

# A

## Abdominal pain

### Epigastric

Peptic ulcer

Pancreatitis

Reflux oesophagitis

Acute gastritis

Malignancy: gastric, pancreatic

Pain from adjacent areas: See RUQ, central abdominal pain, cardiac/pulmonary/pleural pathology, e.g. MI, pericarditis, pneumonia

Functional disorders: non-ulcer dyspepsia, irritable bowel syndrome

### Right upper quadrant (RUQ)

Gall bladder pathology: cholecystitis (usually related to gallstones, occasionally may be acalculous), biliary colic, cholangitis

Liver pathology: hepatitis, hepatomegaly (congestive, e.g. in congestive cardiac failure, Budd–Chiari syndrome), hepatic tumours, hepatic/subphrenic abscess

Pain from adjacent areas: See Epigastric (e.g. pancreatitis, peptic ulcer), RIF, Loin pain, pulmonary/pleural pathology, e.g. pneumonia, pulmonary infarction

Appendicitis, e.g. in a pregnant woman

Colonic cancer (hepatic flexure)

Herpes zoster

### Right iliac fossa (RIF)

Gastrointestinal: appendicitis, mesenteric adenitis (*Yersinia*, in children), Meckel's diverticulum (in children), inflammatory bowel disease, colonic cancer, constipation, irritable bowel syndrome

Reproductive: *Females*: Mittelschmerz (ovulation), ovarian cyst torsion/rupture/haemorrhage, ectopic pregnancy, salpingitis/pelvic inflammatory disease, endometriosis. *Males*: seminal vesiculitis, cancer in undescended testis

Renal: UTI, ureteric colic (renal stones)

Pain from adjacent areas: See RUQ, suprapubic, central abdominal pain, groin pain, hip pathology, psoas abscess, rectus sheath haematoma, right-sided lobar pneumonia

### Suprapubic

Urinary retention

Cystitis

Pain from adjacent areas: See RIF, LIF

### Left iliac fossa (LIF)

Gastrointestinal: diverticulitis, inflammatory bowel disease, colonic cancer, constipation, irritable bowel syndrome

Reproductive: See RIF

Renal pain: See RIF

Pain from adjacent areas: See LUQ, suprapubic, central abdominal, hip pathology, psoas abscess, rectus sheath haematoma, left-sided lobar pneumonia

### Left upper quadrant (LUQ)

Splenic rupture, splenic infarction (e.g. sickle cell disease), splenomegaly

Subphrenic abscess

### **Abdominal pain continued**

Pain from adjacent areas: See epigastric (e.g. pancreatitis, peptic ulcer), LIF, loin pain, cardiac/pulmonary/pleural pathology, e.g. MI, pericarditis, pneumonia, empyema, pulmonary infarction

Colonic cancer (splenic flexure)

Herpes zoster

### **Central abdominal (periumbilical)**

Gastrointestinal: intestinal obstruction, early appendicitis, gastroenteritis

Vascular: abdominal aortic aneurysm (leaking, ruptured), mesenteric ischaemia (thrombosis, embolism, vasculitis, e.g. polyarteritis nodosa)

Medical causes, e.g. diabetic ketoacidosis, uraemia

Pain from adjacent areas, e.g. epigastric, iliac fossae

### **Loin pain**

Infection: UTI (pyelonephritis), perinephric abscess/pyonephrosis

Obstruction, e.g. renal stones (See Urinary tract obstruction)

Renal carcinoma

Renal vein thrombosis

Polycystic kidney disease

Pain from vertebral column

### **Groin pain**

Renal stones (pain radiating from loin to groin)

Testicular pain, e.g. torsion, epididymo-orchitis (pain radiating from scrotum to groin)

Hernia (inguinal)

Hip pathology

Pelvic fractures

### **Diffuse abdominal pain**

Gastroenteritis

Peritonitis

Intestinal obstruction

Inflammatory bowel disease

Mesenteric ischaemia

Medical causes (see below)

Irritable bowel syndrome

### **Medical causes**

CVS/Respiratory: MI, pneumonia, Bornholm's disease (Coxsackie B virus infection, rare)

