

Examination of Swelling

1. Inspection (Look)

- **Site:** Anatomical location (e.g., neck, breast, groin, limb).
- **Size:** Approximate dimensions in cm.
- **Shape:** Spherical, oval, irregular.
- **Surface:** Smooth, nodular, irregular.
- **Skin over the swelling:** Normal, stretched, red, pigmented, ulcerated.
- **Pulsations:** Present or absent.
- **Visible peristalsis:** Seen in **abdominal swellings like pyloric stenosis**.

2. Palpation (Feel)

- **Temperature:** Increased in inflammatory swellings.
- **Tenderness:** Painful in infections, abscesses, or inflammatory swellings.
- **Consistency:**
 - **Soft:** Lipoma, cyst, hematoma.
 - **Firm:** Lymphadenopathy, fibroma, early-stage malignancies.
 - **Hard:** Carcinoma, bone tumors.
- **Fluctuation:** Indicates **fluid-filled swelling (cyst, abscess, hematoma)**.
- **Transillumination:**
 - **Positive (glows under light):** Cystic swelling (hydrocele, sebaceous cyst).
 - **Negative:** Solid or mixed consistency swelling.
- **Compressibility:** Seen in **vascular lesions like hemangiomas**.
- **Mobility:**
 - **Freely mobile:** Lipoma, benign tumors.
 - **Fixed:** Malignancies, deep tissue involvement.
- **Bruit (on auscultation):** Suggests **vascular swelling (AV malformation, aneurysm)**.

3. Percussion

- **Dull note:** Solid swelling (tumor, abscess).
- **Resonant note:** Air-filled swelling (pneumatocele).

4. Systemic Examination

- **Regional lymph node involvement** (lymphadenopathy in malignancy, TB).
 - **Distant metastases signs** (e.g., hepatosplenomegaly in malignancies).
-

III. CASE PRESENTATION – SOFT TISSUE SWELLING (LIPOMA)

A. General Information

- **Patient Name:** Mr. XYZ
- **Age:** 45 years
- **Sex:** Male
- **Occupation:** Office worker
- **Address:** [Confidential]
- **Hospital ID:** [Confidential]
- **Date of Admission:** [DD/MM/YYYY]

B. Chief Complaint

- **Painless swelling on the left forearm for 3 years.**

C. History of Present Illness

- The patient **first noticed a small, painless lump** on the **left forearm** 3 years ago.
- The swelling **gradually increased in size** without pain or ulceration.
- No history of **fever, trauma, weight loss, or loss of appetite.**
- No associated **numbness or functional impairment** of the limb.

D. Past Medical & Surgical History

- No history of **diabetes, tuberculosis, or malignancy.**
- No history of prior **surgeries or trauma.**

E. Family History

- No history of **similar swellings** in family members.

F. General Examination

- **Vital signs normal** (BP: 120/80 mmHg, Pulse: 78/min, Afebrile).
- No **pallor, icterus, cyanosis, clubbing, or pedal edema.**

G. Local Examination

Inspection:

- ✓ Swelling in the **left forearm**, **3×4 cm**, smooth surface, normal skin color.

Palpation:

- ✓ **Soft, non-tender, mobile swelling.**
- ✓ **Fluctuation test negative** (not fluid-filled).
- ✓ **Transillumination test negative** (not cystic).

Percussion:

- ✓ **Dull note** (soft tissue origin).

H. Provisional Diagnosis

- ✦ **Lipoma (Benign Fatty Tumor).**

I. Differential Diagnosis

1. **Sebaceous Cyst** (if fluctuant).
2. **Fibroma** (if firm).
3. **Neurofibroma** (if associated with nerve involvement).

J. Investigations Ordered

- ◆ **Ultrasound of swelling:** Confirms **lipomatous nature**.
- ◆ **MRI (if large or deep-seated):** To rule out malignancy.
- ◆ **FNAC (Fine Needle Aspiration Cytology):** To confirm **benign nature**.

