



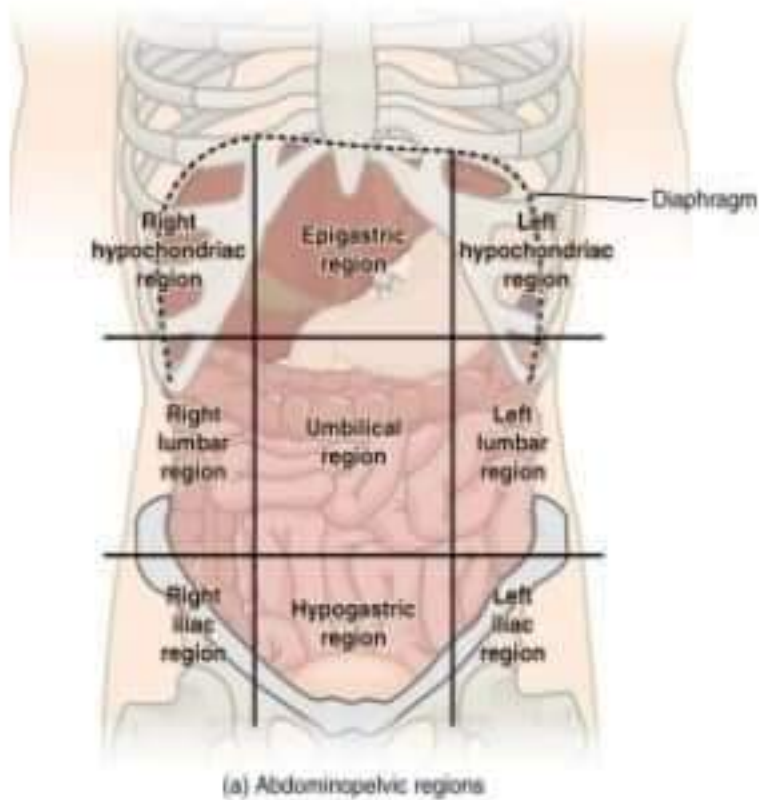
HEPATOMEGALY

OBJECTIVES

- Location and extent of liver
- Clinical presentation
- Inspection
- Palpation
- Percussion
- Auscultation
- Causes



LOCATION AND EXTENT OF LIVER



o Location

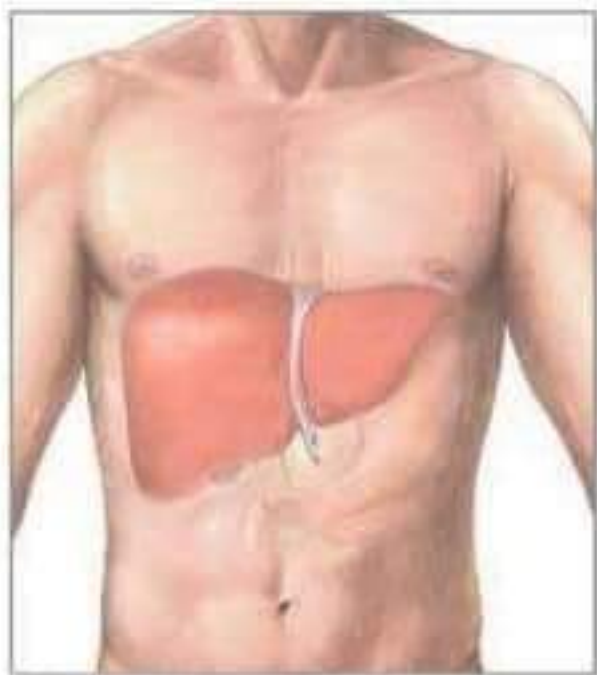
- Right hypochondriac region
- Epigastric region
- Left hypochondriac region

