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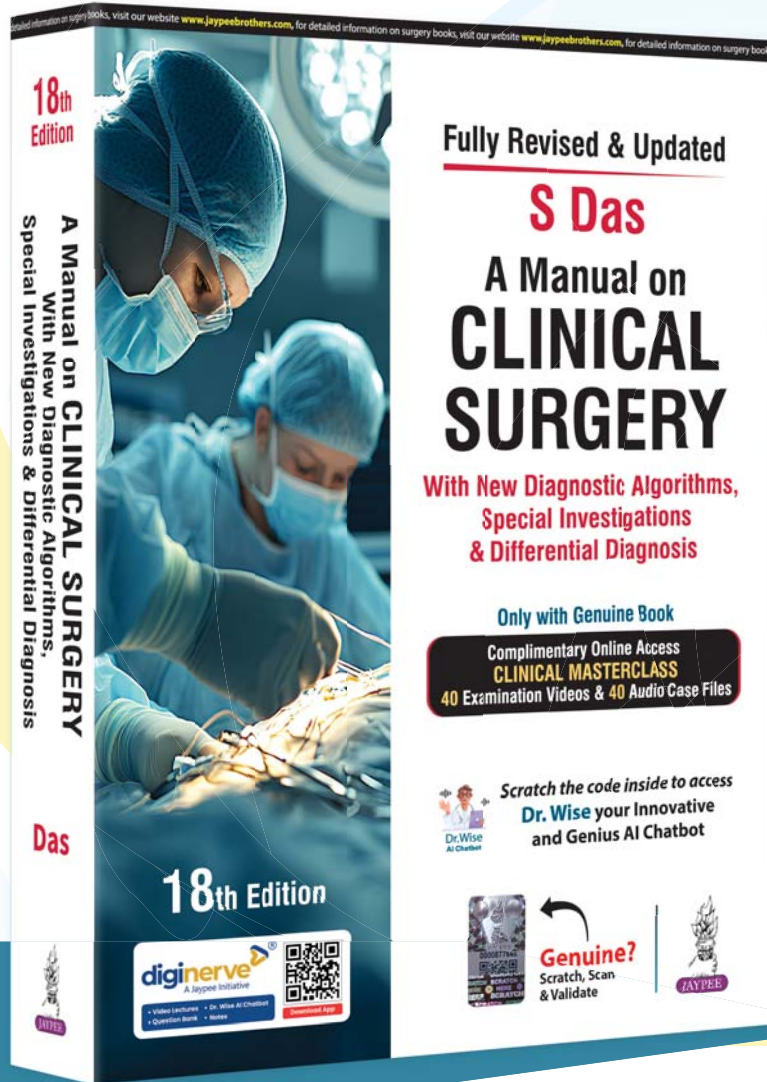
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With New Diagnostic Algorithms,
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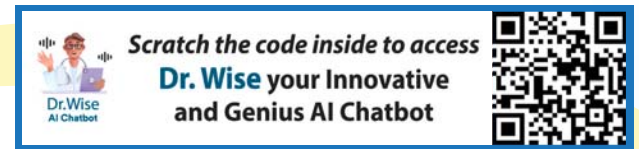
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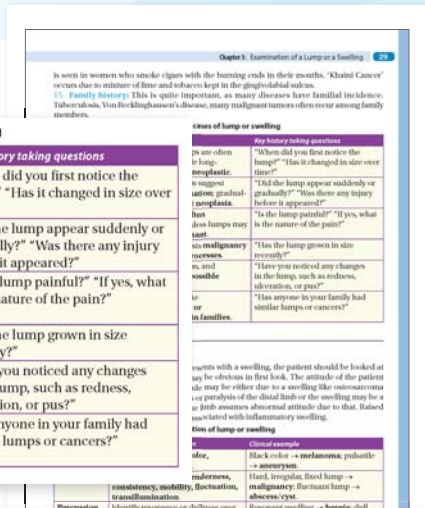
Salient Features

- New edition features updated diagnostic algorithms for key conditions.
- Tables are included for better understanding and revision.
- Covers history-taking and physical examination in detail.
- Each chapter concludes with a structured differential diagnosis.
- Includes special investigations to enhance diagnostic accuracy.
- Highly recommended by universities and medical colleges.
- An essential resource for surgical ward entrants.
- Widely acclaimed by leading national and international surgical journals.



