DREXEL UNIVERSITY COLLEGE OF MEDICINE

COMMON SYMPTOMS:

A GRID OF DIFFERENTIAL DIAGNOSIS FOR REVIEW

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Generally, for each diagnosis there appear first **attributes of the symptom, then associated symptoms, then risk factors, then *physical findings (in italics)***. This is a work-in-progress: more symptoms will be added in due course. The order of listing is Cardio-Pulmonary, GI, HEENT, Musculo-skeletal, general.

BEWARE: This table represents obvious simplification and selection. Of course, few patients will show all the findings for a given diagnosis, and in turn few findings are entirely specific to one diagnosis!

Particularly common causes are in blue. Wherever possible, the listed attributes are supported by evidence obtained by publications since 1990. An asterisk (*) indicates that such literature is available for the complaint or at least some disorders causing the complaint. Otherwise, the listings reflect consensus or traditional teachings. The most indicative findings are in **bold.**

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SYMPTOM	DIAG. 1	DIAG 2	DIAG 3	DIAG4	OTHER DXs
CHEST PAIN	**Ischemic Heart Disease:*Angina** **Exertional** **Felt as pressure, weight, discomfort** **Relieved by rest <6 minutes** Central in chest **Radiation to arm(s), jaw** Male, D.M, smoker, high lipids *Corneal Arcus* *Ear-lobe crease* *Carotid bruit*	**Ischemic Heart *Disease:*Acute MI*** Central in chest Radiation to arm(s), jaw **Duration>30 minutes** Assoc: sweating, nausea Same risk factors as angina *Physical findings of CHF (minority)*	**NON-Ischemic Causes [see also to the right]*** ***Not* exertional** **Described as sharp or stabbing** **Related to position** Age < 40 Assoc. with dizziness, flushing (Note: includes anxiety-induced chest pain, common and sometimes assoc. with hyperventilation)	**Pericarditis** **Pleuritic** **Central in chest** Radiates to arms, jaw Fever ***Rub*** (Most are idiopathic/viral, but can be assoc. with cancer, autoimmune disease)	**Dissecting Aortic Aneurysm** Acute Onset Severe "tearing" quality *Pulse deficits* *Focal neuro finding*
Chest Pain (Con't)	**Other** esophageal-based (GERD, spasm) Chest wall Inflammation				

Palpitations/ Racing Heart	**ANXIETY** Triggers (situations) Other somatic complaints Otherwise normal exam Other indicators of stress or anxiety	**Hyperthyroidism*** Sweats **Heat intolerance** Nervousness ***Enlarged thyroid*** ***Tremor of hands*** *Hyperactive DTRs (note: fewer signs and symptoms in older age)* *Heart rate >90 bpm except in >60-y-o*	**Panic Attack** Discreet episodes Sweats Shortness of breath/choked feeling Shakiness (these are DSM criteria)	**Dysrhythmia** *(esp PACs or PVCs, episodic A. Fib., Parox. Supraventricular Tachycardia) **Sudden onset/cessation** **Sense of "flip-flop" or irregularity** **Awareness in bed** Syncope or near-syncope **Sense of pounding in neck (for PST)** *HR > 150 (ie, more than most sinus tach)* *A waves in neck veins*	**Other Causes:** Anemia Adrenergic drugs
COUGH, PERSISTENT (> 3 WEEKS), in otherwise well-seeming adult (note: mutifactorial causation is common)	**Post-URI Airway Hyper-reactivity** History of acute URI May go on for >4 weeks! *Sometimes wheezing*	**Asthma** Shortness of breath Chest "tightness" [But other sx may be absent in cough-variant asthma] FH of asthma, allergy, or eczema *Wheezing*	**POST-NASAL DRIP** **(also called Upper Airway Associated Cough)** Patient aware of post-nasal drip Chronic rhinitis Response to nasal steroid	**GERD** Heartburn, acid taste in mouth [BUT, many or most patients *lack GI symptoms*.] Response to anti-GERD Rx ? Hoarseness in some	**COPD***: smoking history; dyspnea on exertion; *wheezing; diffusely decreased breath sound intensity; early inspiratory crackles* Also: **Eosinophilic bronchitis** **ACE inhibitor** **Sarcoidosis** **Lung Cancer** **Tb** **Bronchiectasis**
SHORTNESS OF BREATH	**Asthma** **Episodic** Coughing "Tight" feeling Allergy, eczema ***Wheezes***	**COPD** **Exertional** Coughing **Cigarets** *Wheezing* ***Quiet breath sounds*** ***Early insp. crackles***	**CHF** **Exertional** Positional(orthopnea) Past MI Hypertension *Edema* ***Crackles*** *NVD* ***S3***	**Anemia** Bleeding often GI Headache Fatigue *Pallor (conjunctival rim, nails)*	Pneumothorax Pneumonia Pericardial disease Angina Anxiety Pleural fluid Pulm. Embolus
ABDOMINAL PAIN, ACUTE	**Appendicitis*** RLQ **Migration of pain** Pain before **vomiting** *Local tenderness* ***Guarding,*** *rebound* *Fever*	**Cholecystitis*** RUQ or epigastric location Vomiting Pain radiation to shoulder ***RUQ tenderness*** ***Murphy Sign***	**Pancreatitis** Epigastric Felt in back Fever Vomiting Alcohol *Abdominal tenderness and Rebound*	**Diverticulitis** **LLQ** **Fever** **History of constipation** *Local tenderness & rebound*	**Ruptured Ectopic** Lower quadrant Tenderness and rebound Collapse Vaginal bleeding Missed period

