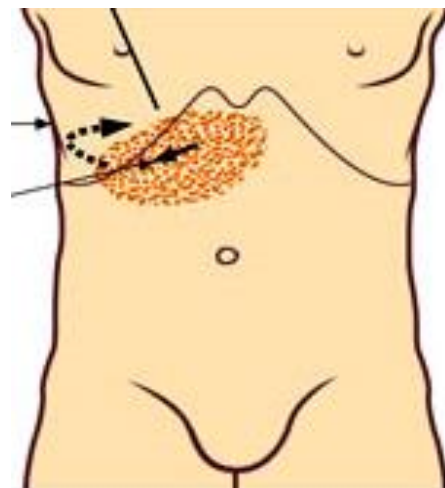


## ABDOMINAL & UROLOGY

### SURGICAL SIGNS

#### MURPHY'S SIGN

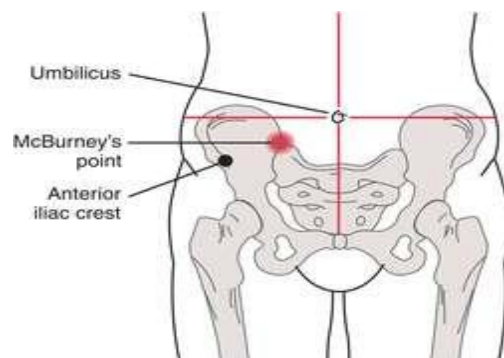
- Differentiates cholecystitis from other causes of right upper quadrant pain
- Palpate the left then right upper quadrants and ask the patient to breath in
- A positive Murphy's sign is when inspiration against the hand placed in the RUQ causes the patient to 'catch' their breath or indicate pain, but the same manoeuvre on the left side doesn't cause pain.
- If there is pain in both UQ the test is considered negative



#### APPENDICITIS SIGNS

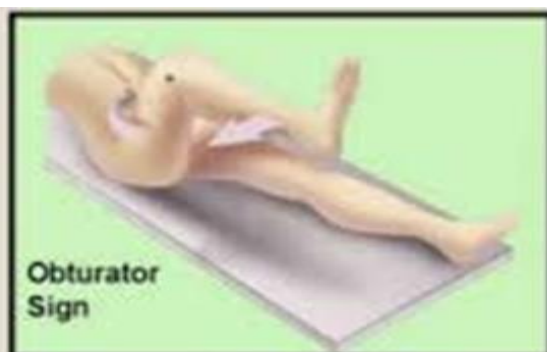
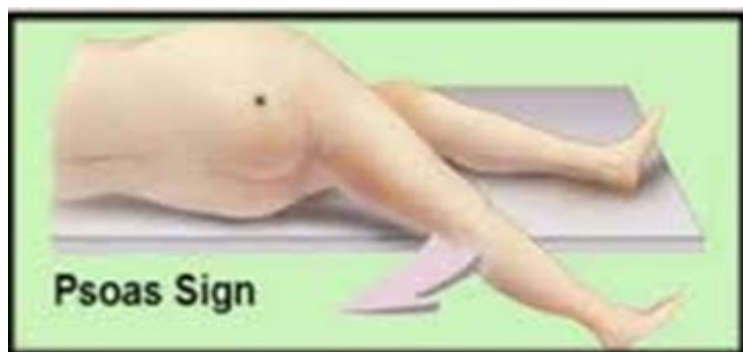
##### McBurney's Point/ Sign

- 1/3 the distance from ASIS to umbilicus
- Represents most common site of base of appendix
- Deep tenderness here is known as **McBurney's sign**
- Localisation of pain to McBurney's Point indicates peritonitis due to appendicitis
- Epigastric tenderness due to palpation at McBurney's point is known as **Aaron's sign**



##### Rovsing's sign

- LIF palpation causes pain to localise to RIF
- Palpation stretches the peritoneum, the area overlying the appendix which is inflamed is further irritated allowing the body to localise the noxious stimulus



## CULLEN'S & GREY- TURNER'S SIGNS

- Cullen's sign is umbilical (CENTRAL) bruising it indicates intra- abdominal bleeding e.g. ruptured ectopic or aortic rupture; or pancreatitis
- Grey- Turner's sign is flank bruising it indicates retroperitoneal bleeding.
- In the context of pancreatitis both are a severity indicator and suggests pancreatic necrosis and haemorrhage



## MURPHY'S PUNCH SIGN

- Tenderness at the costovertebral angle due to percussion
- Indicates renal cause of pain e.g. renal stone, pyelonephritis, perinephric abscess
- Pain is due to percussion disturbing the inflamed kidney lying directly anterior to the pressure



## CREMASTERIC REFLEX

- Elicited by lightly stroking the superior, medial thigh
- Normal reflex is contraction of the cremaster muscle causing the ipsilateral testicle to rise
- It is most commonly absent in testicular torsion
- While its absence adds to suspicion, its presence doesn't rule out torsion
- It's presence may be an indicator for testicular Doppler ultrasound if time permits

