GENERAL MEDICINE

- Seek → Complaint
  → Questions
- Examination - Physical → General
  → Systemic → CVS, RS, GIT, CNS
- The Symptoms are the criteria

Communicate → Symptom → History → General Exam → Systemic Exam → Diagnosis → Treatment

- Disease - Disturbance in ease
- Health - well being, not merely an absence of disease.

A - Attitude

B - Behaviour

C_4 - Compassion, Communication, Confidentiality & Consent

D - Dialogue & Documentation.

- Active listening
- Systemic Enquiry
- History taking

Areas of questioning at the beginning of history taking

i) Confirm date of birth & age

ii) Occupation & occupational history

iii) Past medical history

iv) Smoking

v) Alcohol consumption

vi) Drug & treatment history

vii) Family history

HISTORY TAKING

1. Complaints / Symptoms (Clinical manifestations)
   a) Chronological order → year, month, day, hours
   ○ Incubation time of the ds.

eg: 3 day cough
1 day Fever
Vomiting started at 9am

2. H/O of present illness
   ○ Cough, Fever (chills, dipp to breath)
   - Affirmative qns.

3. Past History (Retrospective) Medical History
   ▷ Occupational History
   ○ Connection of old ds with current ds
   eg: Hypertension, Asthma, TB

4. Personal History → H/o sexual contact
   eg: Smoking, Alcoholism, (Food intake) Malnutrition

5. Family History
   - Any Ds in the Family

6. Drug History
   - What Drug & For how long

7. Marrital History

8. Menstrual H.
9. Obstrectics (OG). H. } Female Patient
10. Menopausal H.

The Basic Steps Involved

- Observe the patient for External manifestation
- Pain → Symptom
- Muscular System → Prognathia
  → Torticollis
  → Facial deformity
- Syndrome
- Clinical Findings → Hypercholesterolemia, DM
- Physical Characters

i. Head & Hair - Texture & colours

ii. Age & Sex - Myxedema, Hydrocephalus, ~~Thyrotoxicosis~~, Psoriasis

iii. a) Face - Rashes, Nephrotic Syndrome - puffiness

b) Ear - Anomaly, Size & Shape

c) Eyes - Anemia, Bitot's spots, Cataract

~~d)~~ Jaundice

d) Nose - Shape & Size

e) Tongue - Micro or Macro glossia, beefy tongue, Red tongue (Stomatitis), Glossitis

f) Cleft - palate, lip

g) Throat - Hoarseness of voice, ~~Stridor~~

h) Neck - Dilated veins, engorged veins, abnormal vessels

i) Chest - Shape & Symmetry

j) Back - Spine, posture

k) Upper limb & Lower limb

iv. Body stature

General Examination

1. Anemia
2. Built
3. Blood pressure
4. Cyanosis - Peripheral & Central
5. Digital Clubbing
6. Edema - Pitting & Non Pitting, Pedal Edema
   a) Localised - Face, Leg
   b) Generalised anasarca
   c) Specialised edema - pulmonary & cerebral edema
7. Febrile (Body Temp - 37°C, 98.6°F)
8. Generalised Lymphadenopathy
9. Heart - Peripheral pulses
   - Pulse → Rate
     → Rhythm
     → Volume
     → Character
10. Icteric - Jaundice
11. Jugular Venous Pulse (JVP)

▷ Provisional Diagnosis based on GE

▷ Confirmed Diagnosis on the clinical findings.

Analysing Symptoms

1. 'Hard & soft' symptoms

'Hard' - clearly present, adds a lot of weight to a particular diagnosis

'Soft' - either reported by patient → Doubt or which is present in a variety of conditions as not to be useful in confirming or refuting a diagnosis.

Hard symptoms	Soft symptoms
• Pneumaturia - In colovesical fistula • Fortification spectra - along with unilateral headache, suggests classic migraine • Rigors - Bacteraemia, viraemia or malaria • Bitten tongue - Along with seizure, suggests Grand mal fit • Sudden severe headache - subarachnoid haemorrhage • pleuritic chest pain - Pleural irritation caused by infection or by pulmonary embolus. • Itching - Along with Jaundice, indicates intra or extrahepatic cholestasis	• Dizziness • Light headedness • Tiredness • Back pain • Headache • Wind.