ABDOMINAL PAIN, ACUTE (con't)	**(5) OBSTRUCTION*** Crampy pain Vomiting Absence of b.m. **Past surgery** **Hyperactive, high-pitched bowel sounds early, ileus later** *Distention* *Hyper-resonance*	**(6) PID** Lower quadrant pain Discharge Unprotected sex *Local peritoneal signs* *Tender Cervix*	**(7) Perforated Stomach/Intestine** Generalized pain Shocky Hx of ulcer, NSAIDs, *Guarding, Rebound*	**(8)Kidney Stone** **Typically begins in flank** **Patient wants to move around** Radiation to genitals **Urgency/frequency** **Hematuria** Sometimes vomiting *Lack of local findings on abdo exam; sometimes CVA tedneress*	
ABDOMINAL PAIN, RECURRENT	**Irritable bowel syndrome*** "**Crampy" pain** **Relieved by bowel movement** Diarrhea and/or constipation Sense of being "bloated"	**Gall Bladder Disease*** **RUQ or epigastric location** Vomiting Pain radiation to shoulder ***RUQ tenderness***	**GERD** **"heartburn"** Worse supine Worse with caffeine, "acid" foods, chocolate **Relieved by antacid** *PE usually egative*	**ULCER** Epigastric Periods of pain separated by months Melena Alcohol Smoking	"Non-specific" Pancreatitis Recurrent obstruction
VOMITING, ACUTE (almost always associated with nausea)	**Gastroenteritis and especially ingestion of pre-formed toxin (see "diarrhea")**	**Bowel Obstruction** Pain, not highly localized History past surgery Abdo. Distention and tympani High-pitched bowel sounds then ileus	**Diseases of Major Abdominal Organs** **Pancreatitis** **Hepatitis** **Cholecystitis** (usually associated with pain)	**Drugs (selected)** Anti-neoplastic Many antibiotics Digoxin Colchicine Opiates NSAIDs (not common)	**Labyrinthitis/ Meniere's** Vertigo Nystagmus
VOMITING, REPEATED *without* Pain as Major Symptom (ie *not* pancreatitis, acute bowel obstruction)	**Gastroenteritis** Associated with diarrhea Pre-formed toxin as with staph shows vomiting>diarrhea Sometimes fever (viral or bacterial) Foods to ask about: eggs, pastry.	**Hepatitis esp A** Contaminated food eg shellfish Jaundice but may be absent esp. early Tender liver (RUQ) Dark urine	**Early Pregnancy** Opportunity Missed menses and Other signs of pregnancy	**Medications (see above)**	**Other Causes (selected)** Self-induced Binge drinking Drug withdrawal Motion sickness Uremia Gastric outlet or emptying defect (eg diabetic gastroparesis)
HEADACHE	**Migraine*** **Unilateral** Pulsating **Nausea** **Sens. to light or noise** 4-72 hrs + Family Hx	**Tension** Generalized Absence of other findings	**Meningitis*** **Fever** **Mental status change (esp. if bacterial)** *Blunted mental status* *Resistance to flexion of neck*	**Brain Tumor** Progressive Worse bending over *+ Neuro findings*	Head Injury Intrancranial bleed (if chronic: subdural) Cluster Headache Severe HBP Caffeine overuse or withdrawl Medication overuse headache

