

**Practical Skills in Surgical Diseases**  
**For the 4<sup>th</sup> year students of Dentistry Faculty**

**Acute Appendicitis**

- **Kocher** (Kosher)'s sign - the appearance of pain in the epigastric region and migrating or subsequent shift to the right iliac region.
- **Dieulafoy** triad – pain, cutaneous hyperesthesia often overlies the region of muscle rigidity in the right iliac region.
- **Voskresensky's** sign - by left hand the shirt of patient is drawn downward and fixed. From the epigastric region, with the right hand fingertips the hand is sliding in the direction of right iliac region, without taking the hand away. Thus there is an acute strengthening of pain.
- **Rovsing's** sign - the appearance or intensification of pain in the right iliac region when the sigmoid colon is compressed with the left hand and the left iliac fossa with the right hand is palpated in undulatory movements by pushing bowel contents towards the ileocecal valve and thus increasing pressure around the appendix.
- **Obrazcov's** sign – intensification of the pain in the right iliac region during palpation of the right iliac area as patient lies supine with the straightened right leg.
- **Obturator** sign or **Coupe 2** sign - hypogastric pain that appear during passive internal rotation of the flexed right hip with the patient supine.
- **Sitkovsky's** sign – intensification of the pain in the right iliac region as patient lies on his left side explained by displacement of blind gut to the left, by drawing of inflamed appendix mesentery.
- **Bartomier - Michelson's** sign - intensification of the pain during the palpation in right iliac region in position of the patient on the left side. At such position the omentum and loops of small intestine are displaced to the left, and appendix becomes accessible for palpation.

- **Psoas sign** or **Coupe 1 sign** - intensification of the pain in the right iliac region at a slow extension of the right hip with patient position on the left side . This indicates presence of irritative inflamed appendix in close proximity to the psoas muscle.
- **Blumberg's sign** - the examiner applies pressure to the area of the abdomen to be examined watching the patient's face and asking whether he experiences pain. The palpating hand is removed abruptly and the patient is asked about the pain. A positive sign is that the pain is worse when the hand is removed signifying the presence of an inflamed parietal peritoneum (rebound tenderness).

### Acute Pancreatitis

- **Mondor's sign**- violet spots on face and neck.
- **Grey-Turner's sign** - cyanosis of lateral walls (flanks) of the abdomen.
- **Cullen's sign** - periumbilical ecchymosis thought to represent egress of retroperitoneal blood along the falciform ligament.
- **Korte's sign** - mild-to-moderate pain and muscular rigidity above the pancreas location.
- **Voskresynskyy's sign** - absence of pulsation of abdominal aorta in the epigastric area.
- **Mayo-Robson's sign** - feeling of pain at pressure by fingers in the left costal-vertebral angle.
- **Mendel-Rozdolsky's sign** — painfulness at percussion on the anterior abdominal wall.
- **Blumberg's sign**.

### Acute Cholecystitis

- **Kehr's sign** - increasing of the pain during deep breath and palpation of the right hypochondriac region.

- **Murphy's sign** - consisting of inspiratory arrest and pain during deep palpation of the right hypochondriac region.
- **Mussi - Georgievski's sign** (phrenic nerve sign) - pain when press between heads of sternocleidomastoid muscle.
- **Grekov-Ortner's sign** - tenderness when hand taps the edge of right costal arch.
- **Blumberg's sign**.

### **Intestinal Obstruction**

- **Wahl's sign**: asymmetry of the abdomen, distended bowel are palpable.
- **Schlange's sign**: visible peristalsis.
- **Sklyarov's sign**: hyperactive, high-pitched peristalsis in the small or large intestine.
- **Spasokukotsky's sign**: during auscultation “sound of falling drop” above the stretched intestinal loops.
- **Obuhov hospital's sign** - dilation of the empty ampula of the rectum.  
X – ray film interpretation of the intestinal obstruction.
- **Blumberg's sign**.

### **Perforated Ulcer**

- **Dieulafoy sign** - sudden «knife-like» pain in the epigastrium.
- **Abdominal wall rigidity** – “board-like” abdomen.
- **Mondor triad** – pain, tenderness, history of ulcer disease.
- **Eleker sign** – pain in the epigastric region that irradiates to right clavicle or right scapula.
- **Clarke sign** – the absence of the liver dullness (pneumoperitoneum) at the percussion of the abdomen.
- **Mendel-Rozdolsky's sign** – increasing pain during percussion of the abdomen.
- **Blumberg sign** – deep palpation of the anterior abdominal wall followed by sudden release of the pressure causes severe pain.

- **Kulenkampf-Grassman** sign - pain increases in intensity upon rectal examination (fluid in the Douglas space).

### **Thyroid gland pathology**

Thyroid gland palpation.

Classification of thyroid gland enlargement:

0 degree - Thyroid not palpable;

1 degree - an enlarged thyroid gland is well detectable, especially the isthmus,

2 degree - an enlarged thyroid gland is clearly determined not only feeling, but also clearly visible when viewed during swallowing,

3 degree - an enlarged thyroid gland with the formation of a 'thick neck',

4 degree - Form the neck dramatically changed, clearly visible goiter,

5 degree - goiter reaches a very large size with compression signs.

**Graves' disease** signs:

- **Moebius** sign : Inability or failure to converge the eye balls.
- **Dalrymphe's** sign : Upper sclera is visible due to retraction of upper eye lid.
- **Graefe`s** sign : Upper eye lid lags behind the eye ball as the patient is asked to look downwards.
- **Stellwag's** sign : Absence of normal blinking—so staring look.