RESPIRATORY SYSTEM - GM(172)

Symptoms

1. Cough - Whooping cough, Bronchial Asthma, TB,
   → Can be short lived or last years
   ▷ Acute - ~~more~~ lasting fewer than 3 weeks
   ▷ Chronic - lasting more than 8 weeks
   → May be dry or may produce sputum.

a) Acute → Bacterial or viral infection
   - If associated with haemoptysis, it is a cause for concern, appropriate assessment & a baseline ~~Chest~~ x-ray is necessary. (CXR)

b) Chronic → more than 8 weeks, CXR & Spirometry as baseline investigations.

Questions ?

1. How long has the cough been present?
2. Is the cough worse at any time of day or night?
3. Is the cough aggravated by anything
   eg:- Allergic trigger such as dust, pollen or Non-specific triggers such as exercise or cold air.
4. Is it painful or not?
5. Is it dry or productive

2. Sputum - Bronchiectasis
   i. What does it look like?
   ▷ Colour, Odour, Mucoid or pus nature

   eg: Frothy sputum → pink colour,
   Jelly-like sputum → Asthma
   Yellow/Green sputum (Purulent) → Eosinophil accumulate mostly in asthma.

   ii. How much is produced?
   - severe lung damage in infancy & childhood

- Bronchiectasis was often found in adults.
- The amount of sputum produced daily exceeded a cupful. Bronchiectasis is now rare.

- Chronic Bronchitis causes pain. & smaller amounts of sputum.

3. Halitosis (Bad breath)

→ Suppurative lung ds

→ & in patients with gingivitis owning to poor dental hygiene.

4. Haemoptysis (Blood in sputum)

a. Frank - massive (300ml)

b. Spurious .

c. Pseudo

→ Streaky

5. Chest Pain → (CVS) ☆ In'R'S → Angina, Pleural effusion, Heart Attack.

a) , Myocardial ischaemia, aortic dissection & pulmonary embolism

→ These are the major causes of Acute chest pain

b) Recurrent chest pain, angina, oesophageal reflex, musculoskeletal pain

→ cause for Chronic chest pain

- Angina Pectoris
  - usually a symptom of atherosclerotic coronary artery ds, which impedes myocardial oxygen supply.
  - Severe anaemia or hypoxia
  - Coronary artery spasm
  - Tachyarrhythmias.

6. Fever

- ↑ in core body temp
- The daily range of core body temp is b/w 35.6°C & 37.8°C (97°F & 100.4°F)
- Toxic symptom - pneumonia
- Most common - evening rise of temp → TB

7. Rhinitis & Nasal Discharge

- A common cause of chronic cough is postnasal drip secondary to rhinitis.

8. Wheeze

→ Bronchial Asthma.

- Due to airway narrowing; (musical sounds) are heard.
- Diffuse airway obstruction in asthma & COPD.

9. Cyanosis - Central & Peripheral

Hb { Reduced > 5
Methylated > 1.5
Sulphated > 0.5

10. Loss of Apetite & weight

11. Clubbing

→ Grade 4 - PHOA (Pulmonary hypertrophy, osteo atrophy)

- As clubbing develops, the tissues at the base of the nail are thickened & Lovibond's angle is lost.
- Subsequently the nail becomes more convex, both transversely & longitudinally, & seems to 'float' in a softened nail bed.

12. Cachexia

→ It involves diffuse muscle wasting, but usually power is surprisingly good.

13. Pallor - Anemia

14. Lymphadenopathy

- Examination of lymph nodes involve inspection & palpation.

Determine the size, position, shape, consistency, mobility, tenderness of the node.
& whether it is isolated lymph node or several coalesce.

15. Hoarseness of voice

- Left or Right Recurrent Laryngeal nerve lesion

▷ Patients using inhaled corticosteroids for asthma develop this.
□ It improves on changing the treatment.

▷ Laryngopharyngeal reflux (LPR) is increasingly is recognized as a cause of hoarseness and Chronic cough & can be diagnosed on direct visualization of upper airway.

□ If hoarseness persists for more than 4 weeks, Laryngoscopy is always indicated.

16. Stridor

▷ Harsh, high-pitched musical breathing noise caused by narrowing of upper airways with impending complete obstruction.

