UNIT 2  COMMON SURGICAL CONDITIONS-2

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2.0  INTRODUCTION

The common problems which may require surgical intervention, contribute a significant burden of illnesses in the community. Their proper recognition through screening or when a patient seeks care are important. Most of these require some
investigations (such as blood tests, cytopathology/histopathology, imaging) and interventions which are likely to be beyond what is available at sub-centres or health and wellness centre level. However their correct identification is important to initiate timely referral to an appropriate level facility. Once treatment / surgical intervention has been done at a referral facility, these patients need to be followed up at the Health and wellness centres by the community nurse practitioner/ Middle level Health Worker and hence the importance of knowing about these problems.

In the previous unit we learnt about surgical conditions which require care urgently and early. We will now learn those common conditions which require surgical intervention electively and in a planned manner.

2.1 OBJECTIVES

After completing this unit, you should be able to:

- recognise common conditions which may require surgical intervention;
- identify the condition that can be managed at various PHC, CHC/FRU, District Hospital and advise referral accordingly; and
- advise patients on their follow up visits.

2.2 LUMPS AND BUMPS

It is very important to ask relevant questions about the swelling. Ask the patient about how long the swelling/lump has been present. Was it small when first detected? Is it increasing rapidly in size? Is it associated with pain, fever, or other swellings elsewhere? Is it causing any functional impairment such as reduced movements around a joint or localised weakness? Is it compressible or does it change size at different times?

Next the swelling must be examined in good light. The location, size, consistency, margins and mobility/fixity are important features based on which you can make a presumptive diagnosis of the swelling and its probable organ or tissue of origin.

Below are presented salient features of some of the commonly encountered swellings and lumps.

2.2.1 Subcutaneous Cyst

Sebaceous cysts are superficial, skin swellings which are soft elevated like a smooth mound, and contain yellowish white, cheesy, pultaceous material, that is sebum from the sebaceous gland whose duct is blocked. The obstructed opening is almost always seen as a black spot on the cyst and is called the Punctum. The swelling is fixed to the skin but mobile over underlying tissues. The common sites are scalp, face and scrotum, though they can occur anywhere on the body. They need to be removed surgically due to the risk of infection, ulcer or sinus formation and rarely carcinomatous change.
A **Dermoid cyst** is also a cystic swelling in the subcutaneous tissue. It is fluctuant, not fixed to the skin or deeper tissues, and is smooth and rounded (Fig. 2.1). It contains pultaceous material that is formed as a result of shed epithelial cells and secretions from adjacent sebaceous glands (Fig. 2.2). Common locations are the neck, lateral to the supraorbital ridge, behind the pinna of ear, or in the base of tongue. When located in the scalp, they may partially or completely erode the underlying bone. They too need surgical removal.

**Lipoma** is a soft, mobile, fluctuant swelling, often in the subcutaneous tissue. Its margin slips under the palpating finger. Lipomas grow slowly and contain fatty tissue that is often well encapsulated.

**Haemangioma** is a swelling, often congenital, formed by a cluster of blood vessels. Depending on the calibre of the vessels and blood flow through them, they can be capillary, cavernous or mixed. On pressure, the blood from the swelling can be squeezed and emptied, but it refills rapidly (faster in high flow lesions). Capillary haemangiomas appear in newborn or early infancy as strawberry like swellings on the skin, that involve the skin but are mobile over deeper tissues. They usually grow in size until the child is one year and then begin to regress spontaneously. Most do not require any intervention, unless there is risk of loss of vision or ulceration and bleeding. It is advisable that they be seen by a surgeon for the right advice.

**Ganglion** is a common swelling encountered in young persons. The swelling is firm and is located over a tendon of the hand, forearm or foot. It has limited mobility in a plane perpendicular to the tendon underlying it. It contains viscous clear fluid. Usually they can be left alone and observed in children, but in adults they may be symptomatic and can be removed. Shown in Fig. 2.3.
Neck swellings. Midline neck swelling that moves with swallowing is usually arising from the thyroid gland or its duct. This is a child in the picture has a midline cystic neck swelling since early childhood that occasionally flares and becomes tender, red and warm. This is a thyroglossal cyst and requires surgical removal. The older gentleman in the picture has a nodular, firm to hard, thyroid swelling that turned out to be a thyroid malignancy. Shown in Fig. 2.4 & 2.5.

