Diagnostics in Liver Diseases

4 Clinical findings

		Page:
1	***Elements of liver diagnostics***	74
1.1	Diagnostic targets	75
1.2	Diagnostic pillars	75
1.3	Diagnostic accuracy	76
2	***Clinical findings***	76
2.1	*Anamnesis*	76
2.2	*Palpation*	77
2.2.1	Palpation of the liver	77
2.2.2	Palpation of the spleen	79
2.3	*Percussion*	79
2.3.1	Percussion of the liver	79
2.3.2	Percussion of the spleen	79
2.3.3	Ascites	79
2.3.4	Meteorism	79
2.4	*Inspection*	79
2.4.1	Chvostek's body type	80
2.4.2	Facies cirrhotica	80
2.4.3	Parotid enlargement	80
2.4.4	Hair changes	80
2.4.5	Jaundice	80
2.4.6	Spider naevus	80
2.4.7	Palmar/plantar erythema	81
2.4.8	Telangiectases	82
2.4.9	White nails	82
2.4.10	Muehrke's nail lines	82
2.4.11	Paper money skin	82
2.4.12	White spots on the skin	82
2.4.13	Smooth red tongue	82
2.4.14	Liver tongue	83
2.4.15	Lacquered lips	83
2.4.16	Gynaecomastia	83
2.4.17	Dupuytren's contracture	83
2.4.18	Pigmentation and striae	84
2.4.19	Inflammatory erythematous stigmata	84
2.4.20	Xanthelasmas and xanthomas	84
2.4.21	Scratch marks	85
2.4.22	Eye changes	85
2.4.23	Drumstick fingers	86
2.4.24	Testicular atrophy	86
2.4.25	Cutaneous and mucosal haemorrhages	86
2.4.26	Vein dilatation	86
2.4.27	Hepatic foetor	87
2.5	*Auscultation*	87
3	***Liver check list***	87
	• References (1−48) (Figures 4.1−4.21; tables 4.1−4.3)	87

4 Clinical findings

1 Elements of liver diagnostics

In the case of a disease, the basic requirement for systematic and appropriate therapy is the diagnosis. (34)

► When translated, the Greek word **"diagnosis"** means *"decision"*, *"differentiation"* or *"assessment"*. • A disease is identified by the information gained from the patients themselves *(= auto-anamnesis)* or their personal environment (= *external anamnesis*) as well as from diverse examination results (= *findings*).

The term **diagnosis** includes the nosological and systematic designation of a clinical picture and the sum total of the results, which provide a basis for medical action and therapeutic success.

The term **diagnostics** covers all measures aimed at identifying the development of a disease and ultimately producing a diagnosis.

A diagnosis should be *rational* (= *in terms of intellect*), that is to say logical and targeted. At the same time, however, the way it is arrived at must be *efficient and economical* (= *expedient*), i.e. financially viable (cost effective for the health service) as well as acceptable in terms of the strain it puts on the patient. • For this reason, economical and efficient diagnostics is by definition rational.

A rational diagnostic procedure is always economical and efficient when carried out at the hospital or in the doctor's surgery – even though it may be more expensive in individual cases. • Economical and efficient diagnostics must never become irrational!

These two basic requirements for rational and economical diagnostics are likewise true for detailed diagnosis (19) – even if a **detailed diagnosis** understandably entails greater reflection and higher costs. With a detailed diagnosis, however, particularly an **early diagnosis**, the therapeutic measures applied can be better targeted, more appropriate and indeed more successful – and ultimately less cost-intensive. (s. fig. 4.1)

► Each diagnostic step and each detailed diagnosis presents certain **difficulties** in terms of methodology and theory:

1. Emergency therapy may be urgently required **prior to** diagnosis.
2. Diagnostics may be **limited:**
   a. because examination techniques are (still) insufficiently developed,
   b. because of inadequate equipment for examination purposes,
   c. because they are refused by the patient.
3. All too often there is, unfortunately, a tendency to apply examination techniques on a broad and cost-intensive scale, and indeed "irrationally".

► In 1979 J.E. Hardison drew up a *list of arguments* that are used to explain this kind of behaviour in medical practice, which are equally applicable today (14):

1. the excuse that "everything has been done";
2. the excuse that if something is not done immediately, it will never be done at all;
3. the excuse that more has to be undertaken under inpatient conditions than at the doctor's surgery;
4. the academic excuse – as if there were such a thing as an academic or a non-academic diagnosis;
5. the father-mother excuse: "If it were my father or mother, I would do it like that";
6. the precluding excuse: "Well, perhaps we'll find something we never even thought of";
7. the legal excuse: "If we don't carry out the examination, we could be sued".

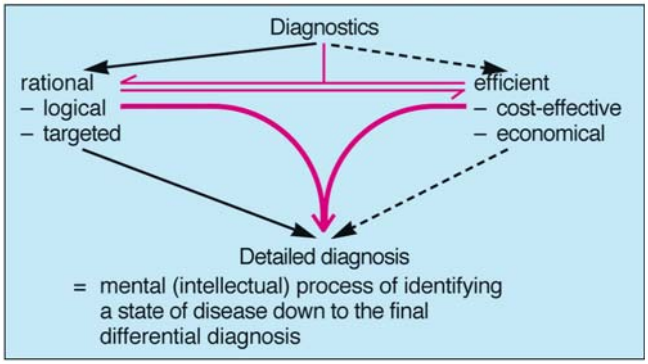
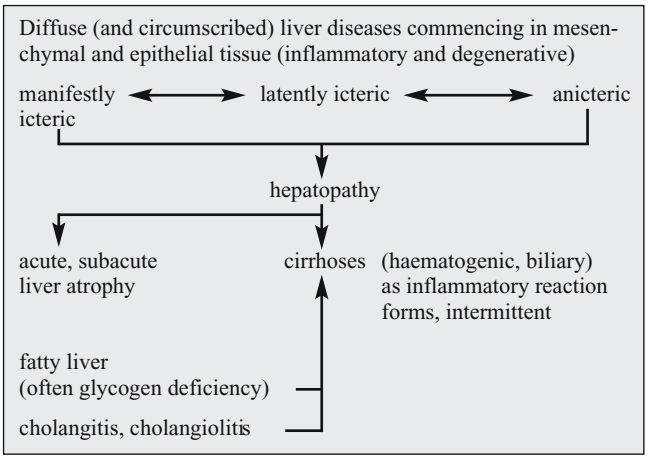


Fig. 4.1: Elements of diagnostics

In his book „Funktionelle Pathologie" (1932) (p. 392), Gustav von Bergmann coined the term **hepatopathy,** since more detailed liver diagnostics was not possible at that time:



1st hepatological principle

The term "hepatopathy", coined by Gustav von Bergmann in 1932, and the expression "liver parenchymal damage", which has also been employed occasionally, should only be used to describe the so-called "prediagnostic stage" of liver disease.