- Stridor may be inspiratory, expiratory or biphasic

→ Inspiratory stridor indicates laryngeal obstruction

→ Expiratory stridor : Intrathoracic obstruction

° Causes - tumours, peritonsillar & retropharyngeal abscesses, Inhalation of foreign body & Laryngotracheobronchitis (croup)

17. Fungal Infections → RS → TB

Note: Ringworm or tinea.

eg: ▷ tinea pedis - skin b/w toes
▷ tinea ~~cutis~~ Corporis - soles of feet & groin
▷ tinea capitis - scalp, most common in children

18. Malignancy.

- Lung tumours

19. Bronchogenic carcinoma

→ Horner's syndrome - ptosis (Drooping of eyeball)

20. Paraneoplastic syndrome

- Lung cancer

21. Dyspnoea - Abnormal awareness of breathing occurring either at rest or at an unexpectedly (Breathlessness) low level of exertion.

▷ Sudden onset Dyspnea is due to:

1. Pulmonary embolism
2. Pulmonary edema
3. Pneumothorax
4. Pericardial effusion
5. Parenchymal Ds (Pneumonia)
6. Chronic obst. Pul (Lung) Ds.
7. Myocardial infarction

22. Tachypnoea

23. Hyperventilation

Extra

24. Orthopnoea

- In patients with HF, lying flat causes a steep rise in LA & pul. cap. pressure, resulting in pul. congestion & severe dyspnoea.

25. Paroxysmal nocturnal Dyspnoea (PND)

- Frank pul. oedema on lying flat wakes the patient from sleep with distressing dyspnoea & fear of imminent death.
- The symptoms are corrected by standing upright, which allows gravitational pooling of blood to lower the left atrial & pul. cap. pres.
- The patient often feeling the need to obtain air at open window.

26. P

CARDIOVASCULAR SYSTEM GM(193)

1. Chest Pain

a) Acute / Severe : M. ischaemia, pericarditis, aortic dissection & pul. embolism

b) Chronic / Recurrent: Angina, Oesophageal reflux, Musculoskeletal pain

2. Palpitation

▷ Awareness of heart beat is common during exertion or heightened emotion

- Indicative of an abnormal cardiac rhythm.

3. Dyspnoea

4. PND

5. Orthopnoea

6. Cough with pink Frothy sputum

-

7. Fever - Rheumatic, Infective endocarditis

8. Cyanosis - Heart ds

9. Clubbing - Acute & Chronic

10. Edema

11. Embolic phenomenon.

12. Haemoptysis

13. Purpura

- Endocarditis.

14. Hoarseness of voice.

- Ortner's syndrome

15. Syncopal attack

1) CAD, MI

2) Chest pain, palpitation, Dyspnoea, Syncope } (Mitral stenosis)

3) Angina, Syncope, Dyspnoea } Aortic stenosis

4) Palpitation, Dyspnoea, Chest pain, Tachycardia } Aortic Regurgitation

5) Orthopnoea, platypnoea } Mitral regurgitation

6) Sudden worsening of CD ⇒ Infective Endocarditis

7) Embolic stroke

16. Nocturnal angina

17. Abdominal pain

ANGINA

Site
Onset
Character
Radiating / Relieving factors
Associated features
Timing
Exacerabating factors
Severity.

GASTROINTESTINAL SYSTEM - GM(245)

1. Abdominal Pain (AP)

- ▷ Acute (Mostly) — Peritonitis, Pancreatitis
- ▷ Subacute
- ▷ Chronic

- ○ AP often radiates or spreads from one site to another.
- ○ The pattern of radiation indicates specific diseases.

eg: ▷ Pancreatic pain → radiates through to back
↓
Relieved on bending forward

▷ Pain from passage of ureteric stones
↓
Radiates from loin to groin on respective sides.

S - Site
O - Onset
C - Characters
R - Areas of Radiation
A - Associated features
T - Timing including duration & frequency
E - Exacerbating & relieving factors.
S - Severity

2. Nausea

3. Vomiting

- ▷ Forceful expulsion of gastric contents through the mouth or nose.
- ▷ Maybe due to an obstruction or neurogenic response
- ▷ Triggered by → Chemoreceptors ~~from~~ in the brainstem
  → As a reflex from irritation of stomach.
- ▷ It consists of: ○ A phase of nausea,
  ○ Followed by Hypersalivation
  ○ Pallor
  ○ Sweating &
  ○ Hyperventilation

Retching
↓
Involuntary effort to vomit

☆ Pyloric stenosis → the vomit is copious & sour smelling, Froth on surface after standing, but no bile.