A soft, cystic, transilluminant painless swelling arising in the neck of a child is often a cystic hygoma (Fig. 2.6). This forms due to abnormal development of lymphatic channels and could turn very large, sometimes extending into floor of mouth, and mediastinum.

Soft to firm swellings in the neck that are single and discrete or multiple and matted are often arising from lymph nodes. Tenderness may indicate an infective process, usually from a site that the lymph node is draining. The nodes may enlarge with certain specific infections such as Tuberculosis (Fig. 2.7), Infectious mononucleosis, etc or due to cancers (Fig. 2.8). Primary cancers involving nodes include Lymphomas and Leukemias. Nodes also enlarge and become involved due to metastatic deposits from other cancers such as Oral cancer (Fig. 2.9), Laryngeal cancer, gastric and other bowel cancers and thyroid cancers.
Overview of Common Surgical Conditions- Referral and Follow-up Care

A swelling in the region of the lateral part of the lower jaw that often lifts the ear lobule is usually arising from the parotid gland. This picture in Fig. 2.10 shows a **parotid gland tumor** in a young man.

Fig. 2.10: Parotid tumor lifting the right ear lobule

### 2.2.2 Breast Lumps

May be encountered at any age. Those occurring in young women and adolescent girls are often benign. The lump in these patients is often mobile freely within the breast (Breast mouse) and is nontender. They can usually be left alone or removed as per the wishes of the patient. Another common lump in younger women is due to fibroadenosis, which is a benign condition. Here the size of the lump waxes and wanes with menstrual cycles and often the margins are not discrete and separable from the breast tissue. These are also frequently associated with breast pain and heaviness.

Fig. 2.11: Distortion Log the shape of the breast and nipple areola complex

Treatment may require medication for which a doctor or surgeon should be consulted.

The sinister lumps in the breast are those that are first seen after 25–30 years age, are progressively increasing in size, often deform the nipple areola complex, and are firm to palpation (Fig. 2.11). These features suggest a breast cancer. Some may be associated with nipple discharge that might be bloody. These should be quickly referred to a surgeon for early investigations and appropriate management.

For more details please refer Unit 4 of this block on screening for common cancers.

All women beyond 30 years age must be taught self-examination of her breasts. This requires visualisation of her breasts in front of a mirror once every month, in both positions i.e., with hands by her side and with arms raised above her head. Then sequential palpation of the entire breast going from one quadrant to the next and finally the nipple areola complex and axilla should be palpated for any lump with the flat of her hand. Any abnormalities should be reported to a doctor.
Common Surgical Conditions - 2

Swellings can often appear along the long bones. In children and young adults, **bone sarcomas** are fairly common and must be suspected with a recent onset bony swelling in the extremities. As the size of this swelling increases, there is increasing pain and sometimes redness and the overlying skin may become shiny with prominent vessels coursing over it. This is a typical picture of an Osteosarcoma in the lower end of femur in this child (Fig. 2.12).

**Check Your Progress 1**

1) A superficial rounded swelling in the skin, that moves over underlying tissues but is adherent to the skin, and has a black spot on its dome, is likely to be____?

2) What is referred to as ‘breast mouse’?

3) Name a swelling that is compressible.

4) A thyroglossal cyst need not be operated upon. True or False?

5) Neck nodes in Tubercular lymphadenitis are usually firm and matted. True or False?

6) Osteosarcomas are bone cancers that frequently occur among middle aged persons. True or False?
2.3 PILES, FISTULAS AND FISSURE, BLEEDING PER RECTUM

2.3.1 Anorectal Problems

Afflict many, but often remain in shadows as people are not easily forthcoming of these problems. These may include bleeding per rectum, painful defecation, discharge of pus or mucous, soiling of underclothes, incontinence or severe constipation. Delay in some circumstances can lead to picking up a malignancy in late stage and unnecessary suffering.

