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CTMC

68299235

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9/29/1993 12:00:00 AM

Discharge Summary

Signed

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Admission Date :

09/29/1993

Report Status :

Signed

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 .

PAST MEDICAL HISTORY :

As above .

ALLERGIES :

BACTRIM .

MEDICATIONS :

On admission included Percocet , Prinovil , Dapsone , Mycelex troches .

SOCIAL HISTORY :

The patient was recently separated from her husband .

She lives with her daughter .

She does not drink , use IV drugs or smoke .

PHYSICAL EXAMINATION :

On admission revealed a cachetic woman in no acute distress with stable vital signs .

She was afebrile .

She was not orthostatic .

Blood pressure 110/80 .
HEENT exam was within normal limits .
Lungs were clear to auscultation and percussion bilaterally .
Cardiovascular exam revealed a regular rate and rhythm without murmur .
Abdomen was soft , nontender , nondistended with positive bowel sounds .
There was no hepatosplenomegaly .
Extremities revealed a 2 x 3 cm tender mass in the lateral left calf , medial 1 cm mass above her knee .
There was no evidence of edema .

LABORATORY DATA :

On admission included BUN / creatinine of 33/2.1 .
Sodium 141 .
Potassium 4.2 .
Hematocrit 23 .
White blood cell count was 2.1 with 56 polys and 1 band .
Platelet count 411,000 .
Amylase 143 .
Lipase was elevated to 600 .
ESR was greater than 140 .
Alkaline phosphatase 190 .
ALT 52 .
AST 65 .

Beta hCG was negative .
Urinalysis was positive for protein .
Bilirubin 0.4 .
Chest x-ray revealed clear lung fields .
There was no evidence of rib fracture .

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 was still present .
There was a question of a cyst in her kidney with a stone right below the cyst , although this did not seem to be clinically significant .

DISPOSITION :

The patient was discharged to home in stable condition .
Cultures were pending on her aspirate and will be treated with po doxycycline .

Dictated By :

JIMCHARL B. BUN , M.D. OC33

Attending :

I BUN , M.D. GR67 EF283/9675

Batch :

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Index No. BOKMII88JZ

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