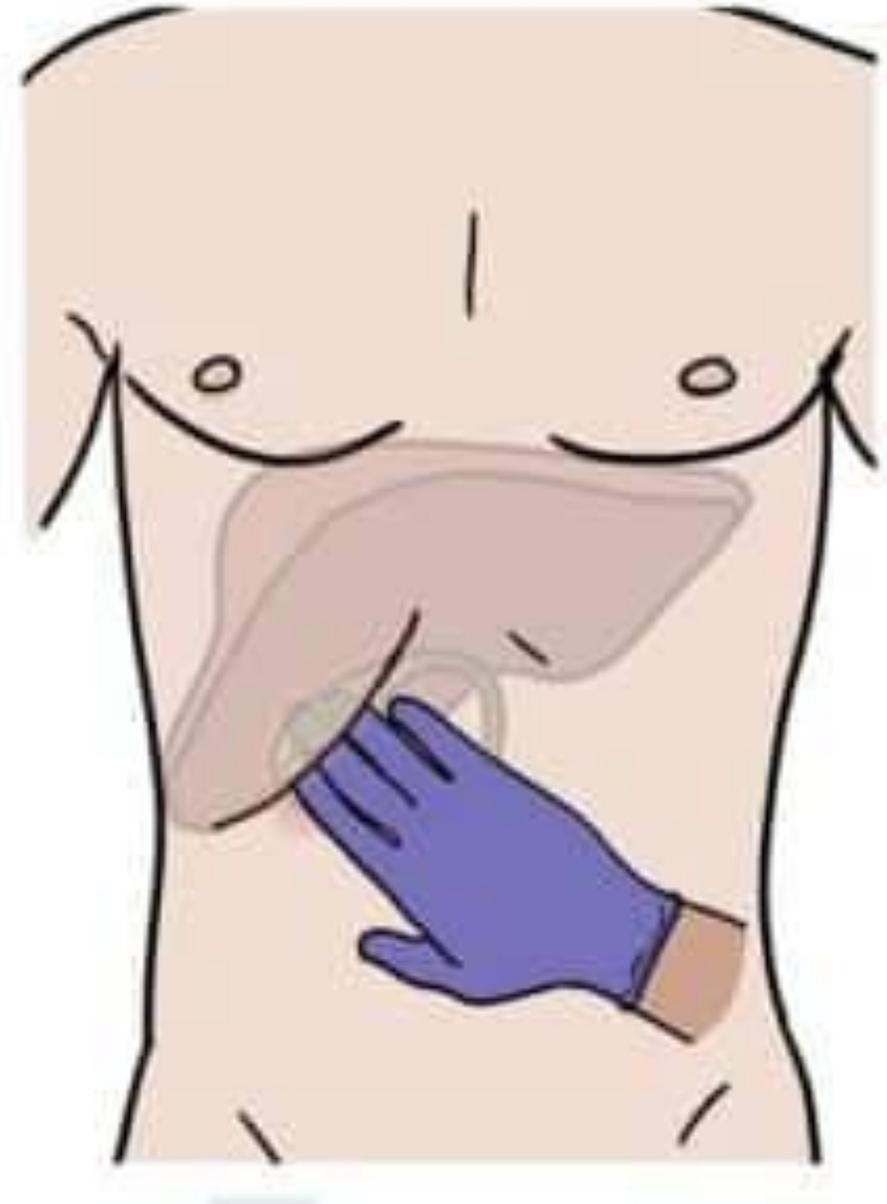
line (the approximate location of the [gallbladder](#)). The patient is then instructed to breathe in.

Normally, during inspiration, the [abdominal](#) contents are pushed downward as the [diaphragm](#) moves down (and [lungs](#) expand). If the patient stops breathing in (as the gallbladder is [tender](#) and, in moving downward, comes in contact with the examiner's fingers) and winces with a "catch" in breath, the test is considered positive. In order for the test to be considered positive, the same maneuver must not elicit pain when performed on the left side.