2.3.2 Piles or Haemorrhoids

Occur due to chronic constipation where venous congestion around the sphincter leads to prominent mucosa lined veins that appear bluish mounds on proctoscopic examination. The overlying tissue may be thin and could bleed due to trauma associated with passage of stools. The bleeding is often a squirt or jet of fresh blood into the pan and sometimes can be frighteningly large. Often this is painless and the patient presents with this history and anaemia. Treatment of piles is fairly straightforward and is carried out as an outpatient using either band ligation or infrared or cryo therapy. The patient must ensure soft stools using laxatives such as fiber, Bisacodyl, liquid paraffin, etc. Sometimes piles may prolapse and this is painful (see Fig. 2.13). Such prolapsed piles require sphincteric dilatation and reduction.

Chronic constipation may lead to ulceration of the mucosa at the ano-cutaneous junction. Such a boat shaped ulcer may be covered by a skin tag due to a process of scarring and healing. This ulcer is called a Fissure and the accompanying tag is a Sentinel pile. Initial treatment is conservative with topical analgesic ointment, high fiber diet, and stool softeners. If there is no relief, surgical options include sphincterotomy or anal dilatation.

Infection in the peri-anal region may lead to abscess formation. When such abscesses burst a communication may result from the rectal mucosa to the peri-anal skin. This is called a fistula in ano. Once the infection has subsided, pus discharge diminishes, but the patient may continue to have mucous soiling of clothes. Treatment is surgical.
2.3.3 Rectal Prolapse

Rectal prolapse can result due to long standing constipation and poor sphincter tone (Fig. 2.14). The prolapsed rectum must be reposed immediately and sphincter strengthening exercises should be taught to the patient along with stool softeners. If conservative treatment fails, surgery is necessary.

2.4 HERNIAS, HYDROCELE, VARICOCELE, EPIDYDMO-ORCHITIS, LYMPEDEMA, VARICOSE VEINS

Let us now go through all these conditions as given below:

2.4.1 Hernia

Hernia is a protrusion of abdominal contents through a sac outside the abdominal wall musculature, leading to the appearance as a bulge or swelling that is reducible (atleast initially). The contents of the hernia sac may be intra-abdominal fluid, omentum, bowel loops, etc. The swelling and prolapse of these intra-abdominal contents through the defect cause a dragging type of pain. If the neck of the sac is narrow and the protruding contents swell up, it may lead to the hernia becoming irreducible and painful. This could ultimately lead to vascular compromise and gangrene of the bowel. Therefore repair of hernias must be done (Fig. 2.15).

Standard techniques use a mesh at open surgery, though laparoscopic repair is also done. Once diagnosed, the patient should be advised not to lift weights and this advice should hold for atleast 3 months after repair.
The commonest defect is through the inguinal canal or directly behind it. These are Inguinal hernias. A defect through the Femoral canal could cause a Femoral hernia, which is seen more frequently among women. Other common sites include epigastric and incisional.

2.4.2 Hydrocele

Hydrocele is a scrotal swelling that contains fluid within the tunica vaginalis around the testis (Fig. 2.16). It could be congenital due to patency of the processus vaginalis allowing fluid to accumulate in the sac. It is commonly acquired mostly following filarial infection, due to obstruction of lymphatics draining the tunica and scrotum. There may be history of minor trauma. The accumulated fluid causes an irreducible, fluctuant or tense cystic, transilluminant swelling in the scrotum, sometimes bilateral. Surgical treatment consists of drainage of fluid and eversion of sac.

2.4.3 Varicocele

Varicocele is a soft swelling in the scrotum due to enormously dilated venous channels in the spermatic cord. These tortuous channels give the feel of a ‘bag of worms’. Patients may be troubled by the swelling, some pain and sometimes infertility. Surgical treatment is required.

2.4.4 Epidydmo-orchitis

Epidydmo-orchitis or inflammation of the testis and epididymis may be chronic (Acute has been dealt with in the section on Acute Scrotum Block 5 Unit 1) and is often related to specific infections such as Tuberculosis or Filaria. The feel of the epididymis in the former is craggy and nodular and the patient may have symptoms of urinary frequency due to simultaneous involvement of the urinary tract. Distinction and definitive diagnosis requires certain laboratory investigations for which the patient must be referred to a higher centre.