K. Final Diagnosis

- ✦ **Lipoma (Soft Tissue Benign Tumor).**

L. Treatment Plan

- ◆ **Observation:** If small and asymptomatic.
- ◆ **Surgical Excision:** If **large, growing, painful, or cosmetically unacceptable**.

M. Prognosis & Follow-Up

- Excellent prognosis.
 - Recurrence is rare unless **infiltrating lipoma**.
-

CASE PRESENTATION – MALIGNANT SWELLING (SOFT TISSUE SARCOMA)

I. GENERAL INFORMATION

- **Patient Name:** Mr. ABC
 - **Age:** 55 years
 - **Sex:** Male
 - **Occupation:** Farmer
 - **Address:** [Confidential]
 - **Hospital ID:** [Confidential]
 - **Date of Admission:** [DD/MM/YYYY]
-

II. CHIEF COMPLAINT

- **Progressively enlarging swelling on the right thigh for 8 months.**
 - **Pain and ulceration for the past 2 months.**
-

III. HISTORY OF PRESENT ILLNESS

- The patient first noticed a **small lump on the right thigh** 8 months ago.
 - The swelling **grew rapidly** over the last 6 months.
 - Initially **painless**, but developed **dull aching pain** over time.
 - The patient noticed **skin ulceration and occasional bleeding**.
 - No history of **fever, weight loss, or trauma**.
 - No history of **similar swelling elsewhere**.
-

IV. PAST MEDICAL & SURGICAL HISTORY

- No known history of **diabetes, tuberculosis, or hypertension**.
 - No prior **surgeries or trauma**.
-

V. FAMILY HISTORY

- No family history of **soft tissue tumors or malignancy**.
-

VI. GENERAL EXAMINATION

- **Vitals:** BP – 130/85 mmHg, Pulse – 82/min, Afebrile.
 - **No pallor, icterus, cyanosis, clubbing, lymphadenopathy, or pedal edema.**
 - Systemic examination **normal**.
-

VII. LOCAL EXAMINATION

A. Inspection

- ✓ Swelling present on **anteromedial aspect of the right thigh**.
- ✓ **Size:** 10×8 cm.
- ✓ **Shape:** Irregular.
- ✓ **Skin:** Ulcerated with areas of necrosis.
- ✓ **Surface:** Nodular, fixed, and irregular.

B. Palpation

- ✓ **Temperature: Raised** (suggesting malignancy or infection).
 - ✓ **Tenderness:** Present.
 - ✓ **Consistency: Hard** (malignancy suspected).
 - ✓ **Fluctuation: Absent** (not cystic).
 - ✓ **Transillumination: Negative** (solid swelling).
 - ✓ **Mobility: Fixed to underlying structures** (suggesting malignancy).
 - ✓ **Regional Lymph Nodes: Inguinal lymphadenopathy present** (possible metastasis).
-

VIII. DIFFERENTIAL DIAGNOSIS

1. **Soft Tissue Sarcoma** (Malignant).
 2. **Desmoid Tumor** (Fibromatosis).
 3. **Chronic Abscess** (if pus formation was present).
 4. **Lipoma** (if soft and mobile, but unlikely due to fixation and ulceration).
-

IX. INVESTIGATIONS

- ◆ **Ultrasound & Doppler Study:** To assess extent and vascularity.
 - ◆ **MRI of Thigh:** To determine depth and soft tissue involvement.
 - ◆ **FNAC / Core Needle Biopsy:** To confirm malignancy.
 - ◆ **Chest X-ray / CT Scan:** To rule out **lung metastasis**.
 - ◆ **Blood Investigations:** CBC, LFT, RFT, LDH (tumor marker).
-

X. FINAL DIAGNOSIS

- ◆ **Soft Tissue Sarcoma (High-Grade Malignancy).**
-

XI. TREATMENT PLAN

- ◆ **Wide Local Excision with Clear Margins** (Mainstay of treatment).
 - ◆ **Radiotherapy** (if tumor is large or unresectable).
 - ◆ **Chemotherapy** (if metastasis is present).
 - ◆ **Regular Follow-up** to detect recurrence/metastasis.
-