HOW TO TEST FOR MURPHY'S SIGN

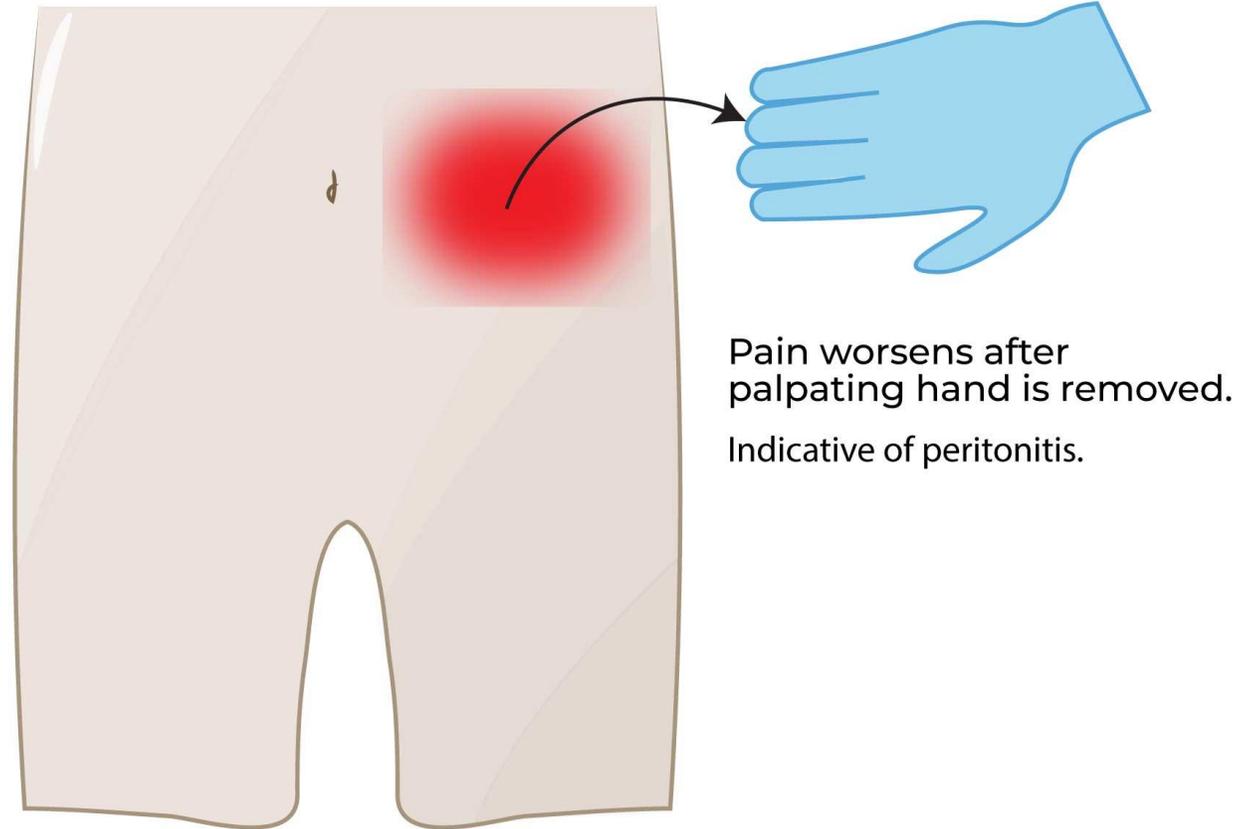
- To check for Murphy's sign, **place your fingers firmly in the patient's right upper quadrant underneath the patient's ribs, and ask the patient to take a deep breath.** This is considered deep subcostal palpation, and on inspiration, the diaphragm pushes the gallbladder towards your palpating fingers, which should be painful if the gallbladder is inflamed.
- A positive's Murphy sign is indicated when **during inspiration, the patient has an acute increase in pain that will often cause them to stop inspiring mid-way through their breath.** In true acute cholecystitis – this is often positive as Murphy's sign as high sensitivity (97%) for acute cholecystitis, however, it is much less specific (48%) – this means that it could indicate other pathology within the liver or surrounding area.



Rebound tenderness Blumberg sign

Rebound tenderness means that there is more pain when pressure on the tender area is released. It occurs when the tissue that lines the abdominal cavity (the peritoneum) is irritated, inflamed, or infected

Rebound Tenderness



Psoas sign

The psoas (or iliopsoas sign) refers to right lower quadrant pain elicited with flexion of the hip against resistance. It may be seen in association with inflammation of a retrocecal appendix.



- The obturator sign is right lower quadrant pain elicited with internal rotation of the hip.
- Again, this is suggestive of inflammation of the appendix.

Obturator Sign



Illustration by Floyd E. Horner

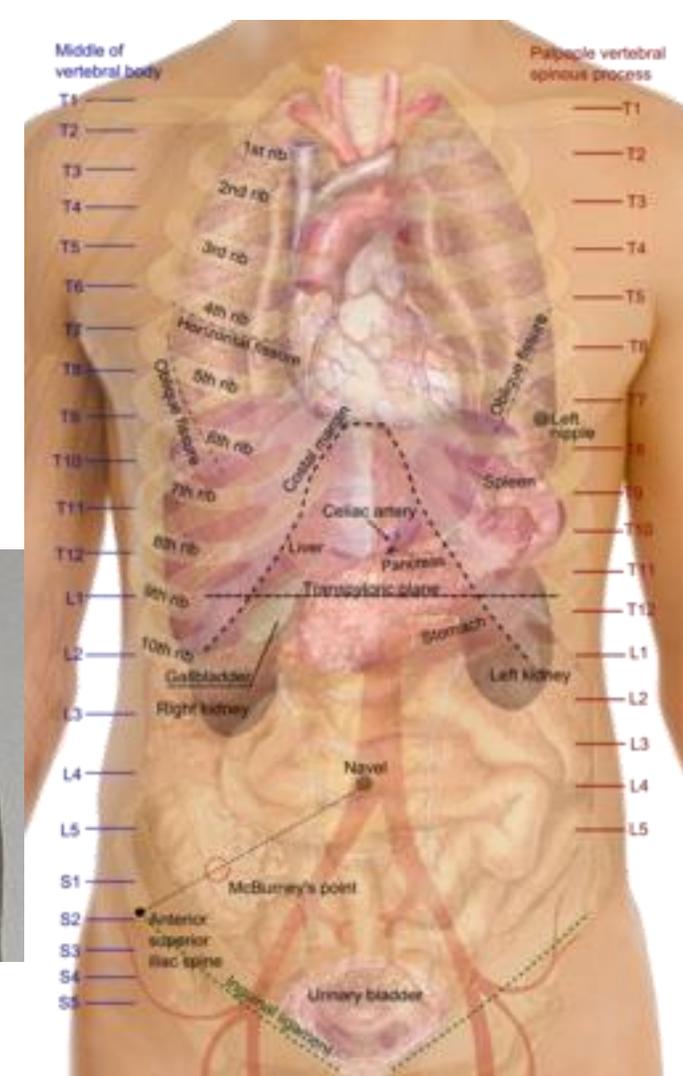
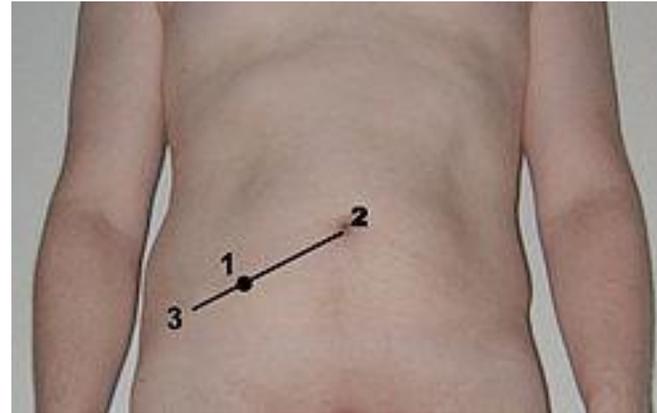
Cullen's sign

