Medical Assistant Report

Date: 9/27/2025

Summary:

A 5-week-old, round, well-defined rash on the butt, approximately the width of a pencil in diameter. It is bumpy, flaky, red, with large, dry bumps. The rash is constantly itchy and has a constant burning pain, which is somewhat alleviated by hydrocortisone cream and showering (showering also makes it a bit lighter red but more flaky). It has grown bigger and redder since its onset. No other associated symptoms like fever or fatigue. The patient has a severe peanut allergy (history of anaphylaxis at age 2, carries EpiPen) and had ACL surgery 2 years ago. Drinks alcohol 3 times a week and recently started eating more meat. Started a new laundry detergent 2 weeks ago, but the rash predates this change and was not affected by it. No other significant medical or family history.

Detailed Information:

Primary Symptoms: Rash on butt, started 5 weeks ago, gotten bigger and more red. Itchy

(constant), painful (constant burning sensation). Bumpy, flaky, large dry bumps. Round, well-defined, pencil-width diameter. No fever, fatigue, or

swollen glands.

Onset: 5 weeks ago.

Duration: 5 weeks and it has gotten bigger and more red since onset. Itchiness is

constant.

Severity (1-10): The rash is both itchy and painful, with a burning sensation that is

constant. Hydrocortisone cream helped to reduce the burning pain, but did

not affect the itchiness or appearance of the rash.

Frequency: The rash is constant. The itchiness is constant, and the burning sensation

is also constant.

Character: The rash is bumpy, flaky, and red, with large dry bumps. It has a

well-defined, round border. After showering, it appears a bit lighter red but

also becomes a little flaky.

Location: On the butt, round in shape, with a diameter about the width of a pencil.

Triggers/Relief: Showering feels nice, making the rash a bit lighter red but also a little flaky.

Hydrocortisone cream reduced the burning pain but did not affect itchiness

or appearance. Nothing reported to make the rash, pain, or itchiness

worse.

Associated Symptoms: None reported, specifically denying fever, fatigue, or swollen glands. No

other changes in general health or daily life have been noted.

Medical History: Patient has a severe peanut allergy, diagnosed after an anaphylactic

reaction at age 2. Carries an EpiPen. No other medical conditions. Had ACL surgery 2 years ago with no complications. No other hospitalizations. Not currently taking any medications (prescription, OTC, or supplements).

Family History: No family history of similar skin conditions, allergies (other than the

patient's peanut allergy), or autoimmune diseases. No family history of

heart disease, diabetes, or cancer.

Lifestyle/Context: Drinks alcohol 3 times a week, 3 drinks per occasion. Recently (a few days

ago) started eating more meat, but this has had no effect on the rash. No smoking or recreational drug use. No prolonged sitting, sweating, or exposure to irritants through occupation or hobbies. No recent travel. No recent changes in soaps, lotions, or clothing materials were initially reported, but then clarified that a new laundry detergent was started 2 weeks ago, though this did not noticeably change the rash (which

appeared 5 weeks ago).