



# Groin Swelling History (Paediatrics) #1

## PATIENT INFORMATION

You are the intern in a metropolitan emergency department. Frank has presented with his son Doug. Doug is an 8-month old boy who presents with a swelling in his groin.

## CANDIDATE INSTRUCTIONS

You will have **8 minutes** to perform the following:

1. Take a history from Frank about Doug (4 minutes).
2. Ask the examiner for any examination findings and investigations you would like (if any) (1 minute).
3. Explain to Frank your diagnosis and management plan (3 minutes).

TASK 1 – HISTORY (4 MINUTES)	MARKS	
History of presenting complaint	<ul style="list-style-type: none"> <li>• Opening statement: “Doug has had a lump in his groin that we first noticed a few days ago”</li> <li>• What: lump in the groin/swollen testicle. Doug doesn’t appear distressed by it, not red/tender to touch</li> <li>• When: First noticed it a few days ago, not sure how long its been there for though. Not always there</li> <li>• Quality: Feels soft</li> <li>• Quantity: No pain</li> <li>• Associated symptoms: (see below): If only generally asked, ask to specify (“Like what?”)</li> <li>• Alleviating/aggravating factors: Worse when crying, often disappears at rest. Haven’t tried pushing it in or tried anything else to make it better</li> <li>• Beliefs/concerns: Very worried it could be cancer</li> </ul>	/3
Systems review/associated symptoms	<p>Symptoms and risk factors that are present are in <b>BOLD</b>.</p> <ul style="list-style-type: none"> <li>• Inguinal hernia: <b>worse when crying, not always present</b>, features of an incarcerated hernia (nausea/vomiting, fever, hot/red/tender), <b>premature baby (born at 34 weeks)</b>, family history, undescended testes</li> <li>• Testicular torsion: pain, crying/irritable, testicle riding high/irritable</li> <li>• Epididymo-orchitis: fever, recent UTI, urethral discharge, red/hot testicle</li> <li>• Hydrocele: <b>premature baby</b>, undescended testes, <b>soft swelling, non-tender</b>, changes size throughout the day (smaller in morning, <b>enlarges when coughing/crying</b>)</li> <li>• Varicocele: <b>Non tender</b>, bag of worms appearance</li> <li>• Testicular rupture: recent trauma, tender, bruising</li> </ul> <p><b>Marking criteria</b>  Full marks for asking symptoms/risk factors of 3 or more differentials  2 marks for asking symptoms/risk factors of 2 differentials  1 mark for asking symptoms/risk factors of 1 differential</p>	/3
Paediatric history	<ul style="list-style-type: none"> <li>• Birth: Born premature at 34 weeks gestation via emergency caesarean as mother had pre-eclampsia. Was in special care nursery for 3 weeks to ‘feed and grow’. No other complications, all antenatal scans normal</li> <li>• Feeding: Breastfed, no issues</li> <li>• Hydration: Normal number of wet nappies, feeding well</li> <li>• Vaccinations: Up to date</li> <li>• Growth/development: No concerns</li> <li>• Social history: Lives at home with parents, not in day care</li> </ul>	/2

Past medical history	<ul style="list-style-type: none"> <li>• None relevant</li> </ul>	/0.5
Medications	<ul style="list-style-type: none"> <li>• Prescription: None</li> <li>• Vitamins/supplements: Iron supplements as premature baby</li> </ul>	/0.5
Allergies	<ul style="list-style-type: none"> <li>• None</li> </ul>	/0.5
Family history	<ul style="list-style-type: none"> <li>• None relevant</li> </ul>	/0.5
<b>TASK 2 – Ask examiner for examination findings and investigations (1 MINUTE)</b>		
Examination findings	<ul style="list-style-type: none"> <li>• General appearance</li> <li>• Vitals</li> <li>• Abdominal examination – inspection (masses, scars, umbilicus), palpation (any tenderness)</li> <li>• Genital examination – inspection (swelling), palpation (any tenderness)</li> </ul>	/2
Investigations	<ul style="list-style-type: none"> <li>• None required at this stage as clinical diagnosis</li> <li>• May consider testicular ultrasound</li> </ul>	/1
<b>TASK 3 – Diagnosis and management plan (3 MINUTES)</b>		
Diagnosis	<ul style="list-style-type: none"> <li>• Diagnosis <ul style="list-style-type: none"> <li>○ A hernia happens when part of an internal organ (usually the bowel) pushes through a weak spot in the muscles covering the abdomen. Hernias show up as a lump or bulge under the skin.</li> <li>○ An inguinal hernia is a hernia that occurs in the groin. In boys, an inguinal hernia may extend into the scrotum (pouch of skin containing the testes).</li> </ul> </li> <li>• Symptoms <ul style="list-style-type: none"> <li>○ Causes smooth and soft lump in testicles, usually painless, may disappear when lying down and get worse when crying/coughing</li> </ul> </li> <li>• Risk factors <ul style="list-style-type: none"> <li>○ More common in boys, premature boys, family history, low birth weight, undescended testes</li> </ul> </li> <li>• Complications <ul style="list-style-type: none"> <li>○ Can become strangulated/stuck – this is bad because it can cut off the blood supply to that part of the bowel</li> </ul> </li> </ul>	/3
Management plan	<ul style="list-style-type: none"> <li>• Surgical management will be required – it is not urgent as the hernia is not strangulated at this stage, but it should be done within the next week in case it does</li> <li>• Will refer to surgeon. Surgery is a day procedure; baby is put to sleep with general anaesthetic and repair the hernia. Very safe, only risks are damage to surrounding structures</li> </ul>	/3

	<ul style="list-style-type: none"> <li>• Can be discharged today</li> <li>• Safety net parents – keep an eye out for signs of an incarcerated/stuck hernia (red and hot testicle lump, upset baby, fever, vomiting)</li> </ul>	
Communication skills	<ul style="list-style-type: none"> <li>• Clear logical explanation</li> <li>• Appropriate language used (no jargon)</li> <li>• Checks understanding regularly</li> <li>• Uses diagram if appropriate</li> </ul>	/1
<b>TOTAL</b>		<b>/20</b>

# IMAGES

Give examination findings if the candidate requests them.

**General appearance:** Well looking baby, not in pain.

**Vitals:** Blood pressure 100/70, Heart rate 130, Respiratory rate 30, Temperature 36.5

**Heart and Lungs:** NAD

**Abdominal examination:**

- Inspection: not distended, no obvious masses, no scars from previous surgeries, umbilicus looks normal.
- Palpation: no tenderness.

**Exam of scrotum/groin/testicles:**

- Inspection: no swelling present at rest, when Doug gets upset lump appears in testicle. Not red. No bag of worms appearance. Does not transilluminate.
- Palpation: normal temperature, no tenderness.