Metabolic: diabetic ketoacidosis, Addisonian crisis, hypercalcaemia, uraemia, porphyria, phaeochromocytoma, lead poisoning

Neurological: Herpes zoster, tabes dorsalis

Haematological: sickle cell crisis, retroperitoneal haemorrhage (e.g. anticoagulants), lymphadenopathy

Inflammatory: vasculitis (e.g. Henoch-Schönlein purpura, polyarteritis nodosa), familial Mediterranean fever

Infections: intestinal parasites, tuberculosis, malaria, typhoid fever

Irritable bowel syndrome

### **Abdominal distension**

Fat (obesity)

Fluid (ascites, fluid in the obstructed intestine)

Flatus (intestinal obstruction\*)

Faeces

Fetus

Giant organomegaly (e.g. an ovarian cystadenoma, lymphoma)

\*Small bowel: adhesions, herniae, intussusception, Crohn's disease, gallstone ileus, foreign body, tumour, tuberculosis. Large bowel: cancer, volvulus, diverticulitis, faeces.

## Abdominal masses

See Masses and swellings

## Abdominal wall veins, dilated

Caput medusae (portal hypertension)

Inferior vena cava obstruction

## Acanthosis nigricans

Malignancy: oesophagus, stomach, large bowel, bladder, kidney

Insulin resistance: diabetes mellitus, PCOS, steroids

Acromegaly

Prader–Willi syndrome

## Acanthocytosis

Artifact (blood collected in EDTA tube)

Abetalipoproteinaemia (associated with retinitis pigmentosa, neurological deficits)

Anorexia

Liver failure

Chronic renal failure

Hyposplenism

Hypothyroidism

Chorea–acanthocytosis syndrome

## ACE (Angiotensin-converting enzyme), ↑

Sarcoidosis

TB

Lymphoma

Asbestosis

Silicosis

## Acid phosphatase, ↑

Prostate cancer

Paget's disease of bone

Lysosomal storage disease, e.g. Gaucher's disease

Thrombocythaemia

## Acidosis

### Metabolic

#### Normal anion gap

↓ HCO<sub>3</sub><sup>-</sup> GI loss: diarrhoea, fistula (biliary, intestinal, pancreatic), ileostomy, ureterosigmoidostomy

Renal loss: renal tubular acidosis (type 2), renal tubular damage (e.g. drugs/heavy metals), hyperparathyroidism, acetazolamide

↑ H<sup>+</sup> Renal tubular acidosis (1 & 4), ammonium chloride ingestion

## **Acidosis** continued

### **High anion gap**

Ketoacidosis: diabetes mellitus, excess alcohol, starvation

Lactic acidosis:

Tissue hypoxia, e.g. shock (haemorrhagic/septic), severe exercise, severe anaemia

Drugs: metformin, ethanol, methanol, ethylene glycol, zidovudine

D-Lactic acidosis (short gut syndrome)

Leukaemia

Lymphoma

Liver failure

Glucose-6-phosphatase deficiency, mitochondrial disorders (e.g. MELAS)

Renal failure

Salicylate poisoning

## **Respiratory**

### **CNS**

Organic disease involving respiratory centre (e.g. vascular, infection, inflammation, trauma, tumour)

Drugs: opiates, benzodiazepines, barbiturates and other anaesthetic agents

### **Lungs**

Severe asthma (uncommonly), COPD, large airway obstruction, obstructive sleep apnoea

### **Neuromuscular**

Motor neurones: Guillain-Barré syndrome, motor neurone disease, poliomyelitis, acute porphyria

Neuromuscular junction/muscle: myasthenia gravis, muscular dystrophies, muscle relaxants, diaphragmatic paralysis

### **Chest wall**

Severe kyphoscoliosis, severe obesity, traumatic 'flail chest'

## **Acute confusional state**

See Delirium

## **Ageusia**

Infection/inflammatory diseases of oral cavity

Chorda tympani injury, e.g. during surgery (unilateral anterior 2/3 of the tongue)

Radiation

See also Dysgeusia (impairment of taste)