- **Cullen's sign** is superficial [edema](#) and [bruising](#) in the subcutaneous fatty tissue around the [umbilicus](#).
- It is named for [gynecologist Thomas Stephen Cullen](#) (1869–1953), who first described the sign in ruptured [ectopic pregnancy](#) in 1916.
- This sign takes 24–48 hours to appear and can predict [acute pancreatitis](#), with mortality rising from 8–10% to 40%. It may be accompanied by [Grey Turner's sign](#) (bruising of the flank), which may then be indicative of pancreatic necrosis with [retroperitoneal](#) or intra-abdominal bleeding.



McBurney's sign

- Τυπικά σημεία της οξείας σκωληκοειδίτιδας είναι το σημείο (άλγος στη ψηλάφηση του δεξιού λαγονίου βόθρου), το σημείο της αναπηδώσας ευαισθησίας (άλγος κατά την απότομη άρση των χεριών από την κοιλιά λόγω ερεθισμού του τοιχωματικού περιτοναίου).



Σημείο Grey Turner



Βατραχοειδής κοιλία



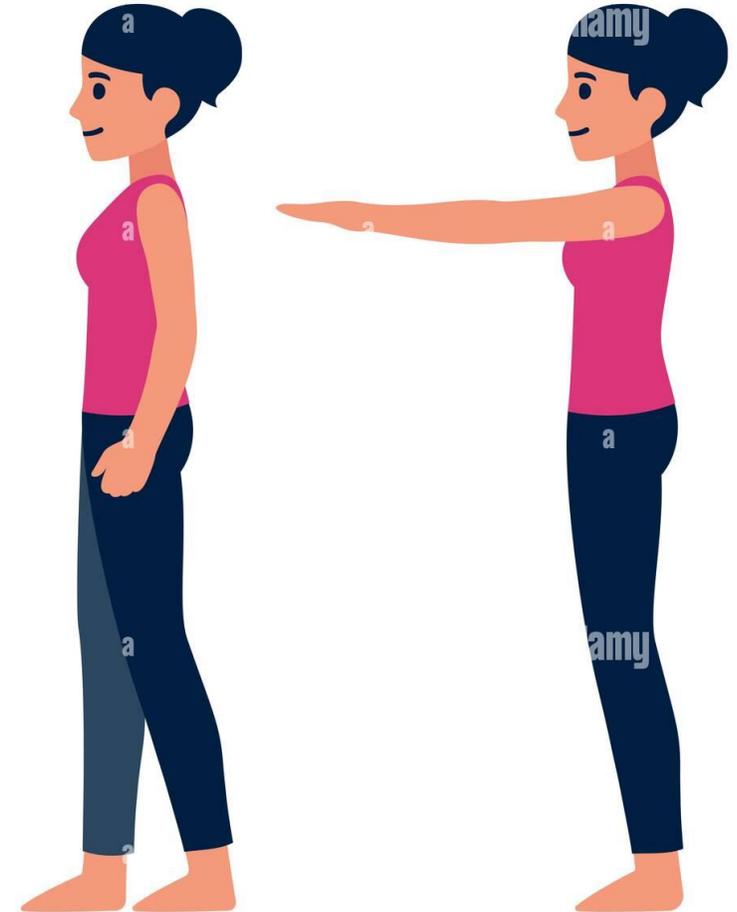
Valsalva maneuver

- **Valsalva maneuver** is performed by a forceful attempt of exhalation against a closed airway, usually done by closing one's mouth and pinching one's nose shut while expelling air, as if blowing up a balloon.
- Variations of the maneuver can be used either in medical examination as a test of cardiac function and autonomic nervous control of the heart, or to clear the ears and sinuses (that is, to equalize pressure between them) when ambient pressure changes, as in scuba diving, hyperbaric oxygen therapy, or air travel.



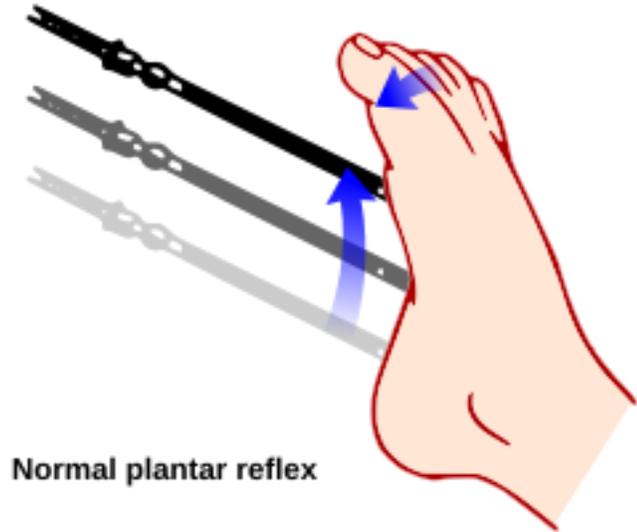
Romberg's test

- **Romberg's test, Romberg's sign, or the Romberg maneuver** is a test used in an exam of neurological function for balance.
- The exam is based on the premise that a person requires at least two of the three following senses to maintain balance while standing:
- [Proprioception](#) (the ability to know one's body position in space)
- [Vestibular function](#) (the ability to know one's head position in space)
- [Vision](#) (which can be used to monitor and adjust for changes in body position).

