HISTORY AND EXAMINATION OF A LUMP

History
Most patients with a lump feel it frequently and should be able to answer the following (Revision panel 1.11).

1. **When was the lump first noticed?**
   It is important to be precise with dates and terminology. Do not write ‘the lump first appeared 6 months ago’, when you mean ‘the lump was first noticed 6 months ago’. Many lumps may exist for months, even years, before the patient notices them.

2. **What made the patient notice the lump?**
   There are four common answers to this question:
   ●● ‘I felt or saw it when washing.’
   ●● ‘I had a pain and found the lump when I felt the painful area.’
   ●● ‘Someone else noticed it and told me about it.’
   ●● ‘I found it on self examination’, for example a breast lump in a female.

3. **What are the symptoms of the lump?**
   The lump may be painful, and if it is, you must take a careful history of the pain, as described earlier in this chapter (see page 9). The presence or absence of pain may in itself be important, particularly if it is the presenting feature. Pain is usually associated with inflammation, not neoplastic change. Many patients expect cancer to be painful and

The history of a lump or an ulcer

**Duration**
When was it first noticed?

**First symptom**
What brought it to the patient’s notice?

**Other symptoms**
What symptoms does it cause?

**Progression**
How has it changed since it was first noticed?

**Persistence**
Has it ever disappeared or healed?

**Multiplicity**
Has (or had) the patient any other lumps or ulcers?

**Cause**
What does the patient think caused it?
Examination (Revision panel 1.12)

**Site/position** The location of a lump must be described in exact anatomical terms, using distances measured from bony points. Do not guess distances; use a tape measure.

**Colour and texture of the overlying skin** The skin over a lump may be discoloured, may be inflamed or may have become smooth and shiny, or thick and rough.

**Shape** Remember that lumps have three dimensions. You cannot have a circular lump because a circle is a planar figure. Many lumps are not spherical, elliptical or hemispherical, but have an asymmetrical outline. In these circumstances, it is permissible to use descriptive terms such as **dumb-bell shaped**, **pear shaped** or **kidney shaped**.

**Size** Once the shape has been established, it is possible to measure its dimensions.

**Remember that all solid objects have at least three dimensions: width, length and height or depth**, although the latter may be impossible to measure clinically. Asymmetrical lumps will need more measurements to describe them accurately, and sometimes a diagram will clarify your written description.

**Surface** The first feature of the lump that you will feel will be its surface. It may be **smooth or irregular**. An irregular surface may be covered with smooth bumps, rather like cobblestones, which can be called **bosselated**, or may be irregular or rough. There may be a mixture of surfaces if the lump is large.

**Temperature** Is the lump hot or of normal temperature? Assess the skin temperature with the dorsal surfaces of your fingers, because they are usually dry (free of sweat) and cool.

**Tenderness** Is the lump tender? If so, is the whole lump tender? Always try to feel the non-tender part before feeling the tender area, and watch the patient's face to ensure that you are not causing discomfort as you palpate.

**Edge** The edge of a lump may be **clearly defined or indistinct**. It may have a definite pattern.

**Composition** Any lump must be composed of one or more of the following:

- calcified tissues such as bone, which make it ‘**bony-hard**’;
- tightly packed cells, which make it ‘**solid**’ or ‘**firm**’ or ‘**rubbery**’ depending on the tissue of origin and the individual’s stromal response;
- extravascular fluid, such as urine, serum, cerebrospinal fluid, synovial fluid or extravascular blood, which make the lump ‘**soft and cystic**’;
- gas, which makes it soft and compressible;
The physical signs that help you decide the composition of a lump are: consistency, fluctuation, a fluid thrill, translucency, resonance, pulsatility, compressibility and bruits.

The examination of a lump or ulcer

Local examination

Site
Size
Shape
Surface
Depth
Colour
Temperature
Tenderness
Edge
Composition:
Consistency
Fluctuation
Fluid thrill
Translucency
Resonance
Pulsatility
Compressibility
Bruit
Reducibility
Relations to surrounding structures – mobility/fixity
Regional lymph glands
State of local tissues:
Arteries
Nerves
Bones and joints
General examination