## **Alanine-amino transferase (ALT)**

See Liver function tests

## **Alkaline phosphatase**

See Liver function tests

## **Alkalosis**

### **Metabolic**

*GI loss of H<sup>+</sup>*

Vomiting, laxative abuse, villous adenoma, VIPoma

**Renal loss of  $H^+$** 

↑↑ **Mineralocorticoid activity (stimulates  $H^+$  secretion):**

Hyperaldosteronism

↑↑ Glucocorticoids: Cushing's syndrome, liquorice (inhibits 11-hydroxysteroid dehydrogenase and ↓ glucocorticoid metabolism)

**↑  $Na^+$  delivery to distal nephron**

Diuretics: thiazides and loop diuretics (also ↑ aldosterone secretion)

Bartter's syndrome, Gitelman's syndrome

**Intracellular shift of  $H^+$** 

Hypokalaemia (also note that the above causes of GI/renal loss of  $H^+$ , also induce  $K^+$  loss)

**Other**

Compensation for respiratory acidosis

Excessive alkali ingestion (e.g. ↑↑ sodium bicarbonate administration in treatment of acidotic states)

Fulminant hepatic failure (failure to synthesize urea and neutralize bicarbonate derived from amino acid metabolism)

**Respiratory**

Hyperventilation:

Physiological (anxiety, pain, fever, pregnancy, high altitude)

Mechanical overventilation

Respiratory failure (type I): asthma, COPD, pneumonia, pulmonary oedema, pulmonary embolism, ARDS, fibrosing alveolitis, right → left shunt

Salicylate poisoning, CO poisoning

CNS disease (CVA, infection, tumour, trauma)

Others: liver failure (acute), Gram -ve septicaemia

**Alopecia****Non-scarring**

Aging (male/female pattern baldness)

Alopecia areata

Traction, trichotillomania

Telogen effluvium: transitory ↑ in number of hairs in resting phase of the hair growth cycle, associated with stress, (e.g. surgery, febrile illness, childbirth, etc.)

Cutaneous diseases (e.g. psoriasis, eczema)

Drugs (cytotoxics, ciclosporin, OCPs, anticoagulants, antithyroid drugs, vitamin A/retinoids)

Endocrine diseases (hypopituitarism, hypo/hyperthyroidism, diabetes mellitus)

Nutritional deficiency (iron, zinc, biotin, caloric deficiency)

Congenital

**Scarring**

Trauma/burns

Infection: pyogenic infection, TB (lupus vulgaris), syphilis, viral (varicella, herpes simplex), fungal (e.g. ringworm), protozoal (Leishmaniasis), leprosy

Inflammatory disease: SLE, scleroderma, sarcoidosis

Skin disease: lichen planus, cicatricial pemphigoid, necrobiosis lipoidica, folliculitis decalvans

**Ambiguous genitalia**

See Pseudohermaphrodite

## Amenorrhoea

Non-pathological: pregnancy, lactation, menopause, drugs (e.g. Depo-Provera)

Hypothalamus: starvation, anorexia, excessive exercise, weight loss, *GnRH deficiency* (isolated or part of Kallmann's syndrome)

Pituitary: hypopituitarism, hyperprolactinaemia

Ovaries: PCOS, premature ovarian failure, damage to ovaries (infection e.g. mumps, autoimmune, surgery, radiotherapy), ovarian dysgenesis (e.g. *Turner's syndrome*)

Uterus/vagina: *absent uterus, imperforate hymen, transverse vaginal septum*

Asherman's syndrome: scarring of endometrial lining 2° to infection and instrumentation, e.g. D&C

Thyroid: hypo/hyperthyroidism

Adrenals: adrenal tumours, Cushing's syndrome

Note: The causes in *italics* present only with primary amenorrhoea.