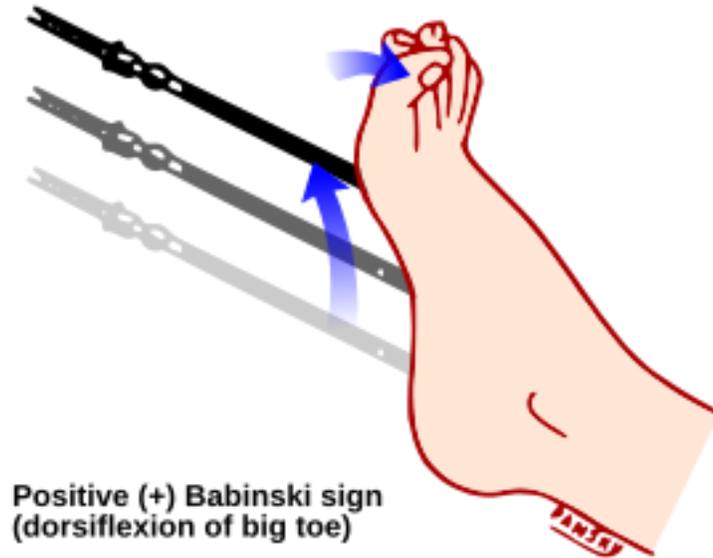


Babinski

- The reflex occurs upon stroking of the sole of the foot with a blunt object such as a pen. If the reflex occurs in adults as illustrated at bottom it may be due to nerve damage or disease.



Normal plantar reflex



Positive (+) Babinski sign
(dorsiflexion of big toe)

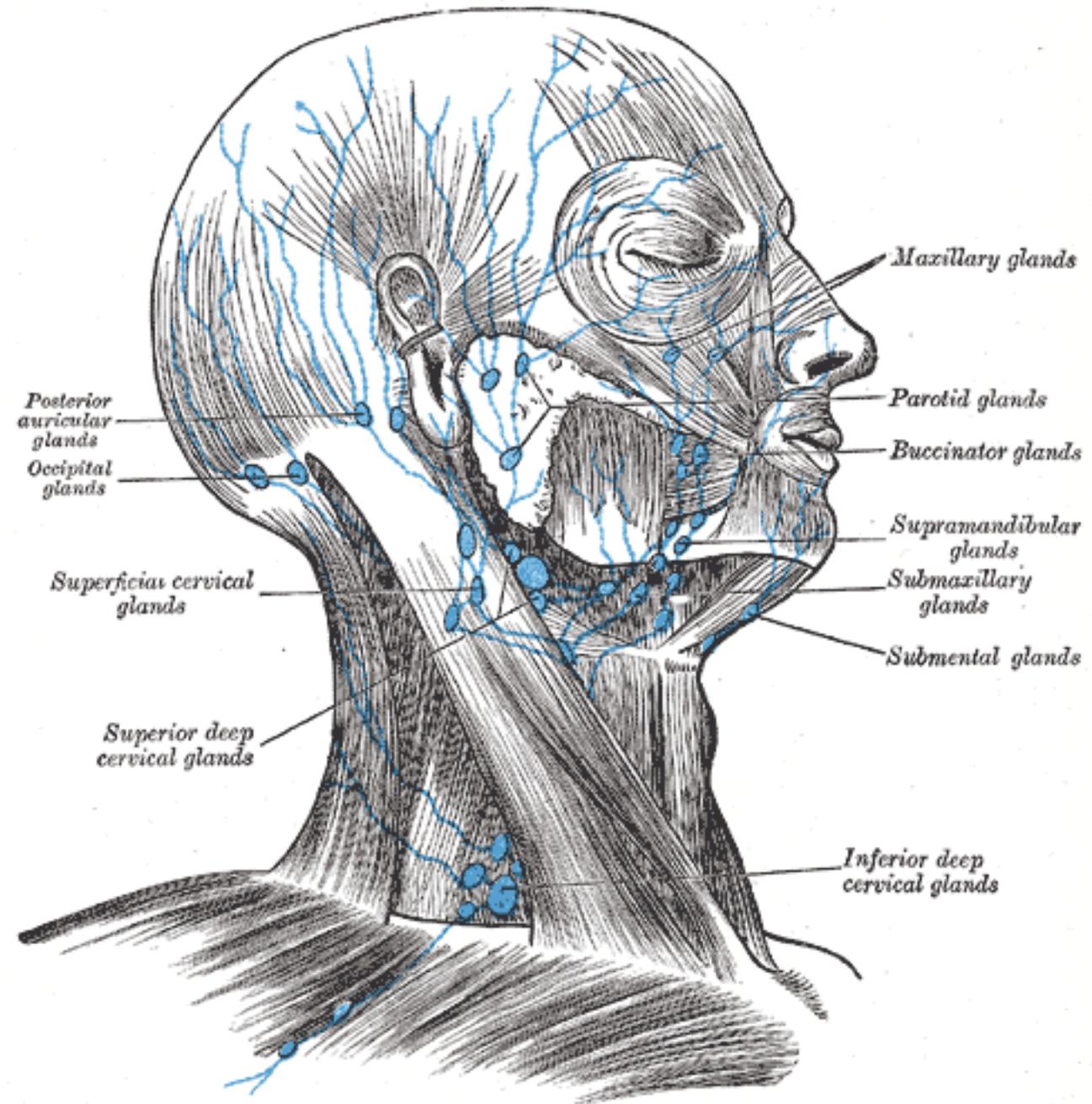
Brudzinski's sign

- Brudzinski's sign is characterized by reflexive flexion of the knees and hips following passive neck flexion.
- To elicit this sign, the examiner places one hand on the patient's chest and the other hand behind the patient's neck.