			(bacterial)		
DIZZINESS (Note: many cases are multi-causal especially in elderly persons)	**Benign Positional (or "Positioning") Vertigo*** Fleeting vertigo and sometimes nausea **with head movements** **Esp. turning over in bed** ***nystagmus, provoked nystagmus (Dix-Hallpike maneuver)***	**Labyrinthitis** A single, extended period, **days to weeks** Sometimes there has been a preceding viral syndrome ***nystagmus*** *falls toward side of inner-ear lesion when walking*	**Hypovolemia and Postural Hypotension*** **Feeling of faintness esp. on standing** Diarrhea, vomiting, blood loss ***Increase in heart rate on standing>30 bpm*** ***Drop in syst P >20 mmHg***	**Stroke/TIA (rare as cause of dizziness alone)** Sudden onset **Other neuro symptoms** Older age, risk factors for vasc.disease *Nystagmus of any type* ***Other neuro signs: eg, diplopia, speech disorder, focal weakness***	**Other Causes** Meniere's Syndrome (triad of episodic vertigo, tinnitus, hearing loss) Psychosomatic/ psychiatric Migraine presenting as vertigo
SORE THROAT	**Viral** URI symptoms	**Streptococcal*** Fever NO cough *Nodes* *Exudate*	**Mononucleosis** Persistence Young adults Fatigue *Rash* *Splenomegaly*		Gonococcal Peritonsillar abscess Diphtheria
KNEE PAIN, acute with Swelling (non-traumatic)	**Septic Joint** **Fever** **IV drug use** **Gonorrheal symptoms** Fever, chills *Warm, red, swollen, tender*	**Gout** Extreme pain **Past symptoms in toe** Metabolic syndrome **On thiazide** ***Exquisite tenderness even to light touch (if classic)*** *Warm, swollen* *Surrounding soft tissue swelling*	**Rheumatoid Arthrits (is usually bilateral)** **Morning stiffness** Joint involvement elsewhere, **esp. hands** in PIP and MPs: swelling, tenderness		**Pseudogout** **Hemarthrosis in patient on Coumadin** **Bursitis esp. pre-patellar**
KNEE PAIN, subacute or chronic	**Osteoarthritis** Older age Morning stiffness but < 30 minutes **Pain felt medially in knee** Past injury to knee or leg (not needed) *Non-warm* ***Bony enlargement*** ***Crepitus with ROM*** *Tenderness at medial joint line*	**Patello-Femoral Syndrome ("chondromalacia")** **Age < 35 with exceptions** **Pain especially on going up or down stairs** *Pain, crepitus, or 'grittiness' with pressure on patella against femur*	**Bursitis** Pre-patellar: Repeated pressure on knee ("washerwoman"); ***redness & tenderness over lower patella.*** Anserine: pain, ***tenderness medially 5-6 cm below joint line*** *With both, joint not really involved so no loss of ROM*	**Rheumatoid arthritis** (see above)	**Pain referred from hip-joint disease** (clue: no findings at all in knee)