o Extent

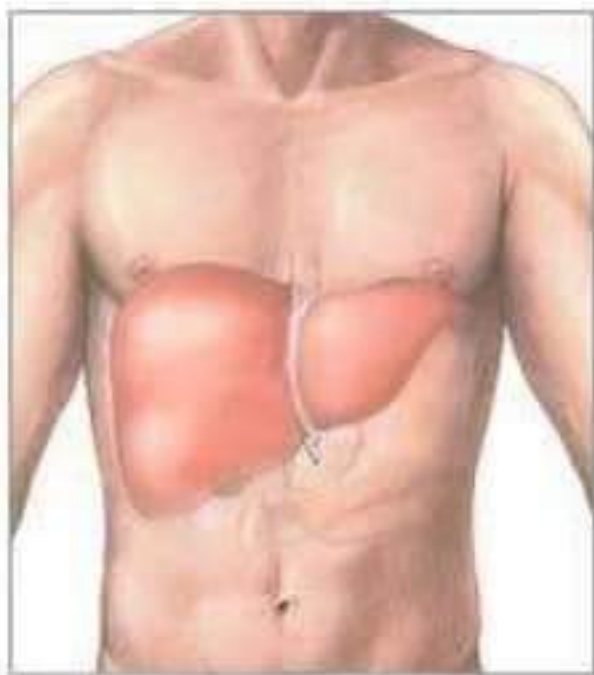
- Upper border- 6th rib
- Inferior border- crosses midline at the level of transpyloric plane (at the level of L1 vertebrae)



Normal liver



Enlarged liver due to hepatomegaly



CLINICAL PRESENTATION

- Pain in right hypochondrium
- Jaundice
- Abdominal distension
- Abdominal discomfort
- Fever
- Malaise
- Breathlessness



INSPECTION

- Skin – engorged veins
- Position of umbilicus
- Movement with respiration
- Size, shape and extent of swelling



PALPATION

Dipping method

Hook method



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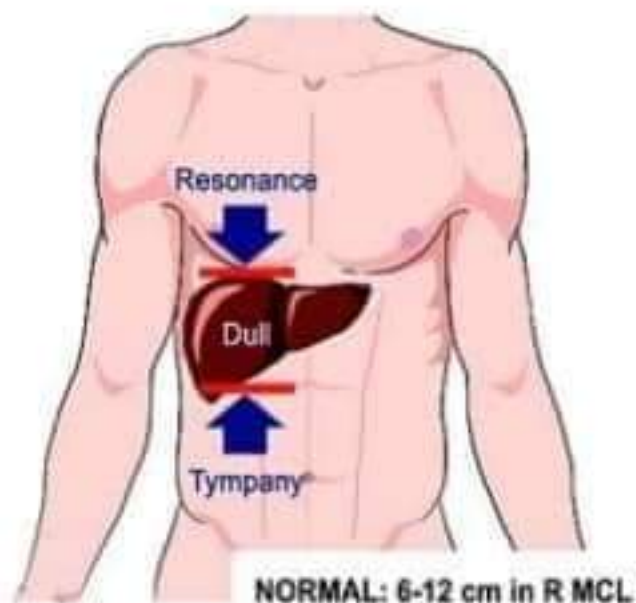


FINDINGS TO BE NOTED IN PALPATION

- o Local rise of temperature
- o Tenderness
- o Extent of enlargement below costal margin
- o Character of the edge – sharp or rounded
- o Surface – smooth, irregular or nodular
- o Consistency – soft, firm or stony hard



PERCUSSION



- Mid axillary line
- 6th rib to costal margin
- Upper limit of liver dullness is raised in
 - Subphrenic abscess
 - Hydatid cyst
- Hydatid thrill



AUSCULTATION

- Hepatic rub – Hepatocellular carcinoma,
Liver abscess
- Arterial bruit – Malignancy,
Acute alcoholic hepatitis



CAUSES OF HEPATOMEGALY

- Congestive cardiac failure
- Hepatic vein outflow obstruction
- Amoebic hepatitis and abscess
- Suppurative pylephlebitis
- Carcinoma of liver
- Melanotic carcinoma of liver
- Hydatid cyst
- Multiple or large hepatic cysts
- Congenital Riedel's lobe