Virchow's nodes

- **Supraclavicular lymph nodes** are [lymph nodes](#) found above the [clavicle](#), that can be felt in the [supraclavicular fossa](#). The supraclavicular lymph nodes on the left side are called **Virchow's nodes**.
- It leads to an appreciable mass that can be recognized clinically, called **Troisier sign**.



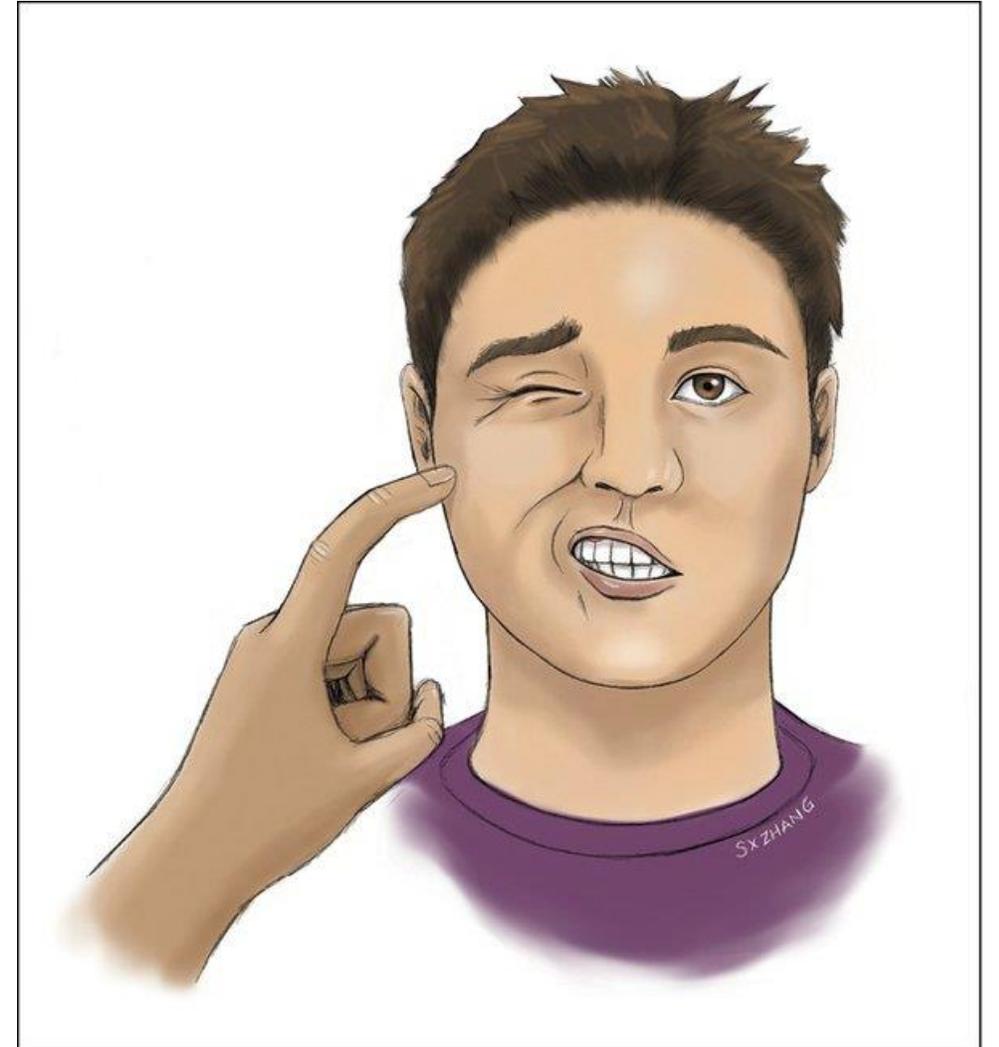
Giordano sign

- A common sign in people with kidney infection or kidney stones is Giordano's sign, which refers to tenderness upon percussion to the costovertebral angle, formed by the angle between the 12th rib and the lumbar spine.



