

Gagandeep Munday SOAP #1

S:

HP is a 62 yo F with PMH of HTN, DM2, glaucoma p/w worsening LT middle finger pain. Pt is s/p abscess drainage by ortho to the same finger yesterday, was d/c'ed on Augmentin & Motrin. States that she is having worsening "throbbing burning" pain with minimal relief with Motrin. Endorses increase in swelling. Initially presented yesterday in ED with L middle finger pain, swelling, erythema for the past 3 days s/p pulling out a hangnail. Patient has scheduled ortho hand follow up.

Denies fever, chills, body aches, n/v, paresthesias, focal weakness, gross weakness, discharge, recent trauma, skin changes, CP or SOB.

PMH: HTN, DM2, glaucoma

PSH: Denies any

Allergies: NKDA

Medications: Losartan, Timolol eye drops

FHx: Non-contributory

SHx: Non-smoker, Denies EtOH use, Denies illicit drug use

O:

T 37.2C orally | BP 144/89 mmHg | P 85 BPM, regular | RR 16 breaths/min, unlabored | SpO2 97% RA
H 69 in | W 189lb. | BMI 23.3

Gen: Neatly groomed, looks her stated age 62 of years. AxO x3. Appears to be in no acute distress.

Skin: Warm, dry, no rash, mild erythema to distal LT 3rd finger

Head: Normocephalic atraumatic

Eyes: PERRL, EOMI

Ear, nose, mouth, throat: Mucous membranes moist, no erythema, airway patent, no stridor

CV: RRR. S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs.

Pulm: Clear to auscultation and percussion bilaterally. Chest expansion symmetrical. No wheezing, rhonchi, rales, dullness.

Abdomen: Soft, non-tender to palpation throughout, no guarding, no rebound tenderness, no CVA tenderness

MSK: *tense swelling to distal LT 3rd digit, TTP, bruising to LT 3rd fingernail*, no flatulence, no induration, radial pulse 2+ to BILAT UE, FROM intact, negative kanavel sign, intact strength and sensation bilateral UE and LE

A:

62 yo female with throbbing pain, swelling, and tenderness to distal LT 3rd digit. Likely felon.

Differential Diagnosis:

- felon
- cellulitis
- paronychia

P:

Labs: None

Imaging/Tests: LT Hand XR 3 views r/o fracture or FB, US of LT 3rd finger r/o deep space infection and abscess

Felon: Change abx to cephalexin and doxycycline for MRSA coverage; tylenol #3 for pain, f/u with hand clinic, RICE

Initial DDX Based on CC:

- flexor tenosynovitis
- deep space infection
- felon
- cellulitis or paronychia
- abscess

Adjusted DDX After H&P:

- felon
- cellulitis
- paronychia