LOW BACK PAIN	**Lumbo-Sacral "Strain"** Sudden onset Otherwise well Young or old **Improving within few days** *No focal neuro. findings*	**Herniated Disc*** Sudden onset Radicular symptoms: **"Sciatic" pain or leg paraesthesia** ***+ Straight-leg raise (+ means induces leg pain)*** *Neuro finding L4 – S1*	**Spinal Stenosis** Older Age Chronic pain, often into legs **"Psuedo-claudication": pain with standing or walking, relief with sitting or bending forward**	**Spondylolysis/ spondylithesis** **Adolescent** **Follows sports activity** Sometimes with radiculopathy	**Renal Colic (stone)** Severe waxing/waning pain Pt moves about **Refers to genitalia** Urinary frequency/urgency **Gross or microscopic hematuria** *+ CVA tenderness*
SHOULDER PAIN	**Rotator Cuff Tendinitis*** **Pain sensed in deltoid area** **Pain worsen with abduction (esp. at or above horizontal, "painful arc").** Impingement signs may be positive	**Rotator Cuff Tear* (other than traumatic)** Pain felt in outer arm **Over 60 years of age** **Positive "dropped arm sign"** **Weakness** and/or pain with attempt to raise outstretched arms against resistance (esp with thumbs pointed down)	**Acromioclavicular Arthritis** Pain felt at "point" of shoulder, superiorly. **Tenderness at A-C joint** **Pain worsens with full aDduction**	**Glenohumeral arthritis (rare!)** Pain felt in outer arm ROM very limited, including passive	**Referred:** (Includes, ie, gall bladder disease; cervical spine disease; myocardial ischemia) Suggested by maintenance of full ROM without worsening pain, no tenderness, suitable context such as appropriate age for angina or MI
ELBOW PAIN	**Lateral Epicondylitis ("Tennis Elbow")** Pain in lateral elbow area, sometimes also wrist ***Pain worsens with resisted dorsiflexion of wrist*** ***Local tenderness over lateral epicondyle***	**Medial Epicondylitis** Pain in medial elbow area ***Pain worsens with resisted plantarflexion of wrist*** ***Local tenderness over Medial epicondyle***	**Olecranon bursitis** **[causes: sustained pressure (eg elbow resting on desk long time); gout; infection;** RA; hemorrhage] Exam shows: *Cystic swelling over olecranon* *May be red, warm* *ROM at elbow maintained*	**Actual arthritis of elbow joint** **[causes: RA, psoriatic; note: osteoarthtitis RARE in elbow!]** Pain, tenderness, **almost always limitation of ROM—pt cannot straighten arm if there is true disease in elbow joint (as opposed to olecranon bursa or tendon insertions)!**	**Not many other causes!**
FATIGUE (prolonged)	**Depression** Low mood Lack of interest	**Sleep Apnea** **Daytime drowsiness**	**Chronic Fatigue Syndrome** **Muscle/joint aches**	**Hypothyroidism*** Cold intolerance Constipation	**Other Causes** Medications (esp. anti-depressants)