2.4.5 Lymphedema

Lymphedema is a swelling of the limbs secondary to lymphatic obstruction (Fig. 2.17). Sometimes the obstruction can be congenital, manifesting at birth through childhood and puberty. This is usually slowly progressive and involves one limb. However more commonly, lymphedema is acquired, due to obstruction of lymphatic flow due to filariasis, chronic scarring especially when circumferential or secondary to tumor deposits in the lymph nodes and lymphatic channels.

Filaria should be treated medically and the major complication of lymphedema i.e infection has to be treated early and prevented. For this antibiotics have to be
used frequently, and drainage of lymph is assisted by compression bandaging or other assistive devices such as intermittent pumps.

2.4.6 Varicose Veins

Varicose veins are dilated, tortuous veins seen most frequently in the lower limbs (Fig 2.18). They occur because of incompetence of valves in the perforator channels that connect the superficial and deep venous systems of the lower extremity. Increased venous back pressure leads to oedema of the feet, extravasation of blood in the skin leading to itchy pigmentation and ultimately a dermatitis and later ulcer. To prevent these complications, varicose veins should be treated. Initial management may be conservative with pressure dressing (crepe bandage) and limb elevation. Prolonged standing or even sitting with limbs hanging down must be avoided. Surgical treatment consists of subfascial ligation of perforators that have been demonstrated to be incompetent.
2.5 ORAL, GENITAL ULCERS AND PRESSURE SORES

An ulcer is a breach in the epithelial lining of a tissue which may be on the skin or mucosa. The site, size, base and margins of an ulcer often give useful clues to their cause and origin.

2.5.1 Oral and Genital Ulcer

Refer unit 4 section 4.4 for oral ulcers

Sexually transmitted diseases often manifest with ulcers in the genital region. The common herpetic ulcer (due to Herpes simplex virus infection) is painful, superficial with serpiginous margin and dirty white base. Initially there may be vesicles which rupture and coalesce to form the ulcer. Similar vesicles may be seen around the oral cavity (Fig. 2.19 A and B).

![Herpetic ulcers, seen over male and female genitalia](image)

Syphilis (primary) causes genital ulcers called chancre that are painless, well circumscribed and have a clean reddish base and indurated border.

Ulcers due to Donovanosis (Granuloma inguinale) are typically hypertrophic, painless and beefy red (Fig. 2.20).

Gonococcal disease manifests with pus discharge and ulcers on the genitalia with raised margins (Fig. 2.21).

![Hypertrophic, beefy red ulcer due to Donovanosis](image)  ![Gonococcal infection causing ulcer and pus discharge per urethra](image)

All of these genital ulcers are sexually transmitted and therefore these patients should be advised to abstain from sexual intercourse. They must get themselves.
examined at the District hospital where HIV testing may also be done. Oral Paracetamol and cold compresses for pain relief may be offered.

Proliferative lesions on the genitalia may be malignant (Fig. 2.22) and require biopsy confirmation before proceeding with treatment.

### 2.5.2 Pressure Sores

Sores and then ulcers may develop at points/areas which have poor vascularity and tend to bear a significant weight of the body. Their progression is accelerated by the area remaining moist and soggy, as well as areas which have poor autonomic function (causing poor capillary circulation). Patients who are unconscious and cannot turn on their own, or patients who are paraplegic or quadriplegic, are prone to develop pressure sores. Also certain illnesses such as Diabetes and Leprosy which cause sensory neuropathy, are likely to result in formation of ulcers at points which bear weight over prolonged periods and get traumatised Fig. 2.23 and Fig. 2.24.

It is important to prevent these pressure sores/ulcers by frequently changing the position of the weight bearing area. Also pressure from such susceptible areas can be shifted. Use of ripple air mattresses has helped to reduce the incidence of pressure sores in prolonged bedridden patients, in hospitals and homes.