☆ Advanced intestinal obstruction → Faeculent vomit, brown in colour & has a faecal odour.

* Invading colonic carcinoma → Fistula b/w stomach & transverse colon
↓
Vomit with formed faeces (Rare)

4. Abdominal Discomfort / Flatulence
- Passage of excessive wind
- Associated with belching, abdominal distension & passage of Flatus per rectum.
  ↳ Excessively swallowed air
- Maybe due to ingestion of certain foods, legume, beans, broccoli & cabbage.

5. Abdominal distension
- Caused by: Fluid (Ascites) — Can be
  Fat (Obesity) 1. Symmetrical or
  Foetus (Pregnancy) 2. Assymetrical
  Flatus
  Faeces
  Food

1) Symmetrical distension → Ascites & Obesity
↓
Liver cirrhosis, ECF, N.S
Abdominal malignancies

2) Assymetrical distension → marked enlargement of organs.
- Hepatomegaly, splenomegaly
  ⇒ Large mass lesion
- Intra-abdominal cancers, lymphomas or peritoneal malignancies.

6. Loss of Apetite / Weight loss

7. Satiety

8. Burning sensation / Heartburn & Reflux

Mass / Swelling → S - Site, Size, Shape of swelling
P - Position
A - Attachment
C - Consistency
E - Edge of swelling

☒ Heartburn - Burning sensation perceived in the chest or neck

- Caused by acid reflux from stomach into Oesophagus & seen in patients with GERD.

→ Difficult to distinguish from angina

☐ Reflux / Regurgitation

- Non-acidic fluid or bile regurgitation into mouth, causing a bitter taste and disagreeable sensation retrosternally.

→ GERD

9. Constipation

- Reduction in volume or frequency of stool or an increase in hardness of stool

10. Diarrhoea

- Increase in frequency of bowel movements

▷ Passage of more than 3 stools per day or

▷ Passage of large amount of stool (>300 g/day)

11. Bleeding per Rectum / Rectal Bleeding

- Bright red blood loss that is separate from the stool or just noticeable on toilet paper

- Haemorrhoids are common cause.

- Darker red & mixed with stool → above rectum

- Carcinoma

- Large volume of red blood per rectum, not from clots
- Haemodatochezia → upper GI source

12. Dysphagia (& odynophagia)

→ Difficulty in swallowing

° Patients → awareness of something sticking in the throat or chest to an inability to swallow.

→ Red flag symptom – associated with oesophageal cancer or cancer of gastric cardia/Fundus.

▷ Causes

i) Obstructive

a. Intraluminal: Foreign body

b. Within walls: stricture, cancer

c. Extraluminal: Goitre, thymoma, mediastinal lymphadenopathy, compression from enlarged aorta/heart.

ii) Non obstructive

d. Oesophageal: Achalasia cardia; esophagitis

e. Systemic: Stroke, multiple sclerosis, myasthenia gravis

□ History taking of Dysphagia

- Onset: sudden vs Gradual
- Duration: yrs or months or days.
- Is it worse with solids than liquids?
- Difficulty in swallowing saliva
- Accompanied with reflux
- Loss of weight, loss of appetite, iron def. anemia.

▣ Odynophagia → painful swallowing owing to inflammation in oropharynx or proxi. esophagus, which may occur with or without dysphagia.

→ Due to inflammation / Infection

- Candida oesophagitis

13. Jaundice

14. Hematuria

15. Hematemesis - vomiting of blood
   - upper GI lesion

16. Melaena
   - Passage of black, tarry stool

5s' → - Schwartz (Black)
- Sticky
- Smelly
- Shiny
- Stool

▷ Black colour is owing to blood as it gets denatured (digested), as it passes through the acid in stomach & long transit through small bowel.

17. Dysuria

18. Dysmenorrhea

19. Menorrhagia

20. Cough Impulsion

21. Fever → UTI, malaria

22. Pedal edema

23. Dyspepsia / Indigestion

→ Includes - epigastric pain, heartburn, distension, nausea or acid feeling occurring after eating or drinking, bloating & belching.

