Anannya Dey
York College – Physician Assistant Program
Family Medicine H&P # 2

History
Identifying Data:
Full Name: M.P.
Address: Queens, NY
Date & Time: 5/31/24; 11:20 AM
Location: Outpatient PCP office
Reliability: Reliable

Chief complaint: "Painful rash" x 4 days
HPI:

61 y/o male with a past medical history of hypertension and alcohol dependence presents with his wife to the family medicine clinic, complaining of a worsening rash for the past four days. He states that he generally feels unwell as well with constant fatigue. The rash first appeared on his left thigh four days ago and then spread upward to his mid lower back two days later. Initially, he states the rash started as small red spots and then developed into small blisters. He describes the rash as very painful, with a continuous, sharp, "burning" sensation and rates the pain as 7/10. He also noticed a small amount of clear fluid leaking from the blisters on his thigh after he removed his pants yesterday. The pain worsens when anything comes into contact with the rash, such as his clothing. States he has not applied anything directly to the rash but has taken Tylenol for the pain, which provided some relief. He states he has never had this rash before. The patient works as a security guard and was unable to come in sooner due to not being able to take time off from his job. Upon further questioning, the patient reports a history of having chickenpox as a child back home in Guyana. He denies any itchiness, fever, bug bite, use of new products such as lotions, consuming any new foods, recent illnesses or travel, nausea or vomiting.

Past medical history:
Hypertension
Alcohol dependence

Medications:
Currently not on any medications

Allergies:
No known drug allergies

Surgical history:
Cataract surgery on both eyes about 5 years ago, no complications.

Immunizations:
Needs Shingrix vaccine

Family history:
Mother deceased at 71, history of hypertension, diabetes and myocardial infarction
Father deceased at unknown age, hx of alcohol abuse
2 daughters, 1 son- No significant medical history
No known history of cancer in the family

Social History:
M.P. lives in an apartment with his wife and his daughters. He works as a security guard at an elementary school. His diet usually consists of rice with lentil soup and chicken or fried fish. Exercises more than 3 hours a week by mainly walking at his job. Pt drinks about a quarter of vodka every 2-3 days. He also smokes 2 cigarettes a day and has been smoking for 41 years. Pt is currently sexually active with his wife and does not use any protection.

Review of systems:
General – **(+) Fatigue.** Denies fever, recent weight loss or gain and loss of appetite
Skin, hair and nails – **(+) Painful rash on left thigh and mid lower back.** Denies pruritus, changes in texture, excessive dryness or sweating or changes in hair distribution.
Head – Denies headache, head trauma, dizziness and vertigo.
Eyes – Denies blurring, lacrimation and pruritus.
Ears – Denies deafness, pain, discharge or use of hearing aids.
Nose/Sinuses – Denies congestion, obstruction or bleeding.
Mouth and throat – Denies sore throat, voice changes and use of dentures.
Neck – Denies localized swelling/lumps or stiffness/decreased range of motion.
Pulmonary System – Denies cough, dyspnea and wheezing
Cardiovascular System – Denies chest pain, palpitations, syncope, feet or ankle edema and known heart murmur.
Gastrointestinal System – Denies loss of appetite, abdominal pain, constipation, diarrhea, nausea and vomiting
Genitourinary System – Denies urinary frequency, urgency and dysuria
Musculoskeletal System – Denies pain, trauma, bleeding, deformities or swelling.

PE:
Vitals:
BP: 132/84
R: 18/min, unlabored
P: 89 beats/min, regular
T: 97.7 degrees F (oral)
O2 Sat: 97% Room Air
Weight: 180 lbs.
Height: 63 inches
BMI: 31

Physical:
General: Resident is sitting in chair. In mild distress due to pain. Dressed appropriately and well groomed.
Cardiovascular: Regular rate and rhythm. S1 and S2 are distinct, no murmurs, S3 or S4.
Lung: Breath sounds are clear bilaterally, no wheezing, rhonchi or rales. Chest expansion and diaphragmatic expansion are symmetrical.
Skin: (+) Tender fluid-filled vesicular rash on an erythematous base with an indistinct border, in a dermatomal distribution on the anterior region of left thigh and middle lower back by L2-L3. No warmth or purulent discharge.
Neuro: Alert and oriented x3. Pleasant and cooperative.

Differential diagnosis:

1. **Herpes Zoster (shingles):** The patient reports having had chickenpox as a child and his age is also a risk factor. Shingles is caused by the reactivation of the varicella-zoster virus, which remains dormant in the nerve tissue after an initial chickenpox infection. The rash started as small red spots and then developed into vesicles with fluid leaking out. This progression is commonly seen with shingles. The rash also follows a dermatomal distribution, beginning on the front of his left thigh and spreading to his mid-lower back. Lastly, the patient feels unwell with fatigue, which is a common systemic symptom of shingles.
2. **Contact dermatitis:** Contact dermatitis can show a similar progression from small red spots to developing into small fluid filled vesicles, especially if the skin is repeatedly exposed to the same trigger. But the presence of systemic symptoms, the lack of itchiness, lack of known exposure and the distribution pattern of the rash is more characteristic of shingles. Contact dermatitis usually appears at the site of contact and may spread to other parts of the body but does not follow a dermatomal distribution.
3. **Cellulitis:** The sharp and burning sensation and the fact that the pain worsens with contact are consistent with the intense pain and tenderness with cellulitis. But, cellulitis

presents as a diffuse rash characterized by erythema, warmth, tenderness, and swelling. The patient's rash is not warm to the touch or swollen. Other factors that make cellulitis less likely is that the patient's rash follows a dermatomal distribution, lack of fever or chills and no entry point for bacteria such as a cut or other skin breaks.

4. **Erysipelas:** Erysipelas also has similar systemic symptoms to cellulitis since it is a bacterial skin infection. The patient describes the rash as very painful with a burning sensation. Erysipelas can cause significant pain and tenderness in the affected area due to the inflammation of the skin. However, erysipelas often presents with a red, swollen, and sharply demarcated rash. The patient's rash is not sharply demarcated. Lastly, the patient does not report any recent skin trauma or infection that could serve as an entry point.

Assessment:

61 y/o male with a history of hypertension and alcohol dependence, presents with a worsening rash and fatigue over the past 4 days. The rash initially appeared on the front of his left thigh and then spread upward to his mid lower back. The patient describes the rash as very painful, with a continuous, sharp "burning" sensation. Vitals unremarkable. PE shows multiple tender fluid-filled vesicular rash on an erythematous base following a dermatomal distribution. Consistent with herpes zoster (shingles), due to reactivation of chickenpox.

Plan:

- Start Acyclovir 400 mg oral tablet, 2 tablets by mouth every 8 hours for 10 days
- Acyclovir 5% external ointment, apply 1 time on rash every 4 hours.
- The doctor recommended that the wife receive the Shingrix vaccine, which was sent to the pharmacy.

Patient education:

- The patient was advised to stay home for a few days because the virus is highly contagious at this time. Pt should avoid direct contact with others until the blisters have healed and the rash has crusted over, typically taking about 2-4 weeks. Do not share towels or any other clothing with anyone. It's important to avoid contact with anyone who has never had chickenpox or received the Shingrix vaccine. Babies, pregnant individuals, or those with weakened immune systems are especially at risk and should be particularly cautious.
- Keep the rash clean and covered. Wash hands often and disinfect all surfaces. Try not to scratch or pick at the blisters.
- **Advised to go to ER if:** The rash spreads to your forehead, nose, eyes, or eyelids. symptoms of infection, such as increased pain, swelling, warmth, or redness.
- Scheduled follow up in about 2 weeks.