### 2.5.3 Buerger’s Disease and other Ulcers due to Vascular Insufficiency

Vascular insufficiency can be acute or insidious and chronic. When acute, such as after an embolic episode, the affected part turns blue or black, becomes cold and appears shiny. These limbs usually require early amputation, and the source
of the embolus must be identified and treated. In chronic ischemia, as happens in
disorders like atherosclerosis, and in Buerger’s disease, the affected limb is painful
when the patient walks or exercises the limb. This is ischemic claudication. The
muscles tend to atrophy, there is loss of hair over the limb, and ultimately it turns
cool and may develop patchy gangrene. Any ulcers that develop in these limbs
due to trauma or infection, fail to heal (Fig. 2.25 and Fig. 2.26).

These patients require early referral to a higher centre where Doppler studies,
occaasionally angiography and surgical treatment can be offered.

Long standing ulcers following infections may heal with contractures around
joints and require release of contractures and skin grafting.

2.6 PROBLEMS/ SYMPTOMS AND SIGN OF EAR, NOSE AND THROAT

In this section we focus on Thyroid swelling, discharging ear, blocked nose (chronic), hoarseness, and dysphagia.

2.6.1 Thyroid Swelling

Sometimes the thyroid gland can be enlarged giving rise to a swelling in the
midline of the neck anteriorly. The swelling can be recognised as it moves with
swallowing; such a swelling is called a goiter. Thyroid swelling can sometimes
be associated with increased or decreased functioning of the thyroid gland.
Symptoms associated with increased functioning of the thyroid gland are increased
appetite, weight loss, heat intolerance and fast heart rate. Symptoms associated
with decreased functioning are constipation, swelling over the body, weight gain,
increased sleepiness and cold intolerance. Occasionally a thyroid swelling can be
due to an underlying cancer in which case it will rapidly increase in size. Any
thyroid swelling should be evaluated by a doctor and tests carried out to determine
the underlying cause.

2.6.2 Discharging Ear

Chronic discharge from the ear can result from perforation of the ear drum. Any
person who has pus discharge from the ear for a long time should be seen by an
ENT doctor. The ear should be kept dry by wicking. Antibiotic ear drops can be
put in the ear. Water should not enter the ear while bathing. Sometimes the
discharge from the ear can be foul smelling or blood stained. This indicates that
the perforation is an unsafe one i.e. it has greater chances of spreading to the
brain and causing a brain abscess. Such a patient should be urgently referred to an ENT surgeon. Sometimes chronic discharge from the ear can lead to infection of the bone behind the ear called mastoiditis. It will need to be treated by an ENT surgeon with antibiotics and surgical drainage. A perforated drum can be repaired using a microscope and following successful repair hearing often improves and ear discharge vanishes. Also restrictions on patients activities such as swimming can be taken off (Fig. 2.27).

### 2.6.3 Blocked Nose

Blocked nose can commonly occur when a person has a cold. It occurs due to swelling and inflammation of the mucous membranes of the nose. It can be relieved with the help of normal saline nose drops or spray of Oxymetazoline 0.05%.

Sometimes the nose may be blocked on one side only. This may occur due to presence of a growth in the nasal cavity such as a polyp or due to a deviation of the nasal septum to one side (Fig. 2.28). Sometimes the nose block may be due to a growth or tumour in the nose which may be associated with a foul smelling or blood stained discharge. Such patients should be referred to an ENT surgeon at the earliest.

### 2.6.4 Hoarseness

Hoarseness is an abnormal change in the pitch or volume of the voice. There are many causes of hoarseness. Common cold or upper respiratory viral infection can lead to hoarseness. If hoarseness persists for more than two weeks the cause can be due to a benign tumour or polyp of the vocal cords or
due to cancer of the larynx (Fig. 2.29). Hence such a person should be evaluated early by a surgeon.

2.6.5 Dysphagia

Dysphagia means difficulty in swallowing. Dysphagia can occur due to neurological dysfunction such as that caused by stroke. It can also arise as a result of cancer of the throat or food pipe. Dysphagia is often a symptom of serious underlying disease and should be investigated with the help of barium swallow or endoscopy which can be done at a larger hospital (Fig. 2.30). Less common causes of dysphagia include esophageal strictures and motility disorders of the oesophagus.

