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Ambulatory Care Rotation: H&P # 3

Chief complaint: “Headache and sinus pressure” x 3 days

HPI:

25 y/o female with no significant past medical history presents with complaints of nasal congestion, sinus pressure, and headache for the past three days. She describes it as a frontal headache and rates the pain intensity at 6/10. She took Excedrin and Tylenol for the headache but neither alleviated the pain. Pt also tried to take naps throughout the day to help with the headache but this did not provide any relief either. Her last dose of Excedrin was about five hours ago and she still has the headache. The patient suspects her symptoms may be exacerbated by work-related stress and reports feeling overwhelmed by her workload over the past week. She describes the sinus pressure as being below both her eyes and on her cheekbones, worsening when she bends forward. The sinus pressure started gradually and has remained the same over the last 3 days. Pt reports having clear, non-purulent nasal discharge as well. She denies a history of sinus infection or known allergies, loss of taste or smell, fever, chills, malaise, fatigue, sore throat, and ear pain.

Past medical history: None reported

Medications: None

Allergies: No known drug allergies

Surgical history: None reported

Immunizations: Up to date

Family history:

Mother is 45, no significant medical history

Father is 48, history of hyperlipidemia

No known history of cancer or heart conditions in the family

Social History:

J.M. is a software developer who works from home. She lives alone in a condo apartment. She does not consume alcohol, smoke, or use illicit drugs. She is sexually active with one partner and uses condoms as a barrier method.

Review of systems:

General – Denies fever, loss of appetite, fatigue, recent weight loss or gain.

Skin, hair and nails – Denies rash, pruritus, changes in texture, excessive dryness or sweating or changes in hair distribution.

Head – (+) **Admits to headache.** Denies head trauma, dizziness and vertigo.

Eyes – Denies blurring, lacrimation and pruritus.

Ears – Denies deafness, pain, discharge or use of hearing aids.

Nose/Sinuses – (+) **Admits to congestion, clear nasal discharge and B/L sinus pressure.**

Denies any 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 vomiting, abdominal pain, constipation, diarrhea and nausea.

Genitourinary System – Denies urinary frequency, urgency and dysuria

Musculoskeletal System – Denies pain, trauma, bleeding, deformities or swelling.

Physical exam:

Vitals:

BP: 103/70

RR: 16/min, unlabored

P: 86 beats/min, regular

T: 97.5 degrees F (oral)

O2 Sat: 97% Room Air

Height: 62 inches

Weight: 189 lbs.

BMI: 34.6

General: Alert and oriented, not in acute distress, maintains eye contact, dressed appropriately for the weather.

Skin: Warm & moist, good turgor. Nonicteric, no erythema, pigmentation, lesions, scars, or tattoos.

Head: Normocephalic, atraumatic, non tender to palpation throughout.

Eyes: Symmetrical OU. No strabismus, exophthalmos or ptosis. Sclera white, cornea clear, conjunctiva pink.

Ears: Symmetrical. No lesions, masses, trauma, discharge, or foreign bodies

Nose: (+) **Swelling of nasal turbinates. B/L maxillary sinus tenderness and frontal sinus tenderness.** Symmetrical. No masses, lesions, deformities, trauma, discharge.

Mouth: Lips pink and moist, no cyanosis or lesions. No masses, lesions, or leukoplakia. Good dentition.

Throat: Tonsils present with no erythema or exudate. Uvula midline with no edema or lesions.

Neck: Trachea midline. No masses, lesions, or scars. Supple, no lymphadenopathy

Cardiovascular: Regular rate and rhythm. S1 and S2 are distinct and no murmurs.

Lung: Breath sounds are clear bilaterally, no wheezing, rhonchi or rales. Chest expansion and diaphragmatic expansion are symmetrical.

Gastrointestinal: Bowel sounds normoactive in all four quadrants on auscultation. No tenderness, rebound and guarding. No lesions, masses, swelling, or discoloration noted on inspection. No CVA or flank tenderness.

Extremities: No edema in lower extremities, intact distal pulses.

Musculoskeletal: Normal ROM. Normal tone. No deformities. No weakness.

Neuro: Alert and oriented x3. Pleasant and cooperative.

DIFFERENTIAL DIAGNOSIS:

Acute sinusitis (viral):

The combination of headache, nasal congestion, sinus pressure that worsens with bending forward, and localized tenderness over the maxillary and frontal sinuses on physical exam is characteristic of acute sinusitis. Since these mild symptoms have only been present for three days and there is no high fever or thick, yellow, greenish, or cloudy nasal discharge, we can likely conclude that it is viral for now.

Allergic rhinitis:

Allergic rhinitis can lead to acute sinusitis, but it can also be considered a differential diagnosis on its own for this patient. Nasal congestion, clear nasal discharge and headache can be due to allergic rhinitis. Pt could have seasonal allergies and specific environmental triggers such as dust or pollen that she is unaware of. In addition to that, the swelling of nasal turbinates on physical exam further supports this diagnosis. But due to the sinus pressure/pain, we would lean more toward acute sinusitis.

COVID19:

COVID-19 can present with a wide variety of symptoms. With the rate of COVID-positive patients rising again, it should be considered a possible differential for this patient. Headache and nasal congestion are potential symptoms of COVID-19. However, she denies other common symptoms such as loss of taste or smell, fever, chills, malaise, fatigue, and sore throat, making COVID-19 less likely in this case.

Tension headache:

The patient reports feeling stressed at her job, which is a risk factor for developing tension headaches. This constant stress may explain why Tylenol and Excedrin have not been effective. Frontal bandlike headaches are also characteristic of tension headaches. Avoiding this trigger and making lifestyle modifications could provide additional relief.

Test done in office:

- **Rapid COVID test:** negative
- **Rapid flu:** negative

ASSESSMENT:

25 y/o female with no significant PMHx presents with nasal congestion, clear nasal discharge and sinus pressure on cheekbones and frontal headache for the past three days. Vitals unremarkable. Physical examination reveals swelling of the nasal turbinates and tenderness in the maxillary and frontal sinuses. This presentation is most consistent with acute viral sinusitis.

PLAN:

Acute viral sinusitis:

- **Cetirizine-pseudoephedrine ER (Zyrtec- D)** tablet extended release 12 hour, 5-120mg, 1 tablet twice a day for 7 days.
 - This is a combination of an antihistamine and a nasal decongestant. You may get drowsy or dizzy. Avoid driving or engaging in activities that require mental alertness until you understand how this medicine affects you.
- **Mucinex tablet** extended release 12 hour 600 mg, 1 tablet as needed orally every 12 hours for 5 days.
 - This helps to clear nasal and sinus congestion. Thins and loosens mucus.
- Tylenol or ibuprofen for pain management
- F/u in 3 days to reevaluate

Patient education:

- Rest and drink plenty of fluids
- Viral sinusitis should resolve in 10 days
- Breathing in the steam from a bowl of hot water with a towel over the head might help ease pain and help mucus drain.
- Saline nasal rinses can open up the nasal passages as well.
- Come back to the clinic if symptoms worsens, you develop high fever or have thick, discolored nasal discharge that may be yellow, greenish, or cloudy with traces of blood.