## Amnesia

### Acute/transient

In the presence of other cognitive deficits: acute confusional state (See Delirium)

Trauma (head injury)

Transient global amnesia (may be associated with migraine)

Temporal lobe epilepsy

Migraine

Transient ischaemic attack (TIA), tumours (rare)

### Chronic/persistent

In the presence of other cognitive deficits (See Dementia)

Medial temporal lobe lesions (bilateral)

Vascular: posterior cerebral artery occlusion (bilateral)

Infection: herpes simplex encephalitis

Inflammation: limbic encephalitis (may be paraneoplastic), sarcoidosis

Tumours: midline (in the region of the third ventricle)

Toxic/metabolic: thiamine deficiency (Korsakoff's psychosis in alcoholism, hyperemesis gravidarum)

### Amylase, ↑

Pancreatitis (acute)

Acute abdomen: peptic ulcer, perforation, intestinal obstruction, ruptured ectopic pregnancy

Diabetic ketoacidosis

Renal failure

Salivary gland disorders: calculi, mumps

Morphine (spasm of sphincter of Oddi)

Macroamylasaemia: amylase is complexed with another protein, e.g. immunoglobulin and its renal clearance is reduced

## ANA

SLE (95%), drug-induced lupus (100%)

Systemic sclerosis (90%)

Sjögren's syndrome (80%)

Rheumatoid arthritis (60%)

Polymyositis (40%)

Polyarteritis nodosa (20%)

Other diseases: chronic active hepatitis, diabetes, Waldenström's macroglobulinaemia, myasthenia gravis

Normal population (5-8%)

## Anaemia

### Macrocytic

Alcohol

Folate/B<sub>12</sub> deficiency

Haemolytic anaemia

Hypothyroidism

Liver disease

Myelodysplasia

### Microcytic

Iron deficiency: blood loss (GI [e.g. peptic ulcer, malignancy], urogenital [e.g. menorrhagia, haematuria]), hookworm (*Ancylostoma duodenale*)

↓ absorption (gastrectomy, small bowel disease),

↑ demands (growth, pregnancy), ↓ intake (e.g. vegans)

Thalassaemia

Sideroblastic anaemia: congenital (X-linked), alcohol, drugs (isoniazid, chloramphenicol), lead, myelodysplasia

Lead poisoning

Anaemia of chronic disease (often normocytic, but may be microcytic)

### Normocytic

Anaemia of chronic disease (chronic infection, inflammatory/connective tissue diseases, malignancy)

Haemolytic anaemia (may also cause macrocytic anaemia)

Hypothyroidism (may also cause macrocytic anaemia)

Pregnancy

Renal failure

Bone marrow failure

### Haemolytic

#### **Hereditary**

Haemoglobinopathies: sickle cell anaemia, thalassaemia

Membrane defects: spherocytosis, elliptocytosis

Metabolic defects: pyruvate kinase deficiency, glucose-6-phosphate dehydrogenase deficiency

#### **Acquired**

Autoimmune: Warm antibodies (idiopathic, SLE, lymphoma, drugs, e.g. methyl dopa), Cold antibodies (idiopathic, infections, e.g. *Mycoplasma* sp., EBV, other viruses, lymphoma)

Alloimmune: Transfusion reaction, haemolytic disease of newborn

Drugs: penicillin, quinidine

Non-immune: trauma: microangiopathic haemolytic anaemia (TTP, HUS, DIC, malignant hypertension, pre-eclampsia), artificial heart valves, March haemoglobinuria

Infection: malaria, clostridia

Paroxysmal nocturnal haemoglobinuria, secondary to liver and renal disease

### Aplastic

Idiopathic

Inherited: Fanconi anaemia, dyskeratosis congenita

Acquired: drugs (cytotoxics, chloramphenicol, gold, methotrexate), chemicals (parathion, benzene), radiation, viral infection (B19 parvovirus, HIV, hepatitis, measles), paroxysmal nocturnal haemoglobinuria, sepsis

## **ANCA**

### **p-ANCA**

Microscopic polyangiitis

Churg–Strauss disease

Also: inflammatory bowel disease, sclerosing cholangitis, biliary cirrhosis, autoimmune hepatitis, rheumatic autoimmune diseases

### **c-ANCA**

Wegener’s granulomatosis

Infections, e.g. amoebic colitis

## **Androgenization**

PCOS

Congenital adrenal hyperplasia

Cushing’s syndrome

Adrenal tumours

## **Angioid streaks**

Pseudoxanthoma elasticum

Ehlers–Danlos syndrome

Paget’s disease of bone

Sickle cell anaemia

Acromegaly, hypercalcaemia, lead poisoning

## **Angular stomatitis**

See Cheilitis

## **Anisocoria**

Physiological inequality

Unilateral miosis (See Miosis) or mydriasis (See Mydriasis)