2.7 JOINT PAINS, BACKACHE, FROZEN SHOULDER

Let us now go through about joint pains, backache and frozen shoulder as given below:

2.7.1 Joint Pain

Joint pain can involve a single joint or multiple joints. Joint pains can occur due to infection of the joint which can be bacterial or tubercular. This usually results in involvement of one joint.

Joint pains associated with swelling and deformity of the joints can be due to inflammatory diseases like rheumatoid arthritis. Such joint involvement is usually
symmetric, involves several joints including the small joints of the hand and feet, and is usually associated with morning stiffness. As the disease progresses, joint deformities may result (Fig. 2.31).

Osteoarthritis is a degenerative disease of the weight bearing joints which occurs in older individuals usually involving the knees and hip joints, though shoulder may also be involved.

In children joint pains can occur acutely due to diseases like acute rheumatic fever, leukemia or sickle cell anaemia.

2.7.2 Backache

Low backache can occur because of muscle strain or lumbar disc herniation which can occur following lifting of heavy weights. In older adults backache may occur because of degenerative changes or form a compression fracture. Tuberculosis of the spine can also lead to backache. This is also associated with gibbous or deformity of the spine.

Backache, if it occurs acutely, should be treated with bed rest, pain killers and avoidance of lifting heavy weights.

If backache persists for more than 2 weeks, or is associated with neurological weakness or is associated with fever, it should be evaluated in a larger hospital, where X-rays, MRI and other investigations may be done if required.

2.7.3 Frozen Shoulder

Frozen shoulder is characterised by pain, stiffness and limitation of movement in the shoulder joint. It may occur after an injury or overuse or disease like diabetes or stroke. It is treated by painkillers such an ibuprofen, application of heat and gentle physical exercises to increase the range of movements. Some patients who do not improve with conservative measures may require injection of steroids into the affected joint.

2.8 LOWER URINARY TRACT SYMPTOMS (LUTS)

Let us now discuss lower urinary tract Problems/Symptoms as given below:

2.8.1 Lower Urinary Tract Symptoms (LUTS)

LUTS or lower urinary tract symptoms is a term used to describe a range of symptoms due to problems of the bladder, prostate and urethra. These symptoms include:

1) Voiding or obstructive symptoms –
   - Hesitancy – longer than usual wait for the stream of urine to begin.
Overview of Common Surgical Conditions- Referral and Follow-up Care

- Weak and poor directed stream of urine.
- Straining to urinate.
- Dribbling after urination has finished or an irregular stream.
- Chronic urinary retention – not all the urine is passed from the bladder causing a need to urinate more often.
- Overflow Incontinence – Urine overflows from a full bladder uncontrollably even though normal urination can be difficult to start.

2) Storage or irritative symptoms –
- Urgency – urgent feeling of need to urinate.
- Frequency – a short time between needing to urinate.
- Nocturia – a need to pass urine two or more times during the night.
- Urge incontinence – a sudden, intense urge to urinate followed by an uncontrolled loss of urine.

The voiding symptoms are commonly caused by conditions such as an enlarged prostate gland and urethral stricture. An enlarged prostate gland can lead to both storage and voiding symptoms.

LUTS can also be caused acutely by urinary tract infection, prostatitis (inflammation of the prostate) or bladder stones. A patient with LUTS should be referred to a surgical facility for evaluation where he may require a digital rectal examination, an ultrasound and urine examination along with blood tests.

2.8.2 Phimosis and Paraphimosis

Phimosis means an inability to retract the foreskin over the glans penis after it was previously retractile or after puberty. It usually occurs secondary to distal scarring of the foreskin phimosis occurs naturally in male newborns where it is called physiologic phimosis (or Prepucial adhesions) and does not need any treatment (Fig. 2.32 A and B). If there is ballooning of prepucial or the urine stream is pin point, it may require intervention.

If phimosis occurs after the foreskin was previously retractable and is severe, it can cause problems in passage of urine. In such a case it will require surgical correction.

Paraphimosis:

Paraphimosis is the entrapment of a retracted foreskin (prepuce) behind the coronal sulcus, often when a partially stenosed prepuceal opening is forcefully retracted back (Fig. 2.32). A paraphimosis is a urologic emergency as it is very painful and it may lead to urinary retention. It needs to be attended to immediately and so
these patients need referral. Early in its course, it may be possible to reduce the paraphimosis manually, though circumcision must follow electively.

