

Head

Diagnosis

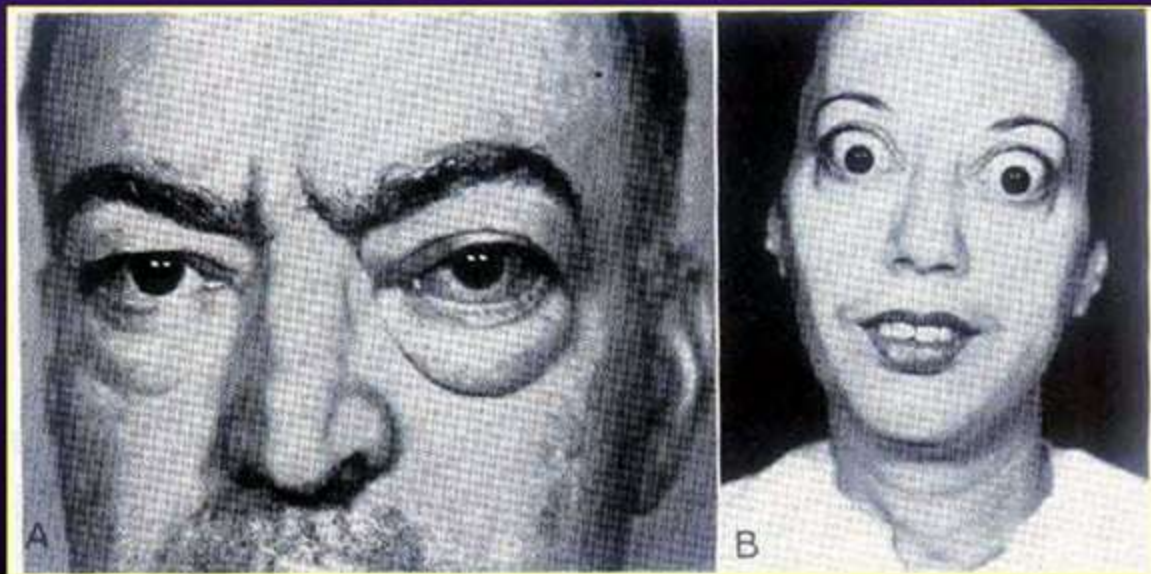
PE of the Head is by inspection
and palpation

The inspection is esp, important
and useful for PE of head

This is because many traits or findings from the head,
esp, the face, is so attractively draw our attention
when we firstly look at the patient.

For Ex, the emotional reactions:

Thyrotoxic faces



The patient is often thin and wasting, accompanied by an alert, startled, flushed and anxious appearance.

Cushingoid face



Features: moon face, plethora, acne, hirsutism (over-growth of body hair, esp. mustache of a woman)

Inspect for asymmetry of the skull, ears, eyes, nose, mouth, jaw, and cheeks.

Note any masses or deformities.

Head examination

In the general head examination, the examiner should:

- Identify signs of generalized disease
- Recognize local lesions within the purview of the generalist
- Recognize local lesions requiring specialist care

HAIR, SCALP AND SKULL

changes in the hair

- Alopecia

Clinical occurrence: hypothyroidism et al

- Hirsutism and hypertrichosis

polycystic ovary, glucocorticoid excess

SKULL MALFORMATION

- Craniosynostosis: premature union of special sutures leads to skull malformations.
- Hydrocephalus
- Meningocele

Eyes

- Eyelids
- Conjunctiva
- Eye ball
- Cornea
- Sclera
- Iris and lens and pupils

eyelids

Lid inversion (entropion)

Lid eversion (ectropion)

Failure of lid closure (paralysis of orbicularis muscle)

Failure of lid opening (ptosis of the lid)

Lid swelling (palpebral edema)

Failure of lid closure

- The facial nerve (CN VII) supplies the orbicularis oculi muscle.
- Disorder of this nerve, as in Bell palsy, causes partial or complete paralysis of the orbicularis.