Scan for Toc &
Sample Chapter

SAMPLE PAGES



This chapter provides a detailed overview of history-taking and physical examination.

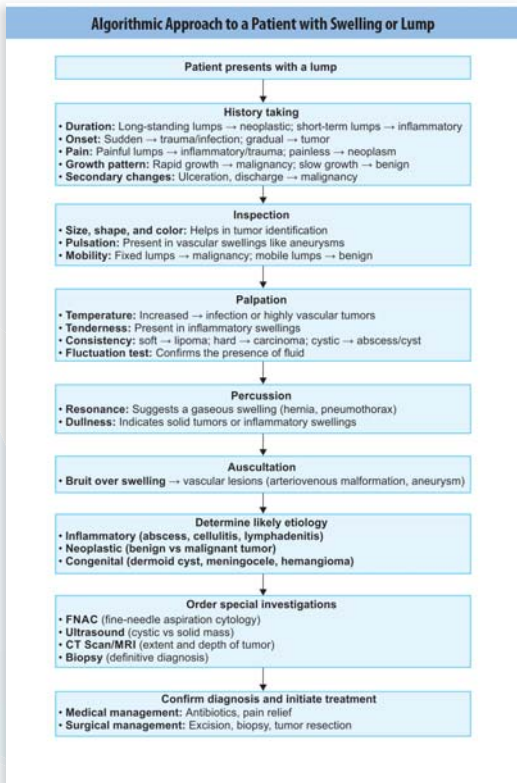
PHYSICAL EXAMINATION

GENERAL SURVEY: When a patient presents with a swelling, the patient should be looked at as a whole. Cachexia or malnutrition may be obvious in first look. The attitude of the patient is also very important. Abnormal attitude may be either due to a swelling like osteosarcoma pressing on the nerve leading to paresis or paralysis of the distal limb or the swelling may be a displaced fracture or dislocation and the limb assumes abnormal attitude due to that. Raised temperature and pulse rate are always associated with inflammatory swelling.

Examination of lump or swelling

Exam step	Findings and interpretation	Clinical example
Inspection	Look for size, shape, color, pulsation, movement .	Black color → melanoma ; pulsatile → aneurysm .
Palpation	Assess temperature, tenderness, consistency, mobility, fluctuation, transillumination .	Hard, irregular, fixed lump → malignancy ; fluctuant lump → abscess/cyst .
Percussion	Identify resonance or dullness over the swelling.	Resonant swelling → hernia ; dull swelling → solid tumor .
Auscultation	Listen for bruits over vascular swellings.	Bruit heard → arteriovenous malformation or aneurysm .

At the end of every chapter, updated diagnostic algorithms and a step-by-step approach to patient care for key conditions are described in flow charts.



Each chapter concludes with a structured differential diagnosis, accompanied by systematic diagrams and figures.

Benign	Malignant
1. Secondary changes: Not seen	1. Often occur across
2. Recurrence: Never recurs after excision	2. Often recurs after excision
Histology	
1. Cell differentiation: A feature of benign growth	1. Cells are usually undifferentiated
2. Polarity: Cells are arranged as parent tissue	2. Polarity is lost
3. Capsule: Always encapsulated	3. No capsule formation as local infiltration is the rule
4. Anaplasia: Not seen	4. A feature of malignant growth.
5. Nuclear structure: Same as the parent tissue without mitosis	5. Nucleus becomes larger, hyperchromatic with mitosis

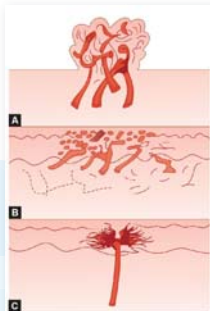
It may so happen that a tumor may be benign to start with, but may undergo malignant transformation at some stage. The malignant transformation is recognized by—(i) Sudden increase in the size of the swelling; (ii) Increase in vascularity of the tumor with rise of local temperature; (iii) Entry of the tumor and infiltration of the surrounding tissues, e.g., involvement of the facial nerve in case of a parotid tumor; or malignant change in a thyroid body is suspected when a patient complains of hoarseness of voice (due to involvement of recurrent laryngeal nerve) (if the tumor) or dysphagia (due to involvement of esophagus).

