

H&E SWELLING OF SKIN & SUBCUTANEOUS TISSUE

PART I — HISTORY

1. Identifying Data

- Age
 - Lipoma common in adults
 - Dermoid common in children
 - Lymphoma in older age
 - Gender
 - Occupation
 - Residence
-

2. Chief Complaint

- Swelling at _____ site × duration
 - Pain × duration
-

HISTORY OF PRESENT ILLNESS

1. Onset

When did you first notice the swelling?

- Sudden → abscess, hematoma
- Gradual → lipoma, cyst
- Since childhood → dermoid

Why important?

Onset narrows pathology immediately.

2. Duration

Short duration → inflammatory

Long duration → benign tumor

3. Progression

- Rapid increase → abscess, malignancy
 - Slow progressive → lipoma
 - Static for years → benign
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4. Pain

Ask:

Is it painful?

- Painless → lipoma, cyst
- Painful → abscess, inflamed cyst

Why?

Pain usually indicates inflammation or infection.

5. Fever

Why ask?

Suggests infective swelling (abscess).

6. Discharge

Any discharge from swelling?

- Foul-smelling cheesy discharge → sebaceous cyst
 - Pus → abscess
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7. Trauma History

Why?

May suggest hematoma.

8. Change in Size with Posture / Straining

Important if near groin (hernia).

9. History of Similar Swellings Elsewhere

Multiple lipomas?

Neurofibromatosis?

10. Weight Loss / Loss of Appetite

Why?

Suspicion of malignancy.

PAST HISTORY

- TB?
 - Cancer?
 - Surgery?
 - Recurrent swelling?
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DRUG HISTORY

- Steroids (immunosuppression → abscess risk)
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PART 2 — EXAMINATION

Expose properly.

Compare both sides.

GENERAL PHYSICAL EXAMINATION

- Build & nutrition
 - Pallor
 - Fever
 - Lymphadenopathy
-

LOCAL EXAMINATION

Always follow this sequence:

Inspection → Palpation → Percussion → Auscultation

INSPECTION

Look carefully.

1. Site

Exact anatomical location.

2. Size

Measure in cm.

3. Shape

- Round

- Oval
 - Irregular
-

4. Surface

- Smooth → lipoma
 - Irregular → malignancy
-

5. Skin Over Swelling

- Normal → lipoma
 - Red, shiny → abscess
 - Punctum → sebaceous cyst
 - Ulcerated → malignancy
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6. Number

Single or multiple?

7. Visible Pulsations

If present → vascular swelling.

PALPATION

1. Local Temperature

Raised → inflammation.

2. Tenderness

Painful → abscess

Non-tender → lipoma

3. Size

Measure

4. Surface

Smooth or lobulated?

Lipoma → lobulated.

5. Margins

Well-defined → benign

Ill-defined → malignant or inflammatory

6. Consistency

Very important.

- Soft → lipoma
- Firm → lymph node
- Cystic → fluid-filled
- Hard → malignancy

7. Fluctuation Test

If positive → fluid present.

Seen in:

- Abscess
- Cyst

8. Transillumination

If swelling translucent → cystic (rare in subcutaneous but important).

9. Mobility

Test in two planes:

Side-to-side

Up-down

Freely mobile → lipoma

Fixed to skin → sebaceous cyst

Fixed to deeper structures → malignancy

10. Relation to Skin

Try to pinch skin over swelling.

If skin moves freely → subcutaneous (lipoma)

If skin attached → sebaceous cyst

11. Slip Sign (Lipoma Test)

Gently press edge of swelling.

If it slips away → lipoma.

12. Compressibility

Seen in vascular swellings.

13. Reducibility

If reducible → hernia.

PERCUSSION

Rarely useful.

May show dullness over cystic swelling.

AUSCULTATION

If pulsatile swelling:

Listen for bruit.

Suggests AV malformation.

REGIONAL LYMPH NODE EXAMINATION

Very important.

If malignancy suspected.

DIFFERENTIAL DIAGNOSIS

Lipoma

- Soft
 - Lobulated
 - Slip sign positive
 - Mobile
 - Painless
-

Sebaceous Cyst

- Firm
- Punctum present
- Attached to skin

- Not mobile over skin
-

Abscess

- Painful
 - Warm
 - Fluctuant
 - Red skin
 - Fever
-

Enlarged Lymph Node

- Firm
 - Oval
 - Along lymphatic drainage
 - May be tender (infective)
-

Malignant Swelling

- Hard
 - Irregular
 - Fixed
 - Skin ulceration
 - Enlarged nodes
-

VIVA QUESTIONS

- Differences between cyst and lipoma?
 - What is slip sign?
 - What is fluctuation test?
 - Causes of fluctuation?
 - Difference between benign and malignant swelling?
 - What are characteristics of sebaceous cyst?
 - How do you examine lymph nodes?
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