2.8.3 Atrophic Vaginitis

Atrophic vaginitis is a condition which can occur in post-menopausal women due to deficiency of estrogen hormone which occurs after menopause. Symptoms include thinning and drying of vaginal walls leading to soreness, itching, dyspareunia and post-menopausal bleeding. It can also cause pain on micturition and lead to urinary tract infection or urethral narrowing leading to obstructed micturition. A patient with these symptoms needs to be assessed by a gynaecologist and treated after ruling out other conditions such as malignancy. Hormone replacement therapy, often topical is sufficient to ameliorate symptoms.

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<tr>
<th>Check Your Progress 2</th>
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<tbody>
<tr>
<td>1) Chronic constipation can lead to</td>
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<tr>
<td>a) Piles</td>
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<tr>
<td>b) Fissure in ano</td>
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<tr>
<td>c) Rectal prolapsed</td>
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<tr>
<td>d) All of the above</td>
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<tr>
<td>2) The commonest hernia seen among females is..........................</td>
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<td>3) Which of the following swellings is NOT Transilluminant?</td>
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<tr>
<td>a) Hydrocele</td>
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<tr>
<td>b) Varicocele</td>
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<td>c) Cystic hygroma</td>
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<td>d) Branchial cyst</td>
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<td>4) A recent onset superficial, painful, genital ulcer is likely to be due to..........................</td>
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<tr>
<td>5) Chronic foul smelling discharge from an ear could point towards..........................</td>
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<tr>
<td>6) A 65 year old previously healthy man has slowing of urine stream and dysuria. He is likely to be suffering from ..............................................</td>
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2.9 IMPORTANT POINTS TO REMEMBER

1) Any lymph nodes in the neck, axilla or groin that are more than a centimeter in diameter, or have a firm or hard consistency, require investigations to rule out a malignancy or tuberculosis, etc.

2) All women between the ages of 25 to 60 years must do a self examination of their breasts and report to a doctor if there is any lump, abnormal nipple discharge or altered shape of the breast or nipple-areola complex.

3) Hernias must be treated surgically. Left untreated they can become obstructed, and may even lead to bowel obstruction or gangrene.

4) Hydrocele surgery is a simple day care procedure.
5) Dysphagia and hoarseness of recent onset are sinister symptoms and merit
detailed investigations, especially to rule out a malignancy.
6) Chronic ear discharge, especially when foul smelling or blood stained, points
to possible ‘unsafe’ ear disease. These patients must be referred early.
7) Nasal obstruction due to polyps can be treated easily, surgically.
8) Backache associated with any sensory or motor deficit must be investigated
fully and needs referral.
9) Lower Urinary Tract Symptoms among men may be secondary to problems
of bladder storage, contractility, outflow obstruction or sphincter disturbances.
10) Phimosis and Paraphimosis require circumcision.
11) Genital ulcers are often sexually transmitted.
12) Atrophic vaginitis in post-menopausal women predisposes them to UTI and
can cause obstructed micturition.

2.10 LET US SUM UP
In this unit we have discussed common surgical conditions such as lumps and
bumps, piles, fistulas, fissures, bleeding per rectum, hernias, varicose veins oral
and genital ulcers, pressure sores, signs and symptoms of ear, nose and throat
conditions. We have also focused on problems in joints, lower urinary tract
symptoms.

2.11 MODEL ANSWERS

Check Your Progress 1
1) Sebaceous cyst.
2) Fibroadenoma.
3) Haemangioma
4) False. It must be operated because of risk of infection.
5) True
6) False. They are commonly seen in children and adolescents.

Check Your Progress 2
1) (d).
2) Inguinal Hernia (even though Femoral hernias are more common among
females as compared to males).
3) (b).
4) Herpes Simplex virus infection.
5) Perforation of Ear drum
6) Benign Prostatic Hypertrophy. (Though less frequent, Prostatic malignancy
and urethral stricture need to be ruled out).