

Patient #123

Chief Complaint: This 25 year old woman presented with a chief complaint of headaches and tinnitus.

History of Present Illness: The patient first sought medical attention in the fall of last year. She complained of a headache that had been constant for three weeks, ringing in her ears and dizziness. The headache was severe enough that it awoke her from her sleep at times. It was not relieved by Tylenol or an over-the-counter analgesic containing aspirin, salicylamide, and caffeine. Three months previously she had been kicked in the head with a cowboy boot though did not lose consciousness. The subject of spouse abuse, she had had multiple episodes of head trauma in the past and had been struck with a baseball bat in the head two years previously. On examination she had some tenderness in the left anterior parietal skull. She underwent a head CT that showed no evidence of a subdural hematoma but questioned the presence of a nondisplaced left posterior frontal skull fracture versus a vascular groove. The patient was advised of community resources for abused women and left home for three weeks.

Two weeks later she returned because of continued tinnitus. She described it as constant though fluctuating in intensity. Voices were muffled at times. Her headache was not quite as bad. On exam she had fluid and air bubbles behind both tympanic membranes. There was slight erythema of the left TM. She was started on amoxicillin 500 mg tid, Otrivin nose drops and Dimetapp for otitis media. She took one amoxicillin capsule and developed a rash with hives, itching and a low grade fever. She had never experienced a penicillin allergy in the past. The amoxicillin was stopped and she was started instead on Keflex.

Five days later she still complained of tinnitus and had a faint macular rash over the flexural creases of her arms. She was sent for an audiogram which showed bilateral, high frequency hearing loss. Blood work revealed a sed rate of 77 mm/hr. She was referred to this hospital for further evaluation. On admission the patient complained of continued tinnitus. She experienced occasional vertigo and flashing lights. She still had a faint rash. She denied fevers, chills, nausea, vomiting and weight loss.

Past Medical History: She had a past history of genital herpes and chlamydia infection. She had been pregnant five times, the first two ending in spontaneous abortions. The third pregnancy required a C-section at delivery because of the active herpetic lesions. From her fourth and fifth pregnancies, she delivered 36 week gestation twins by C-section 6 years ago and had a repeat C-section of a term infant 3 years ago. She denied previous drug allergies. She had a norplant for contraception.

Social History: She smokes a pack a day. She does not drink. She denied exposure to pets. She had not traveled.

Physical Exam: Her temperature was 98.7^o F (37.1^o C). The blood pressure was 108/64 with a pulse of 81 and respiratory rate of 18. She was well developed and well nourished. Her pupils were equal, round, reactive to light and accommodation. The fundi were normal. The TM's were normal. The oral pharynx appeared normal. She had no jugular venous distention and no adenopathy. The neck was supple. The heart sounds were normal. The lungs were clear to auscultation. The abdomen was soft and non-tender without organomegaly. She had a vertical midline scar up to the umbilicus. The pelvic exam showed no discharge, no cervical motion tenderness and no masses. She had a faint erythematous macular rash on her forearms that did not involve the palms. The neurologic exam was non-focal.

Laboratory:

			<i>Normal</i>
CBC	Hct	38	38-47 %
	Hgb	13.1	12.3-15.7 g/dl.
	WBC	8.8	4-12 X 10 ⁹ /L
	Neut	70%	40-70 %
	lymph's	19%	20-50 %
	mono	6%	2-10 %
	eos	1%	2-5%

Chemistries	sodium	141	<i>Normal</i> 135-145 mmol/l
	potassium	3.3	3.5-5.0 mmol/l
	chloride	104	100-111 mmol/l
	CO2	26	24-30 mmol/l
			<i>Normal</i>
	creatinine	1.2	0.6-1.2 mg/dl
	BUN	7	8-20 mg/dl
	bilirubin, total	.8	0-1.2 mg/dl
	albumin	4.2	3.5-5.0 gm/dl
	protein, total	7.4	6.8-8.3 gm/dl
	AST (SGOT)	18	9-26 U/L
	ALT (SGPT)	13	7-30 U/L
	LDH	146	108-215 U/L
	ALP	170	39-117 U/L

Urine dip stick: negative, 3-10 WBC's, >50 epithelial cells.

Cervical cultures: negative for chlamydia and gonorrhea.

Chest X-ray: clear lung fields and normal cardiac silhouette.