Failure of lid opening

- The congenital form is usually bilateral from paralysis or failure to develop the levator palpebrae superioris.
- Clinical occurrence: encephalitis, Horner syndrome, paralysis of the levator muscle.

ptosis of the lid (Horner syndrome)

Interruption of the cervical sympathetic chain interrupts sympathetic innervation of the eye and face.

The complete syndrome has ptosis, miosis and anhidrosis on the affected side.

Lid swelling

- Local infection cause inflammatory edema of the eyelids.
- nephritis.
- It occurs early in the course of both myxedema and the exophthalmos of Graves disease.

Eye ball

Lid lag (Von Graefe Sign) (hyperthyroidism)

A lag is indicated by white sclera appearing between lid and limbus.



Sclera巩膜

In obstructive jaundice (黄疸),
conjugated bilirubin胆红素
infiltrates all body tissues and fluids,
it colors the sclera evenly.

Iris and lens and pupils

Note the size, shape, and equality of the pupils.

pupillary reaction to light

- Test pupillary reaction to light by having the patient fix on a distant object so that the patient does not fixate on the light and use accommodation.

pupillary reaction to light

- Shine a penlight into the pupil from the side while observing the **direct pupillary reaction**.

pupillary reaction to light

- Remove the light and repeat the process, this time looking at the opposite (unlighted) pupil for consensual reaction.
- Repeat this sequence exposing the opposite eye to the light.

ears

Pinna

External acoustic meatus

Rough quantitative test for hearing loss

nose

External nasal deformities

Epistaxis (nosebleed)

Suppurative paranasal sinusitis

Epistaxis(nosebleed)

Nosebleed can be a spontaneous and trivial occurrence or a sign of serious local or generalized disease.

Inquire about trauma, predisposing local or systemic disease, and the amount of blood lost.

Blood-tinged fluid suggests a cerebrospinal fluid leak.

Mouse and parotid gland腮腺

Examination is by inspection and palpation.

Facing the patient, hold a tongue blade in the left hand and a penlight in the right.

If a head lamp or mirror is used, your right hand is free to hold a nasal or laryngeal mirror.

Mouse and parotid gland

Lips 口唇

Buccal mucosa 口腔黏膜

Teeth 牙齿

Gums 牙龈

Tongue 舌

Oropharynx 口咽

Tonsils 扁桃体

Larynx 喉

Parotid gland 腮腺

lips

Have the patient attempt to whistle, to reveal paralysis from facial nerve(CN VII) lesions.

Oral white patches

Infection of the oral mucosa with *Candida* spp. occurs in patients who are immunosuppressed or have received broad spectrum antibiotics.

teeth

Pigmented teeth (fluoride 氟 pits)

Opaque chalkwhite spots, 1~2 mm in diameter, are seen scattered on the surface of multiple teeth.

This is a harmless condition found in persons who have ingested large amounts of fluoride in the water during childhood.

Tongue 舌

Have the patient protrude his tongue.
Assess its size; look for deviation from
the midline.

Lingual enlargement

The tongue is enlarged in Down syndrome, cretinism, and adult myxedema.

It increases in size during the development of acromegaly.

Lingual tremor

Increased sympathetic activity is associated with fine tremor.

A fine tremor of the tongue is often present in hyperthyroidism.

Lingual deviation (paralysis of the hypoglossal nerve (CN XII))

The tongue protrudes by tensing the two lateral muscle bundles, paralysis of one bundle causes the tongue to deviate to the paralyzed side.

tonsils

The normal adult tonsils seldom protrude beyond the faucial pillars 咽腭弓。

Hyperplasia is usually attributed to chronic infection, but it may be associated with obesity, hyperthyroidism, or lymphoma.

Larynx

laryngeal paralysis

The vocal cords are innervated by the recurrent laryngeal nerves, which are susceptible to injury in the neck and chest inferior to the larynx.

Following thyroidectomy (either or both sides), aneurysm of the aortic arch (left side), and mediastinal tumor

Thanks