24 Anorexia
- Loss of apetite
- May associated with GI or non-GI conditions.

→ Linitis plastica - Gastric cancer

→ Upper GI malignancy - ↓ Gastric capacity to distend

25. Itching

26. Urinary symptom.

Itch / Pruritus

→ Associated with liver ds or obs. jaundice

- 1° sclerosing cholangitis &
- Cholestasis of pregnancy (only symptom)
  ↓
  Itch

  + Jaundice
  ↓
  - Carcinoma of pancreas head
  - Cholangiocarcinoma

- Presence of elevated bile salts & dimishes more quick than jaundice. when the biliary obstruction is relieved.

ENDOCRINE SYSTEM - GM (404)

→ It is composed of : - Thyroid, Parathyroid
- Hypothalamus, Pituitary
- Adrenal, Gonads
- Pancreatic islet cells.

PRESENTING SYMPTOMS

1. Thirst & Polyuria
   - Polydipsia → Excessive thirst
   - Polyuria → Increased urine output

   } DM

2. Weight Loss
   - ↓ food intake or ↑ metabolic rate
   - Hyperthyroidism

3. Weight gain / Redistribution
   - ↓ in metabolic rate & ↑ Food intake
   - Hypothyroidism
   - Obesity
   - Cushing's Syndrome (Glucocorticoid ↑↑↑)
     - Increase in body fat.

4. Muscle weakness
   - Thyrotoxicosis, Cushing syndrome, Vitamin D deficiency.
   → Symmetrical proximal weakness
   → Associated muscle wasting

5. Cold intolerance
   - Hypothyroidism

6. Heat Intolerance
- Thyrotoxicosis
- Thyroid overactivity

7. Increased Sweating
- Hyperhidrosis - onset in childhood or adolescence or by family history.

→ ↑ catecholamines due to pheochromocytoma of adrenal medulla is a rare cause.

→ ↑ GH - acromegaly

→ Hypertrophy of sweat glands

8. Tremors
- Fine rapid resting tremor → cardinal feature of Thyrotoxicosis

Types of Tremor
- Parkinson's ←
- → Cerebellar
- ↓ Thyrotoxic

9. Palpitations
- Heightened, unpleasant awareness of heartbeat.
- Thyrotoxicosis or due to anxiety.
- Paroxysmal tachyarrhythmias.

10. Postural unsteadiness
- Dizziness, or a sensation of faintness on standing
- Postural hypotension - ↓ of DBP on standing
  → caused by Autonomic neuropathy in long standing patients with DM
  → Complication of drug therapy for hypertension

11. Visual Disturbance

- Blurred vision - Hyperglycaemia
- Decreased visual acuity - Optic nerve compression
- Bitemporal hemianopia
- Diplopia - MR or LR muscle tethering in (Double vision) Dysthyroid eye ds.
- Macropsia - Hypoglycaemia
  (Magnified vision)
  → Apparent

12. Fasting Symptoms

→ Tachycardia, sweating & tremor occurring intermittently.
- Hypoglycaemia

13. Cramps & 'pins & needles'

- Paraesthesiae, if bilateral, can be caused by ↓ level of Ca^{2+} in circulation.
- Hypoparathyroidism or Alkalosis

14. Nausea

- Adrenal Insufficiency → nausea ↓ in morning ↓ may be asso. with vomiting
- Thyrotoxicosis → Nausea,
  → vomiting
  → looseness of stools

15. Dysphagia

- Multinodular thyroid enlargement with retrosternal extension.

16. Neck pain & swelling

→ Thyroid enlargement.

17. Impotence

- Reduced erectile potency.

18. Gynaecomastia

- Smooth, firm, mobile, often tender disc of breast tissue under the areola in male.

19. Amenorrhoea

→ Absence of menstrual periods (menses)

- Ovarian failure
- Thyroid dysfunction
- Defects in lower genital tract development
- Hypothalamic-pituitary dysfunction.

20. Galactorrhoea

→ Physiological lactation may persists after breastfeeding has ceased

- Hyperprolactinaemia
- Idiopathic galactorrhoea

21. Excess hair growth / Hirsutism

→ ↑ in growth of facial & body hair in adult females

→ Caused by ↑ circulating androgens

22. Bowel disturbance

→ Constipation & abdominal distension

- Hypothyroidism, Hypercalcemia or panhypopituitarism.
- Zollinger-Ellison syndrome → peptic ulceration.

23. Skin changes

- Testicular Failure → Pallor & Panhypopituitarism
- ACTH dependent Cushing's Syndrome → Excessive pigmentation

Family History

a) Thyroid disease.