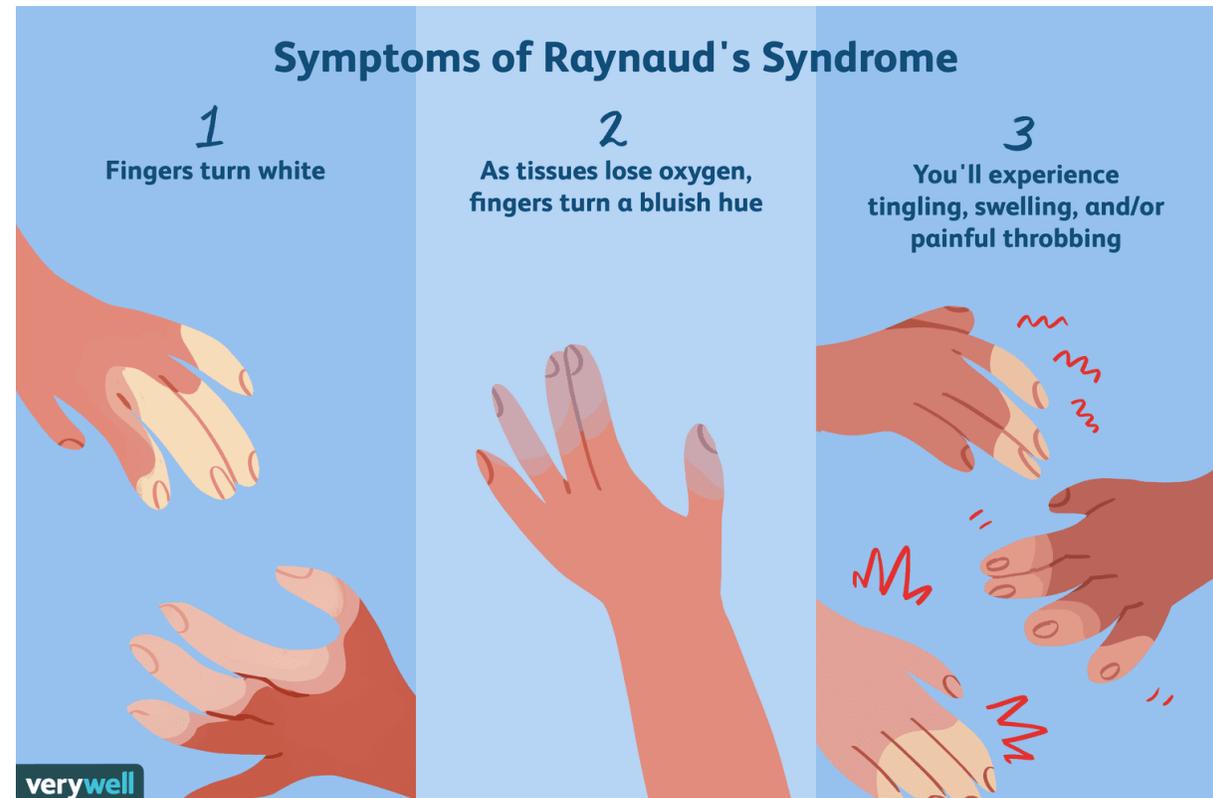
Chvostek sign

- The increased irritability of the facial nerve, manifested by twitching of the ipsilateral facial muscles on percussion over the branches of the facial nerve, came to be known as Chvostek sign.
- This clinical finding has become widely accepted in the medical community as a sign of **hypocalcemia**.



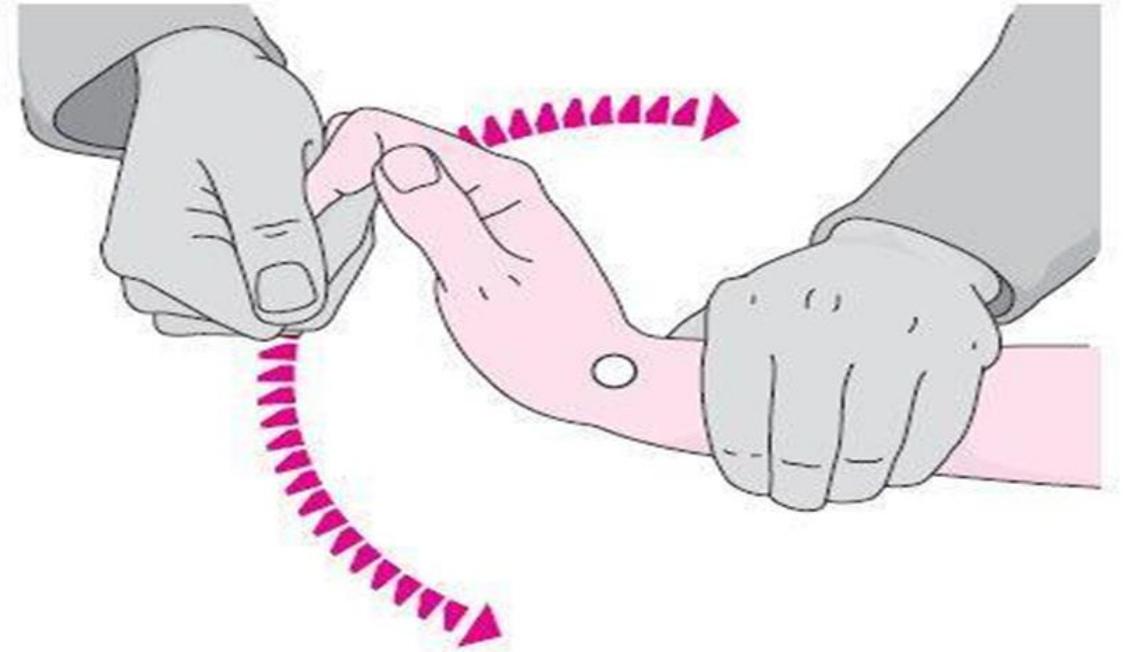
Raynaud's

- Symptoms of Raynaud's include fingers that turn pale or white then blue when exposed to cold, or during stress or emotional upset. They then turn red when the hands are warmed and blood flow returns. Managing Raynaud's means not being cold, dressing warmly, and stopping smoking.



Σημείο οδοντωτού τροχού

- Εμφανίζεται με δύο κλινικές μορφές: δυσκαμψία τύπου « οδοντωτού τροχού » όταν τα άκρα του ασθενούς κατά την παθητική κίνηση μίας άρθρωσης δίδουν την εντύπωση γίνονται σημείο προς σημείο, όπως π.κινείται ο δείκτης ενός ρολογιού ή την δυσκαμψία τύπου « μολυβδοσωλήνα » όταν η κίνηση γίνεται με διαδοχική δυσκολία όπως ...