	Early awakening Slowness, lack of affect	**Snoring** Obesity M>F; Older>younger	Headaches *Tender nodes*	**Hoarseness** ***Bradycardia*** *Dry, coarse skin* ***Slowed ankle jerk***	Anemia Heart Failure Lung failure Uremia (CKD) Malignancy Chronic infection (eg TB, HIV)
DIARRHEA, ACUTE (resource-rich regions)	**VIRAL** (Norwalk, norovirus, others) Most common Watery Vomiting may also be present No fever or mild Benign abdominal exam	**Pre-Formed Toxin** Rapid onset (<6 hours) *Staph*: custards, meats, dairy; outbreaks **Vomiting usually predominates** No fever *B. Cereus*: the same, from rice, meat	**Bacterial, inflammatory** **Fever** **May be bloody** *Salmonella* (eggs, poultry, almost anything); *Camp. Jejuni* (poultry, pets); *Shigella* (fecal-oral); e. coli 0157-H7	**Drug-Induced** Laxatives Some antibiotics Caffeine Alcohol Many anti-cancer drugs Lactulose (used for liver failure; osmotic agent Colchicine (for gout) Proton Pump In hibitors (rarely) *And many others; above list is of some common examples*	**Other Causes** Anxiety Hyperthyroidism Protozoa Giardia
DIARRHEA, Chronic (> 4 weeks) or Recurrent Diarrhea	**Certain infections: eg, giardia, ameba, cryptosporidium)** **Recent travel** Abdominal pain Fat-containing malodorous stools (giardia) Weight loss	**Inflammatory Bowel Disease (Ulcerative colitis, Crohn's)** Abdominal pain **Diarrhea is often bloody** Systemic manifestations (joints, skin, fever)	**Irritable bowel disorder** Abdominal Pain **Diarrhea may alternate with constipation** "Bloating" **Mucus with stool**	**Malabsorption (eg pancreatic insufficiency, lactase deficiency, celiac disease*)** Large amount of stool **Fat-containing malodorous stools** **Diarrhea soon after a meal** (*symptoms may be minimal and varied; considered to be underdiagnosed.)	**Other Causes (there are many!)** Drugs (see list above; consider laxative overuse, which pts sometimes do not easily reveal. Hyperthyroidism Anxiety
SYNCOPE* (Syncope means a **sudden brief loss of consciousness with spontaneous and complete recovery**, that is, person wakes up without neurologic deficit.) Note: episodes of "near-syncope" – faintness but without full loss of consciousness – probably has very similar differential.	**"Neurally mediated" including "vasovagal," faint or swoon** Long history of recurrence Otherwise healthy with no known heart disease After traumatic or unpleasant event, sight, smell; severe pain After prolonged standing, esp. if hot, crowded Sometimes associated with palor, nausea Post-meal (elderly)	**Orthostatic hypotension** Occurs upon standing Anti-hypertensive drugs Occurs with standing after exertion Occurs with bleeding, volume contraction of any cause ***Orthostatics show drop in BP, or increase in heart rate >30, or pt feels dizzy on standing***	**Heart block or dysrhythmia** Known heart disease History of palpitations esp. just before episode Can occur with pt supine (ie, would speak *against* causes to the left) ***Pulse irregularity and/or*** ***HR <50 or >100*** *Murmur*	**Aortic Stenosis** Older age History of sob History of chest pain ***Systolic murmur***	**NOTE: The following can cause l.o.c. but not usually defined as true syncope (because recovery is slow, residual findings, etc.)** Seizure (witnessed movement?) Blood loss (GI symptoms?) Posterior circulation TIA or stroke (focal neuro findings) Pulmonary embolism (risk factors for DVT?)

ACUTE SWELLING OF ONE LOWER LEG, usually painful	**Deep vein thrombosis** Tender May be pitting **Risk factors** include: recent immobility; recent surgery, trauma or serious illness; previous known DVT; cancer.	**Cellulitis** Redness and warmth > swelling Tender Fever Source eg: abrasion, cut, ulcer, bad tinea pedis.	**Calf muscle "pull" or tear** Relevant history **ecchymoses**	**Very inflamed knee joint** Focal tenderness, heat at knee joint **History of gout** (note: gout has special tendency to induce surrounding soft tissue swelling	**Popliteal cyst**
EDEMA, BILATERAL PITTING (ie generalized edema)	**CHF** Dyspnea; orthopnea; known heart disease or indicators of it on physical exam, ecg, etc. See: CHF under shortness of breath	**Cirrhosis** Predominance of ascites; sharp liver edge; jaundice; hx of alcoholism	**Nephrotic Syndrome** Sudsy or frothy urine; tendency to facial edema (puffiness)	**Acute or Chronic Severe Renal Disease** (ie low GFR, inability to excrete salt and water even if no nephrotic syndrome)	Constrictive pericarditis. Severe lung disease Extreme protein malnutrition
Menstrual Bleeding, heavy (note: falls under Abnormal **U**terine **B**leeding) Pts may have symptoms of anemia.	**Fibroids** Pelvic pain, pressure feeling. Urinary frequency. Enlarged uterus	**Polyps** Often inter-menstrual bleeding Usually otherwise without clear symptoms. Risk factors: obesity; use of tamoxifen.	**Uterine Cancer**	**Coagulation disorder (eg, Von Willebrand)** Bleeding elsewhere (eg, bruising, gums, mucosal if from low platelets or von Willebrand); Family History Chronic liver disease	
A FEW MORE SYMPTOMS, BRIEFLY	**Urinary frequency, urgency:** • UTI • Diabetes • Prostatism (BPH) • Stones • Bladder Cancer • Psychosomatic • Pregnancy	**Loss of Appetite:** (There are many causes. Here we refer to more than transient in duration) • Cancer • Uremia • Hepatitis and other liver disorders • Medications (eg chemo) • Depression • Chronic infections			