

REASON FOR CONSULTATION: ,Management for infection of the left foot.,HISTORY: , The patient is a 26-year-old short Caucasian male who appears in excellent health, presented a week ago as he felt some pain in the ball of his left foot. He noticed a small dark spot. He did not remember having had any injuries to that area specifically no puncture wounds. He had not been doing any outdoor works or activities. No history of working outdoors, has not been to the beach or to the lake, has not been out of town. His swelling progressed so he went to see Dr. X 4 days ago. The area was debrided in the office and he was placed on Keflex. It was felt that may be he had a foreign body, but nothing was found in the office and x-ray was negative for opaque foreign bodies. His foot got worse with more swelling and at this time purulent, too red and was admitted to the hospital today, is scheduled for surgical exploration this evening. Ancef and Cipro were prescribed today. He denies any fever, chills, red streaks, lymphadenitis. He had a tetanus shot in 2002 most recently. He had childhood asthma. He uses alcohol socially. He works full time. He is an electrician.,ALLERGIES:, ACCUTANE.,PHYSICAL EXAMINATION,GENERAL: Well-developed, well-nourished adult Caucasian male in no acute distress.,VITAL SIGNS: His weight is 190 pounds, height 69 inches, temperature 98, respirations 20, pulse 78, and blood pressure 143/63, O2 sat 98% on room air.,HEENT: Mouth unremarkable.,NECK: Supple.,LUNGS: Clear.,HEART: Regular rate rhythm. No murmur or gallop.,ABDOMEN: Soft and nontender.,EXTREMITIES: Left foot on the plantar side

by the head of the first metatarsal has an open wound of about 10 mm in diameter with thick reddish purulent discharge and surrounding edema. There is bloodied blister around it. The area is tender to touch, warm with a slight edema of the rest of the foot with very faint erythema. There is some mild intertrigo between the fourth and fifth left toes. Palpable pedal pulses. Leg unremarkable. No femoral or inguinal lymphadenopathy.,LABORATORY: , Labs show white cell count of 6300, hemoglobin 13.6, platelet count of _____ with 80 monos, 17 eos _____, creatinine 1.3, BUN of 16, glucose 110. Calcium, ferritin, albumin, bilirubin, ALT, AST, alkaline phosphatase are normal. PT and PTT normal and the sed rate was 35 mm per hour.,IMPRESSION: ,Abscess of the left foot, etiology unclear at this time. Possibility of foreign body.,RECOMMENDATIONS/PLAN: , He is going to be discharged in about half-an-hour. Cultures, Gram stain, fungal cultures, and smear to be obtained. I have changed his antibiotic to vancomycin plus Maxipime. He is currently on tetanus immunizations so no need for booster at this time.,