

DATE OF ADMISSION: MM/DD/YYYY

CHIEF COMPLAINT: Frequency and urgency and a growth on the labia.

HISTORY OF PRESENT ILLNESS: This (XX)-year-old female presents to the emergency room with complaints of 3 days of increased frequency, urgency and dysuria. The patient states she has had a history of urinary tract infections in the past and she knows when she has another one. She is not complaining of nausea, vomiting, muscle aches, chills and no backache. For the past 3 to 4 months, she has noticed a tag on her labia. This morning, it seems to be somewhat more enlarged and painful and would like that evaluated. There are no other complaints or symptomatology.

PAST MEDICAL HISTORY: Significant for frequent UTIs. She has had 4 in the last year. The last one was in November. She is status post uterine endometrial ablation, and her last menstrual period was light and approximately 2 weeks ago. She has had frequent labial tags; the last one, she was cutting off with the knife on her own but has opted not to do that anymore.

CURRENT MEDICATIONS: None.

ALLERGIES: NONE.

SOCIAL HISTORY: Does not use alcohol, drugs or tobacco products.

REVIEW OF SYSTEMS: As above. Otherwise, noncontributory.

PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure 140/88, pulse 80, respirations 18, temperature 98.5 and O2 saturation 94% on room air.

Patient's weight was very high 3000 pounds and BMI was more than 50

SKIN: On physical examination, skin is pale, warm and dry. There was a small thrombosed skin tag on the right labia minora.

CHEST: Clear with good breath sounds.

CARDIAC: Regular rate and rhythm without murmur, gallop or rub.

BACK: There is no CVA tenderness.

ABDOMEN: Soft. Minimal tenderness in the suprapubic area. Bowel sounds are normoactive in all quadrants. No mass, guarding, rigidity or rebound tenderness.

PELVIC: Normal female external genitalia with a skin tag as described above. Her bimanual exam was negative. There are no adnexal masses and cervix is closed.

INTERVENTION: Urinalysis was obtained which shows specific gravity 1.020, pH 5, white cells are too numerous to count, 3+ bacteria, small leukocytes. Culture was sent. Skin tag was treated with pursestring suture at the base of the stalk, which has been used per the patient in the past. At this time, she will be discharged to home. She is to start on Bactrim DS one b.i.d. She is on Pyridium 200 mg t.i.d. She is to increase her fluid intake, finish the antibiotics, have her urine rechecked and have the tag rechecked at that time if it has not avulsed itself. The patient was discharged to home.

DIAGNOSES:

1. Urinary tract infection.
2. Thrombosed skin tag of the labia minora.