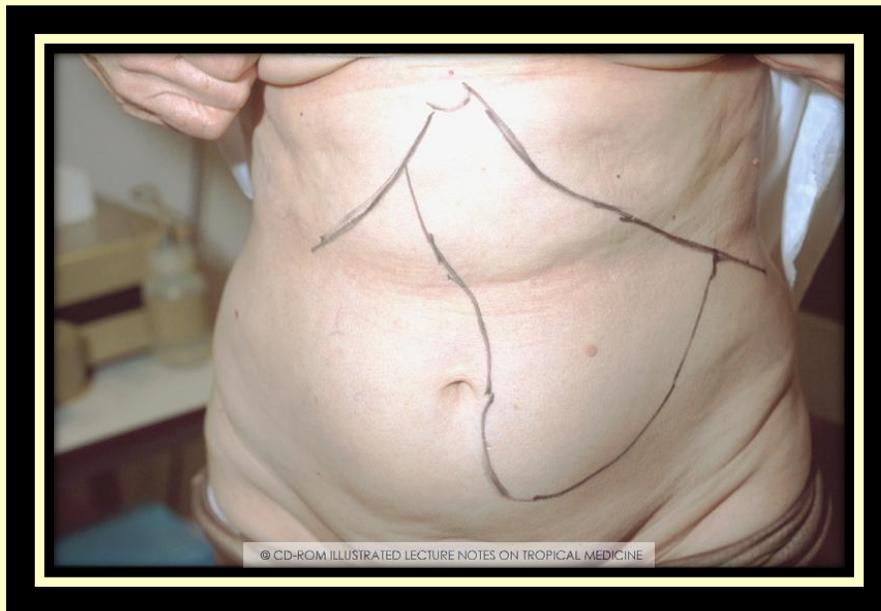


سوال شماره ۱۶

آقای میان سالی با درد شکم و کاهش وزن مراجعه کرده است . در معاینه بیمار تندرست در اپی گاستر وجود دارد و به نظر ارگانومگالی دارد.



سوال الف. یافته غیر طبیعی در تصویر فوق چه میباشد؟

سوال ب. علل ایجاد کننده این حالت چه میباشد؟

پاسخ سوال ۱۶:

پاسخ قسمت الف . ماسیو اسپلنومگالی

پاسخ قسمت ب.

MASSIVE Splenomegaly

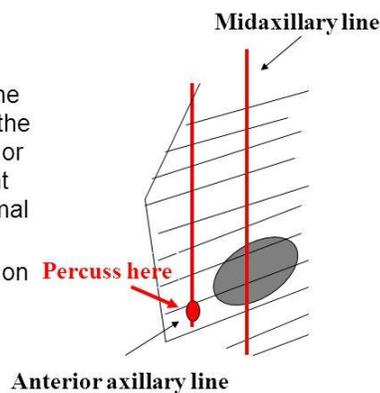
- ☞ Cross midline extending into the *right iliac fossa*.
- ☞ Most important causes:
 - 1) Hematological → Chronic myeloid leukemia
→ Myelofibrosis
 - 2) Infections → Malaria
→ Schistosomiasis
→ Visceral lishmaniasis
 - 3) Others → Tropical splenomegaly
→ Lysosomal storage diseases
(Gaucher's & Nieman-Pick disease)

روش های دق طحال:

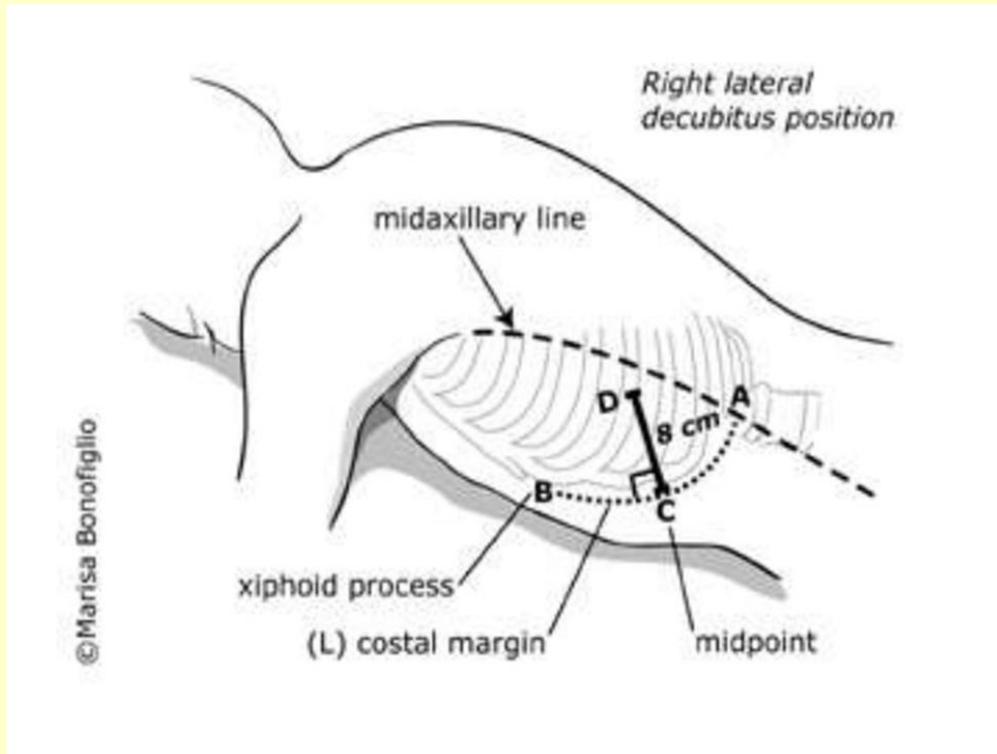
Castell's method

Percussion of the spleen

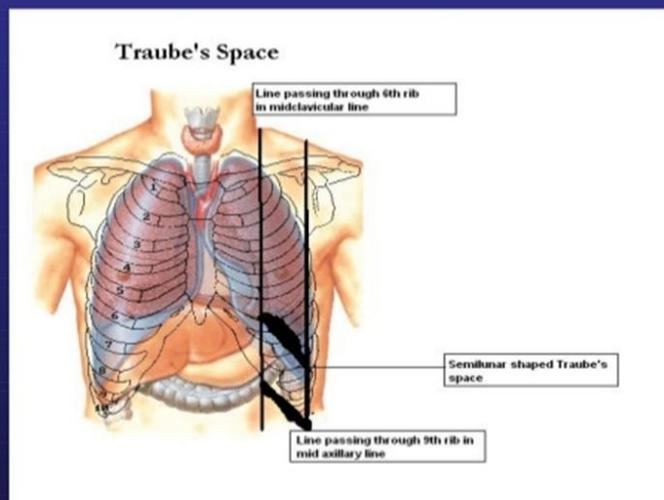
- Castell's method:
 - With the patient supine position, percussion of the last intercostal space in the anterior axillary line (8th or 9th) produces a resonant note if the spleen is normal in size
 - A dull percussion sound on full inspiration suggest splenomegaly

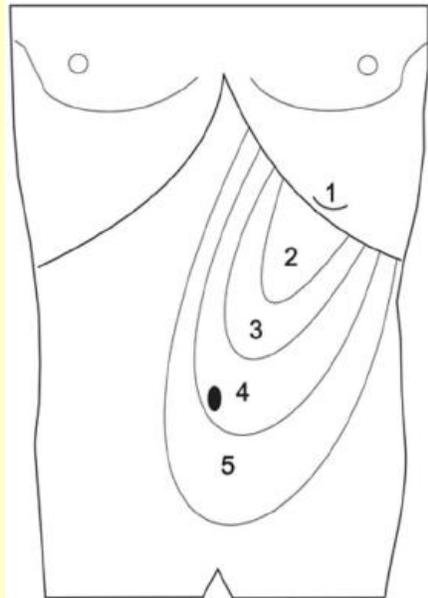


NIXON METHOD



Traube's space





Grade 0: Normal, impalpable spleen

Grade 1: Spleen palpable only on deep inspiration

Grade 2: Spleen palpable on mid clavicular line, half way between umbilicus and costal margin

Grade 3: The spleen expands towards the umbilicus

Grade 4: The spleen goes past the umbilicus

Grade 5: The spleen expands towards the symphysis pubis

Hackett' grading system