

Examination of a Lump

Med Ed 2

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Structure of talk

- ▶ Aims of lump examination
- ▶ Elements of the exam
- ▶ Process:
 - ▶ Inspection
 - ▶ Palpation
 - ▶ Auscultation
- ▶ Common differential diagnoses

Aims of the Lump Examination

- ▶ To describe lump verbally in a handover
- ▶ Elicit features of Benign vs. Malignant lumps
- ▶ Formulate focussed Differential Diagnosis

Elements

Site

Size

Shape

Single or multiple

Scars

Skin changes

Temperature

Tenderness

Transillumination

Consistency

Attachments

Mobility

Pulsatility

Fluctuance

Irreducibility

Regional lymph nodes

Edges



Inspection

- ▶ First Step is to look AT THE PATIENT
 - ▶ Are they well/unwell? - always take in context
 - ▶ Calibrates Clinical suspicion
- ▶ Start by looking at it - gives a surprising amount of information
 - ▶ Where is it?: narrow down region; use established anatomical REGIONS, and LANDMARKS
 - ▶ What does it look like?: how big is it? Are there skin changes, scars (must not be overlooked)

Palpation

- ▶ The meat of the examination - be **SYSTEMATIC**
- ▶ Start with **TEMPERATURE**: feel with back of hand
- ▶ Then a thorough feel:
 - ▶ Get an idea of the: -
 - ▶ **EDGES**: - smooth, craggy...
 - ▶ **CONSISTENCY**: - hard, firm, boggy...
 - ▶ **PULSATILITY**: - pulsatile, expansile
 - ▶ **FLUCTUANCE**: - Does it transmit a pressure wave?
 - ▶ Thoroughly test **MOBILITY** and **ATTACHEMENTS**
 - ▶ Bone, Muscle, Subcut., Skin? - **CRUCIAL**

Palpation

- ▶ Mobility and Attachments

Regional Lymph Nodes

- ▶ Don't need to know detailed lymph drainage diagrams
- ▶ Just some key ones:
 - ▶ Intra-abdominal → Virchow's node
 - ▶ Head and Neck → Check all neck levels, auricular, and occipital groups
 - ▶ Breast →
 - ▶ Limbs:
 - ▶ Leg → Popliteal, Deep/Superficial Inguinal
 - ▶ Arm → Cubital, Pectoral, Axillary

Presentation

- ▶ O/E, there is a SINGLE visible lump in the RIGHT ANTERIOR CERVICAL TRIANGLE
- ▶ It is ROUND and approximately 3cm IN DIAMETER
- ▶ With NO ASSOCIATED SKIN CHANGES
- ▶ It is COOL, FIRM, and NON-TENDER,
- ▶ MOBILE, with A CLEAR BORDER
- ▶ It is NON-PULSATILE, FLUCTUANT, and appears to lie within the SUBCUTANEOUS TISSUE, with no tethering to the overlying skin
- ▶ There is NO ASSOCIATED REGIONAL LYMPHADENOPATHY