Prosthetic eyeball

## **Anisocytosis**

Iron deficiency

Thalassaemia

Megaloblastic anaemia

## **Ankle oedema**

See Oedema

## **Annular skin lesions**

Tinea corporis

Urticaria

Pityriasis rosea

Granuloma annulare

Sarcoidosis

Subacute cutaneous lupus erythematosus

Erythema annulare centrifugum

Erythema chronicum migrans

Erythema multiforme

Nummular eczema

Psoriasis

Leprosy

## **Anorectal pain**

Anal fissure

Haemorrhoids (strangulated, thrombosed)  
Perianal abscess  
Perianal haematoma  
Proctalgia fugax  
Malignancy  
Trauma  
Solitary rectal ulcer

### **Anosmia**

Nasal congestion (rhinitis), nasal polyps  
Neurological: tumours on the floor of the anterior fossa (e.g. meningioma), head trauma, neurodegenerative diseases  
Congenital: Kallmann's syndrome (anosmia and GnRH deficiency), cleft palate

### **Aortic regurgitation**

Valve leaflet damage/abnormalities: infective endocarditis, rheumatic fever, trauma, bicuspid aortic valve  
Aorta and valve ring dilatation: aortic dissection, aortitis (e.g. syphilis), arthritides (rheumatoid arthritis, seronegative arthritides, e.g. ankylosing spondylitis, Reiter's syndrome), ↑↑BP  
Others: Marfan's syndrome, pseudoxanthoma elasticum, Ehlers-Danlos syndrome, osteogenesis imperfecta, inflammatory bowel disease

### **Aortic stenosis**

Stenosis secondary to rheumatic heart disease  
Calcification of a congenital bicuspid AV  
Calcification/degeneration of a tricuspid AV in elderly

### **Apex beat**

#### **Heaving (pressure loaded)**

Aortic stenosis (See Aortic stenosis)  
Systemic hypertension

#### **Thrusting (volume loaded)**

Mitral regurgitation (See Mitral regurgitation)  
Aortic regurgitation (See Aortic regurgitation)

### **Tapping**

Mitral stenosis (See Mitral stenosis)

### **Apex beat not palpated**

Obesity, muscular chest wall  
Dextrocardia  
COPD  
L-sided pneumothorax  
L-sided pleural effusion  
Large pericardial effusion

### **Aphasia**

See Dysphasia

### **Appetite, ↓**

See Weight loss, ↓ appetite

**APTT, ↑**

Haemophilia  
von Willebrand's disease  
Liver disease  
Warfarin therapy, vitamin K deficiency  
Heparin  
DIC

*Note:* APTT monitors the intrinsic pathway i.e. deficiency or inhibition of coagulation factors: XII, XI, IX, VIII, X, V, II, and fibrinogen

**Arachnodactyly**

Normal finding  
Marfan's syndrome  
Homocysteinuria  
Ehlers–Danlos syndrome

**Arm pain**

Trauma, strain injury  
Arthritis (See Monoarthralgia)  
Neurological: cervical spinal cord compression (prolapsed disc, cervical spondylosis, tumours)  
Brachial plexus involvement: apical lung cancer, cervical rib  
Peripheral neuropathies  
Carpal tunnel syndrome  
Vascular: subclavian artery stenosis, arterial/venous thrombosis, embolism  
Bone: tumours (primary, secondary: lung, breast, prostate, kidney, thyroid)  
Referred cardiac pain  
See *also* Shoulder pain

**Arm swelling**

Congenital lymphoedema (rare)  
Trauma  
Cellulitis  
Deep venous thrombosis (DVT) (axillary vein: associated with excessive exercise, cervical rib)  
Axillary lymph node involvement: radiotherapy, surgical excision, malignancy, filariasis

**Arterial blood gases**

**Hypoxia, normal or low  $P_aCO_2$  (respiratory failure: type 1)**

Asthma  
COPD  
Pulmonary embolism  
Pulmonary oedema  
Pneumonia  
Pulmonary fibrosis  
R → L shunt  
ARDS

