

Identifying Data:

Full Name:KS

Address: Astoria

Date of Birth: 07/05/1993

Date & Time: January 6, 2022 @ 8am

Location: Astoria Statcare

Religion: Not Identified

Source of Information: Self

Reliability: Reliable

Mode of Transport: Ambulatory walk-in

Chief Complaint: "Left arm rash" x 4 hours

28yoM with PMH of lyme disease presents with L armpit rash x 4 days. Pt denies changing any products, any insect or animal bite or new exposure source. Pt complains of itching starting four days and redness beginning around two days ago and now has pain and irritation at the site when moving around his armpit. Pt tried to put OTC hydrocortisone 1% twice yesterday however it made it drier and more painful. Pt did have a headache yesterday and took ibuprofen for it but has not taken any other medication. Pt denies any fever, spread of redness to arm, chest pain, dizziness or edema. Pt does state that he has slight SOB but uses a vape and is congested normally this time of year. Pt does live with two cats and two dogs but denies any infection/extra itching of his pets.

Past Medical History

Lyme, 2015

Past surgical history

None

Past Hospitalization

Lyme, 2015

Medications

No medication taken

Allergies:

Denies any food/environmental/medication allergies

Social History:

28yoM from Astoria who lives with his gf and two dogs and two cats.

Denies alcohol use.

Smoking: Vapes, nicotine

Denies drug use.

Diet: American; salty

Travel: no travel

Occupation: works in tech in a warm warehouse

Review of System:

General/Constitutional:

Denies Fever. Denies Chills. Denies Fatigue. Admits, Myalgias. Denies Night Sweats. Denies Feeling unwell. Denies Feels warm. Denies Weight Gain. Denies Weight loss.

HEENT:Admits Nasal Congestion, Sinus ache. Denies Sore throat. Denies Swollen, tender glands. Denies Ringing in the ears. Denies Ear pain. Denies runny nose, clear discharge.

Respiratory:Denies Wheezing. Admits Congestion. Denies Chest pain. Denies Cough. Denies Sputum, no blood. Denies Pain with inspiration. Admits Shortness of breath at rest.

Genitourinary: Denies Blood in urine. Denies Frequent urination. Denies Painful urination.

Gastrointestinal:Denies Abdominal pain. Denies Constipation. Denies Diarrhea. Denies Nausea. Denies Vomiting. Denies Weight loss.

Skin: Denies Open wound, cut. Admits Dry skin. Admits Eczema, Rash. Admits Itching. Admits Rash. Admits Scaly lesions of skin/scalp.

Cardiovascular: Denies Chest pain at rest. Denies Chest pain with exertion. Denies Claudication. Denies Dizziness. Denies Dyspnea on exertion. Denies Fluid accumulation in the legs. Denies Irregular heartbeat. Denies Orthopnea. Denies Palpitations. Admits Shortness of breath. Denies Weakness.

Musculoskeletal: Admits to knee pain is achy and normally present. Denies Neck Pain. Denies Back pain. Knee pain Admits. Denies Joint hurts. Denies Joint stiffness. Denies Muscle aches. Denies Painful joints. Denies Swollen joints. Denies Trauma to arm(s). Denies Weakness.

Neurologic: Denies Difficulty speaking. Denies Dizziness. Denies Headache. Denies Tingling/Numbness. Denies Transient loss of vision.

Psychiatric: Denies Anxiety. Denies Depressed mood.

Vitals:

Temp 98.0 **HR** 91 **Oxygen sat** % 96, **Ht** 5ft 9 in, **Wt** 180, **BP** 167/91
Pain scale 2 **BMI** 26.58.

Examination:

General Appearance: young male, appears stated age, well nourished and hydrated, alert and oriented x3, pleasant and appears comfortable and not in acute distress. .

Skin: 8x6cm well-defined plaque with red raised border and lichenification and pink center. No induration, crepitus, or edema.

HEENT normocephalic, atraumatic, no scalp lesions.

Eyes: sclera non-icteric, upper eyelids normal, lower eyelids normal.

Ear: normal tympanic membranes, no discharge.

Throat: clear, no erythema, no exudates, uvula midline .

Cardiovascular: regular rate and rhythm, S1, S2 normal .

Respiratory: clear to auscultation bilaterally, good air movement, no wheezes, rales, rhonchi.

Gastrointestinal: soft, non-tender/non-distended, no guarding or rigidity, no masses palpable. Negative Rovsing, negative psoas, negative obturator. No tenderness at McBurney point.

Musculoskeletal no pain, swelling, tenderness.

Neurologic Exam: nonfocal, alert and oriented .

Extremities: , no clubbing, cyanosis, or edema; good tone and skin color.

Psychiatry cooperative with exam, good eye contact, speech clear.

Assessment

28yo M with left armpit rash x 8 hours; well demarcated border; itching and painful due to area of movement; no erythema behind the demarcated early, no induration, no lymph node; no muscle soreness or joint involvement. Involvement or crepitus and no other areas of rash; hydrocortisone irritated; has multiple animals and warm environment at work.

1. Erythema intertrigo (likely fungal)
2. Lyme, unlikely, did not look like erythema migrans and no known tick bite or constitutional symptoms
3. Psoriasis, unlikely however because no other places and lesion was not scaly or look like psoriasis
4. Superficial Bacterial infection, unlikely due to lesion being well demarcated with lithification, lesion was not warm to touch, no constitutional symptoms.

Plan

1. Prescription of Clotrimazole Cream 1% BID x 28 days
2. Follow-up in 3-4 days (for symptom improvement or referral to dermatology)