Admission Date :  
09/29/1993  
Discharge Date :  
10/04/1993  
HISTORY OF PRESENT ILLNESS :  
The patient is a 28-year-old woman who is HIV positive for two years .  
She presented with left upper quadrant pain as well as nausea and vomiting which is a long-standing complaint .  
She was diagnosed in 1991 during the birth of her child .  
She claims she does not know why she is HIV positive .  
She is from Maryland , apparently had no blood transfusions before the birth of her children so it is presumed heterosexual transmission .  
At that time , she also had cat scratch fever and she had resection of an abscess in the left lower extremity .  
She has not used any anti retroviral therapy since then , because of pancytopenia and vomiting on DDI .  
She has complaints of nausea and vomiting as well as left upper quadrant pain on and off getting progressively worse over the past month .  
She has had similar pain intermittently for last year .  
She described the pain as a burning pain which is positional , worse when she walks or does any type of exercise .  
She has no relief from antacids or H2 blockers .  
In 10/92 , she had a CT scan which showed fatty infiltration of her liver diffusely with a 1 cm cyst in the right lobe of the liver .  
She had a normal pancreas at that time , however , hyperdense kidneys .  
Her alkaline phosphatase was slightly elevated but otherwise relatively normal .  
Her amylase was mildly elevated but has been down since then .  
The patient has had progressive failure to thrive and steady weight loss .  
She was brought in for an esophagogastroduodenoscopy on 9/26 but she basically was not sufficiently sedated and readmitted at this time for a GI work-up as well as an evaluation of new abscess in her left lower calf and right medial lower extremity quadriceps muscle .  
She was also admitted to be connected up with social services for HIV patients .  
HOSPITAL COURSE :  
The patient was admitted and many cultures were sent which were all negative .  
She did not have any of her pain in the hospital .  
On the third hospital day , she did have some pain and was treated with Percocet .  
She went for a debridement of her left calf lesion on 10/2/93 and was started empirically on IV ceftriaxone which was changed to po doxycycline on the day of discharge .  
A follow-up CT scan was done which did not show any evidence for splenomegaly or hepatomegaly .  
The 1 cm cyst which was seen in 10/92