DIFFERENTIAL DIAGNOSIS

CONGENITAL

1. DERMOID CYST (Sequestration dermoid): This cyst generally develops in the line of embryonic fusion. So this cyst may appear anywhere in the midline of the body as also in places where the two embryonic processes meet each other, e.g., at the outer angle of the orbit (Fig. 3.5) (where the frontonasal process and the maxillary process fuse with each other), behind the pinna (Fig. 3.6) (postauricular dermoid), just below the tongue in the midline (sublingual dermoid), etc.

The characteristic features of the swelling will be similar to those of a cyst. There will be presence of fluctuation but translucency will be absent due to the presence of pultaceous material inside the cyst. The swelling is round and smooth and the margin will yield to the pressure of the finger and will not slip away (cf. lipoma). The swelling will be free from the skin and from the deeper structures. When the underlying structure is a bone an indentation in the bone may be felt at the margin of the swelling (Fig. 3.40). Dermoid cyst in the scalp may be: (a) fully outside the skull bones or (b) outside the skull but



Figs. 3.46A to C: A schematic diagram to show: (A) Strawberry nevus; (B) Port-wine stain, which is a collection of dilated intradermal capillaries; (C) Spider nevus, in which there are visible radiating branches from a single arteriole.



Fig. 3.47: Strawberry hemangioma (capillary hemangioma) of the cheek.

Online Examination Videos

1. Examination of pain
2. Examination of a swelling
3. Examination of an ulcer
4. Examination of a sinus or a fistula
5. Examination of edema
6. Examination of varicose veins
7. Examination of peripheral nerve lesions
8. Examination of muscles and tendons
9. Examination of the shoulder joint
10. Examination of the knee joint
11. Examination of the wrist joint
12. Examination of the elbow joint
13. Examination of the hip joint
14. Examination of the ankle and foot
15. Examination of the spine
16. Examination of head injuries
17. Examination of the face
18. Examination of the oral cavity
19. Examination of the jaws and temporomandibular joint
20. Examination of the salivary glands
21. Examination of the neck
22. Examination of the thyroid gland
23. Examination of lymph nodes
24. Examination of the chest
25. Examination of the breast
26. Examination of the abdomen
27. Examination of the scrotum
28. Examination of a ventral hernia
29. Examination of an inguinal hernia
30. Examination of the anorectal region
31. Examination in a case of appendicitis
32. Examination in a case of pancreatitis
33. Examination in a case of cholelithiasis
34. Examination in a case of peripheral vascular disease
35. Examination in a case of acute abdomen
36. Examination in a case of pneumothorax
37. Examination in a case of ascites
38. Examination in a case of thyroglossal cyst
39. Examination in a case of nephrolithiasis
40. Examination in a case of chest discomfort

Online Audio Case Files

1. Right iliac fossa pain
2. Right iliac fossa lump
3. Right hypochondriac pain
4. Epigastric pain
5. Left hypochondriac pain
6. Obstructive jaundice
7. A case of painless hematuria
8. A case of painless progressive jaundice
9. Acute urinary retention
10. Dysphagia
11. A neck swelling
12. A thyroid swelling
13. A case of cervical lymphadenopathy
14. A midline neck swelling
15. A case of scrotal swelling
16. Inguinal swelling
17. A case of breast lump
18. A case of nipple discharge
19. A case of upper gi bleed
20. A case of lowe gi bleed
21. A case of acute abdomen
22. A case of chronic abdominal pain
23. A case of a nonhealing ulcer
24. A case of a nonhealing wound
25. A case of sudden-onset unilateral leg swelling
26. A case of sudden-onset scrotal pain
27. A case of back pain
28. A case of chronic hip pain
29. A case of shoulder pain
30. A case of knee pain in a young athlete
31. A case of hand deformity
32. A case of foot ulcer
33. A case of unilateral facial swelling
34. A case of blunt abdominal trauma
35. A case of chest trauma
36. A case of burn injury
37. A case of atraumatic limb swelling
38. A case of postoperative fever
39. A case of sudden onset chest pain
40. A case of acute limb ischemia



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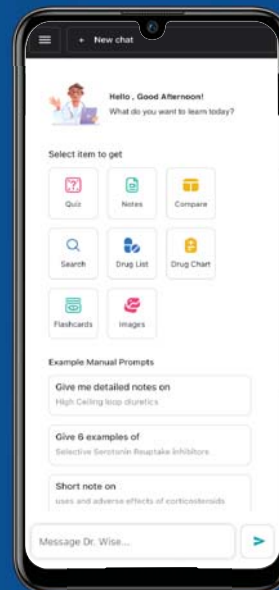
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MCQs

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Short Notes

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