**Hypoxia, high  $P_aCO_2$  (respiratory failure: type 2)**

CNS:  
Organic disease involving respiratory centre (vascular, infection, inflammation, trauma, tumour)  
Drugs: opiates, benzodiazepines, barbiturates and other anaesthetic agents  
Lungs:

Severe asthma, COPD, large airway obstruction, obstructive sleep apnoea  
 Neuromuscular:  
 Motor neurones: Guillain–Barré syndrome, motor neurone disease, poliomyelitis, acute porphyria  
 Neuromuscular junction/muscle: myasthenia gravis, muscular dystrophies muscle relaxants, diaphragmatic paralysis  
 Chest wall:  
 Severe kyphoscoliosis, severe obesity, traumatic ‘flail chest’

## Arthralgia

See Monoarthralgia and Polyarthralgia

## Ascites

### Exudate

Malignancy (abdominal, pelvic, peritoneal mesothelioma)  
 Infection: e.g. TB, pyogenic  
 Pancreatitis  
 Myxoedema (hypothyroidism)  
 Budd–Chiari syndrome (hepatic vein obstruction), portal vein thrombosis  
 Chylous ascites (obstruction of lymphatics, e.g. surgery, lymphoma)

### Transudate

Cirrhosis  
 Cardiac failure, constrictive pericarditis  
 Nephrotic syndrome  
 Rare: Meigs’ syndrome (ovarian fibroma, ascites, pleural effusion), ovarian hyperstimulation

## Aspartate-amino transferase (AST, SGOT)

See Liver function tests

## AST

See Liver function tests

## Asterixis

Liver failure  
 CO<sub>2</sub> retention

## Ataxia

### Cerebellar ataxia

Vascular: infarction, haemorrhage  
 Infection: varicella, cerebellar abscess, TB, toxoplasmosis, cysticercosis  
 Inflammation: multiple sclerosis, vasculitis  
 Trauma  
 Tumour: cerebellar haemangioblastoma, astrocytoma, metastases, paraneoplastic  
 Toxic/metabolic: alcohol, phenytoin, myxoedema  
 Congenital: cerebellar hypoplasia, Dandy–Walker syndrome, Arnold–Chiari malformation  
 Degenerative: multiple system atrophy  
 Hereditary ataxias: autosomal recessive (e.g. Friedreich’s ataxia, ataxia telangiectasia), autosomal dominant (e.g. spinocerebellar ataxia)  
 Storage diseases, e.g. Niemann–Pick disease, Tay–Sachs disease, ceroid lipofuscinosis, metachromatic leukodystrophy, sialidosis and numerous other genetic/metabolic causes, e.g. Refsum disease, Wilson’s disease, etc.

## **Ataxia continued**

### **Sensory ataxia**

Subacute combined degeneration of the cord (See B<sub>12</sub> deficiency), syphilis (tabes dorsalis), cervical myelopathy, diabetic pseudotabes

### **Avascular necrosis**

Fracture (e.g. scaphoid, neck of femur)

Radiotherapy

Sickle cell

Steroids

Cushing's syndrome

Connective tissue diseases (e.g. rheumatoid arthritis, SLE)

Pregnancy

Pancreatitis

Alcohol

Other: Fabry's disease, Gaucher's disease; Caisson's disease (in deep-sea divers)

### **Axillary erythematous rash**

Seborrhoeic dermatitis

Contact dermatitis

Flexural psoriasis

Fungal infection: candidiasis, tinea

Erythrasma (*Corynebacterium* infection)

### **Axis deviation**

#### **Left axis deviation (LAD)**

Left anterior hemiblock

MI (inferior wall)

Wolff–Parkinson–White syndrome (some types)

Ventricular tachycardia (left ventricular focus)

Obesity, pregnancy, congenital heart defects (e.g. endocardial cushion defects)

#### **Right axis deviation (RAD)**

Right ventricular hypertrophy (e.g. secondary to COPD), pulmonary embolism

MI (antero-lateral)

Wolff–Parkinson–White (left-sided accessory pathway)

Dextrocardia

Left posterior hemiblock (rare)