GI 9  Palpable abdominal mass

Clinical history and physical examination
± supine abdominal X-ray

Upper abdomen
- Gastrointestinal
  - Barium meal / endoscopy
  - ± CT/MRI
- Others
  - US

Iliac fossa
- Gastrointestinal
  - Small bowel study
  - CT ± MRI
- Others
  - ± Barium enema
  - ± CT/MRI

Pelvis
- Gastrointestinal
  - Colonoscopy 
    ± Barium enema 
    ± CT/MRI
- Others
  - US/CT 
  ± MRI

Further tests:
- Colonoscopy
- ± Barium enema
- ± CT/MRI
REMARKS

1 General
   1.1 The choice of examination depends on the symptoms and the organs suspected to be abnormal.
   1.2 US and CT should precede barium studies to avoid barium related artefacts.

2 Plain radiograph
   2.1 Plain radiograph is of limited value.

3 Fluoroscopy
   3.1 Request should clearly indicate areas of interest so that the most appropriate studies can be employed, e.g. small bowel enema for small bowel lesions.

4 US
   4.1 US is useful in hepatobiliary system, kidneys and female pelvis but may be limited by bowel gas in both iliac fossae.

5 CT
   5.1 CT is a useful alternative to US to exclude a lesion especially in obese patients and to provide excellent survey of the abdominal organs and retroperitoneum.

6 MRI
   6.1 MRI may be used to evaluate complex lesions not definitely characterized by US or CT.

REFERENCES