- Autoimmune hypothyroidism & hyperthyroidism
- Dyshormonogentic goitre
- Organospecific autoimmune As - pernicious anaemia, vitiligo, Addison's As.

b) Renal Calculli

- Primary hyperparathyroidism → renal stones
- Multiple endocrine neoplasia (type 1)

NERVOUS SYSTEM

Symptoms

1. Headache
2. Vomiting
3. Syncope / Faiting
   Aggravated on exertion → Cardiac
   ↓
   NoT → Neuro
4. Transient Ischaemic attack

▸ Brain

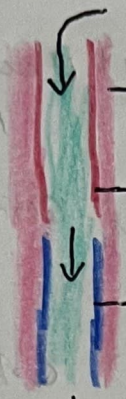
5. Sudden loss of consciousness
6. Coma
7. Memory power disturbance
8. Speech (Husky voice)
9. Olfactory nerve lesion
   ° Anosmia (loss of smell)
10. Optic Nerve lesion
    ° Loss of vision.
11. Occulomotor nerve
    ° Ptosis
12. Movement of Eyeball
    ° CN - 3, 4, 6 → LR6
    ↓
    SO4
13. Trigeminal lesion
    ° Opthalmic, Maxillary & Mandibular. N affected
14. UMN & LMN Palsy
    ↓ Hemiplegia
    ↓ Bell's palsy
    Typical & Atypical - Facio, brachio, cruroplegia
15. Facial Nerve
16. Vestibulocochlear N
    - Rinnel's & Weber's Test
17. Glossopharyngeal . N
    → Food swallowing, Speaking, (By tongue)
18. Vagus N.
    - Regurgitation / Reflux
19. Acc. Cra.. N
    → Shrugging of shoulder
20. Hypoglossal N.
    → Movement of Tongue
    * Lower C. involvement
    - 9, 10, 12 CN.
21. Muscle
    - Bulk, tone, power
22. Pain (in thigh)
    ° Myotibia
23. Weakness
24. Incoordination
25. Tremor, Rigidity
26. Hypokinesia
27. Cerebellar disorders
28. Spinal track injury

EDEMA (GM-298,125,200)

Admin

- Fluid Retention / Swelling / Accumulation of fluid in the interstitial spaces.

- Mechanism:



↑ Capillary Hydrostatic Pressure
OR
↓ Capillary Oncotic Pressure.

↓

Capillary leakage

↓

↑ Interstitial Fluid

↓

Edema

↑ C. HSP & ↓ COP

- Factors:
  1. HSP / COP
  2. RAAS
  3. Sym. N. Sys
  4. ↑ secr. of AVP [Arginine vasopressin]
  5. ↑ secr. of Endothelin
  6. ↑ secr. of Atrial BNP.

↓ CO ⇒ ↓ EABV / ↓ RBF

↓

↓ Affer & Effer. Glom

↓

↑ Rennin Sec

↓

↑ RAAS

↓

(3)

↓

(4)

(5)

(6)

□ Causes

1. Cardiac

→ Myopathy / pericarditis

LVEF ↓, LVEDV ↑, EDP ↑

CO ↓

↓ RBF

↓

↓ BF to JGA

↓

Renin secretion

↓

Na^+ / H_2O Absorption

↓

Distension of veins

↓

↑ Cap. HSP

↓

Edema

2. Renal

a) Acute Glomerular Nephritis

b) Chronic Glomerular Ds.

c) C.K.D

• B.F to Kidney ↓

↓

Aff art. contract

↓

Eff art. contract

↓

Renin

↓

↑ Na^+ / H_2O Absorption

↓

Edema

Nephrotic Syndrome

↑ Protein / ↑ Albumin

leakage

↓

Hypo (Protein / Albumin)

↓

↓ Cell. Osm. Pres

↓

↑ Capill. leak

↓

Edema

Malnutrition

↓ Protein / ↓ Energy.

↓

Hypoprotein / Albumin

↓

↓ Colloide osm. pr.

↓

Edema

3. Liver

Chronic Liver Ds

↓ Alb. Syn
↓
Hypo albumin
↓
↓ cell. osm. Pr
↓
General Edema

↑ Portal vein pressure
↓
↑ Splanchnic circ. pools
↓
↑ HSP
↓
Edema
- Fluid collection in Abdominal cavity (Ascites)

4. Sometimes - Local

a) Venous Obstruction

b) Lymphatic obst.