XII. PROGNOSIS & FOLLOW-UP

- Prognosis depends on **tumor size, histological grade, and metastasis**.
 - **Regular follow-up is needed** to monitor recurrence.
-

CASE PRESENTATION – INFLAMMATORY SWELLING (ABSCESS)

I. GENERAL INFORMATION

- **Patient Name:** Ms. XYZ
 - **Age:** 30 years
 - **Sex:** Female
 - **Occupation:** Homemaker
 - **Address:** [Confidential]
 - **Hospital ID:** [Confidential]
 - **Date of Admission:** [DD/MM/YYYY]
-

II. CHIEF COMPLAINT

- **Painful swelling in the axilla** for 2 weeks.
 - **Fever** for 5 days.
-

III. HISTORY OF PRESENT ILLNESS

- The patient noticed a **small, painful lump** in the left axilla **2 weeks ago**.
 - The swelling **gradually increased in size**.
 - Associated with **throbbing pain, redness, and warmth**.
 - **Fever with chills** for the last **5 days**.
 - No history of **trauma, insect bite, or previous abscess**.
-

IV. PAST MEDICAL & SURGICAL HISTORY

- No history of **diabetes, tuberculosis, or immunosuppression**.
 - No previous history of similar swelling.
-

V. FAMILY HISTORY

- No significant family history.
-

VI. GENERAL EXAMINATION

- **Vitals:** BP – 110/70 mmHg, Pulse – 95/min, Febrile (101°F).
 - **Pallor Present** (Suggests ongoing infection).
 - No icterus, cyanosis, clubbing, lymphadenopathy, or edema.
-

VII. LOCAL EXAMINATION

A. Inspection

- ✓ Swelling in the **left axilla, 4×3 cm, red and raised.**
- ✓ Overlying **skin stretched and shiny.**

B. Palpation

- ✓ **Temperature:** Raised.
 - ✓ **Tenderness:** Present (severe).
 - ✓ **Consistency:** Soft, **fluctuant.**
 - ✓ **Fluctuation Test:** Positive (indicates pus collection).
 - ✓ **Transillumination Test:** Negative.
 - ✓ **Regional Lymph Nodes:** Not enlarged.
-

VIII. DIFFERENTIAL DIAGNOSIS

1. **Axillary Abscess (Most Likely).**
 2. **Inflamed Lymph Node (Lymphadenitis).**
 3. **Furuncle (Boil).**
-

IX. INVESTIGATIONS

- ◆ **Blood Tests:** Raised WBC count (infection).
 - ◆ **Ultrasound:** Confirms abscess with **fluid collection**.
 - ◆ **Pus Culture & Sensitivity:** Identifies causative bacteria.
 - ◆ **Blood Sugar Test:** To rule out diabetes (predisposing factor).
-

X. FINAL DIAGNOSIS

- ◆ **Axillary Abscess (Likely Staphylococcal Infection).**
-

XI. TREATMENT PLAN

- ◆ **Incision & Drainage (I&D) with Proper Aseptic Measures.**
 - ◆ **Antibiotics (Broad-Spectrum like Amoxicillin-Clavulanate).**
 - ◆ **Pain Relief (NSAIDs like Ibuprofen).**
 - ◆ **Warm Compresses for Comfort.**
 - ◆ **Daily Dressing & Wound Care.**
-

XII. PROGNOSIS & FOLLOW-UP

- **Good prognosis** with prompt treatment.
 - **Recurrence possible** in diabetics or immunocompromised patients.
 - **Patient education** on hygiene to prevent future infections.
-

SUMMARY OF ALL CASES

Case Type	Key Findings	Diagnosis	Treatment
Benign Swelling (Lipoma)	Soft, painless, mobile	Lipoma	Conservative / Excision if needed
Malignant Swelling (Sarcoma)	Hard, fixed, ulcerated	Soft Tissue Sarcoma	Surgery + Radiotherapy
Inflammatory Swelling (Abscess)	Painful, fluctuant, red	Abscess	Incision & Drainage + Antibiotics