Splinter haemorrhages are caused by small emboli becoming lodged in nailbed capillaries causing secondary haemorrhage.

Causes include:

- Local trauma
- Infective endocarditis
- Sepsis
- Vasculitis
- Psoriatic nail disease



Splinter haemorrhages

Osler's nodes

Osler's nodes are red-purple, slightly raised, tender lumps that often have a pale centre. These lesions are typically found on the fingers or toes and are associated with infective endocarditis.



Janeway lesions

Janeway lesions are non-tender, haemorrhagic lesions that occur on the thenar and hypothenar eminences of the palms and soles. Janeway lesions are typically associated with **infective endocarditis**.



finger clubbing

Finger clubbing involves **uniform soft tissue swelling** of the **terminal phalanx** of a **digit** with subsequent **loss of the normal angle** between the **nail** and the **nail bed**.

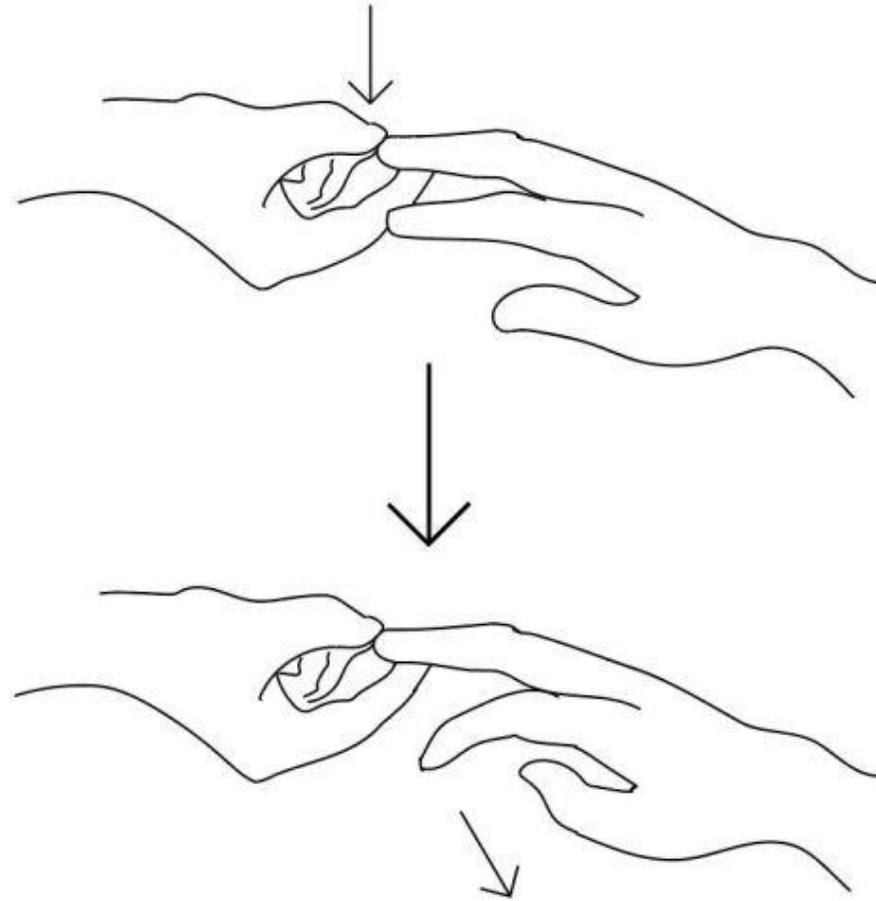
Finger clubbing is associated with several underlying disease processes including:

- Congenital cyanotic heart disease
- Infective endocarditis
- Atrial myxoma
- Bronchiectasis
- Lung cancer
- Cystic fibrosis
- Inflammatory bowel disease



- A positive Hoffmann sign indicates an upper motor neuron lesion and corticospinal pathway dysfunction likely due to cervical cord compression.
- However, up to **3%** of the population has been found to have a positive Hoffman without cord compression or upper motor neuron disease.

Hoffmann Sign



Asterixis

Asterixis (also known as 'flapping tremor') is a type of negative myoclonus characterised by irregular lapses of posture causing a **flapping motion** of the hands.

Causes of asterixis include:

- **CO₂ retention** (e.g. COPD)
- **Uraemia**
- **Hepatic encephalopathy**



Xanthomata

Xanthomata are raised yellow cholesterol-rich deposits that are often noted on the palm, tendons of the wrist and elbow.

Xanthomata are associated with **hyperlipidaemia** (typically familial hypercholesterolaemia), an important risk factor for cardiovascular disease.



Koilonychia

Koilonychia refers to **spoon-shaped nails**.

Causes include:

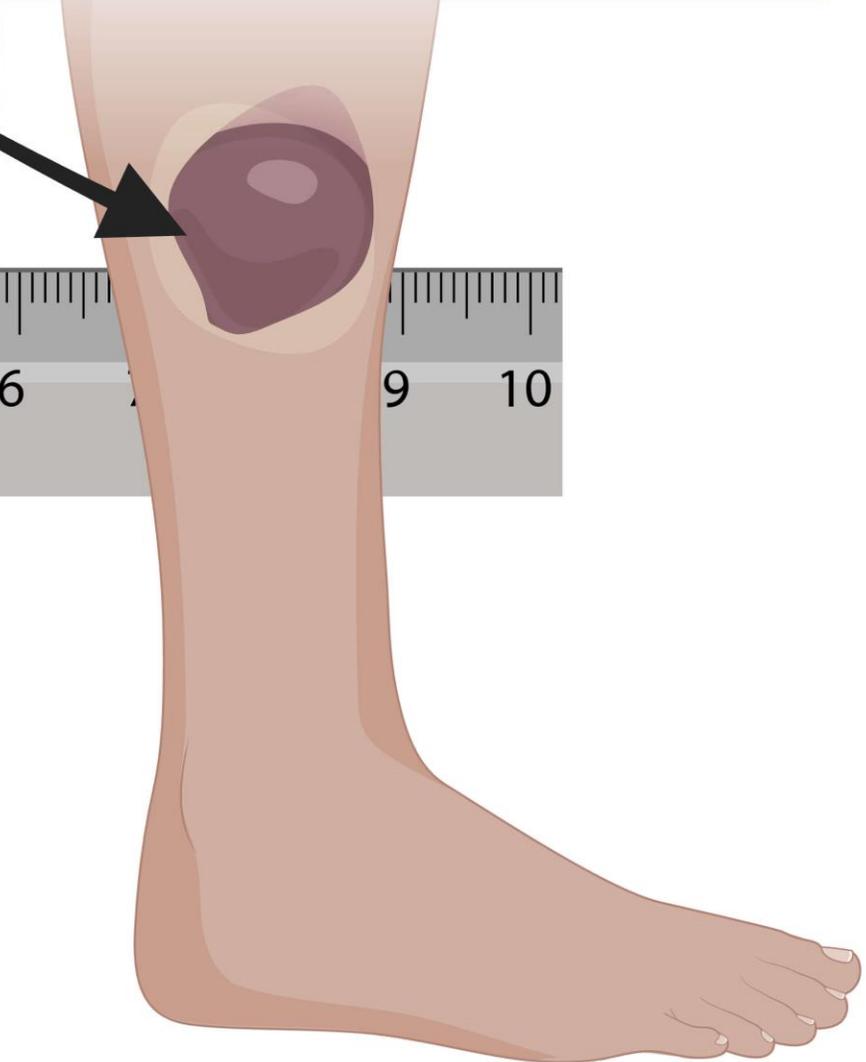
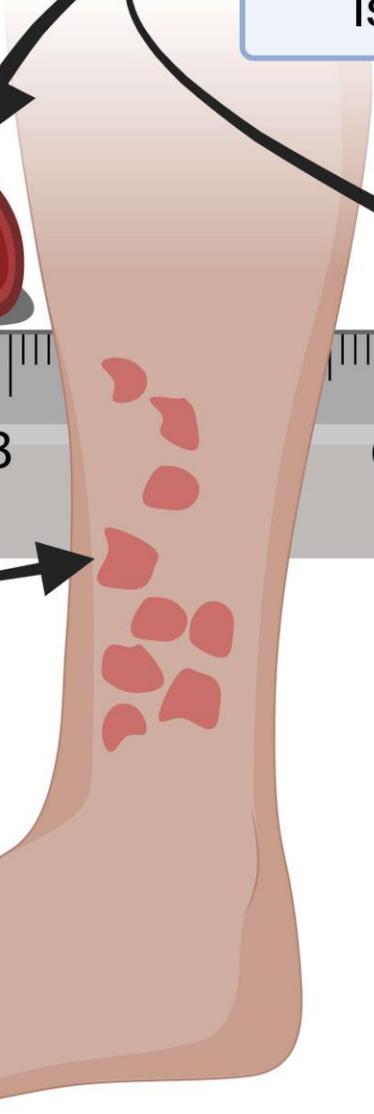
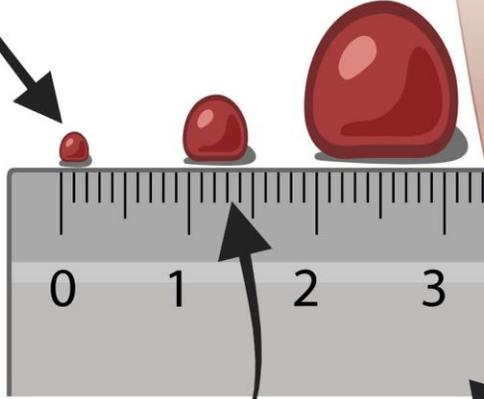
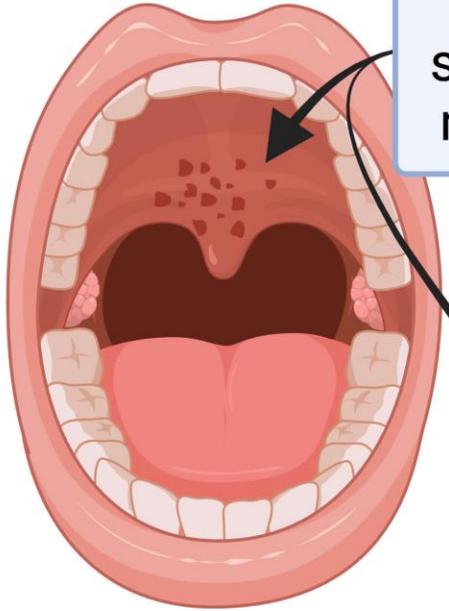
- Iron deficiency anaemia (e.g. Crohn's disease)
- Lichen planus
- Rheumatic fever



① Petechiae are small, pinpoint spots less than 3 mm in diameter.

③ Ecchymosis is a large, flat area of bleeding under the skin measuring more than 10 mm in diameter and is the medical term for a bruise.

② Purpura are larger than petechiae and are between 3 and 10 mm in diameter.



Ουρική αρθρίτιδα

- Πρήξιμο της άρθρωσης
- Ερυθρότητα
- Θερμότητα
- Έντονη ευαισθησία

