



Week 4 Assignment Differential Diagnosis for Skin Conditions

Advanced Health Assessment & Diagnostic Reasoning (Walden University)

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Skin Condition SOAP Note
June 23, 2019



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Skin Condition SOAP Note

Patient Initials: CR

Age: 43

Gender: M

SUBJECTIVE DATA:

Chief Complaint (CC): Patient c/o rash #2 to abdomen and chest.

History of Present Illness (HPI): CR is a 43-year-old male who presents with multiple small round irregular red/purple papules present on the anterior chest and abdomen that started approximately two months ago with a gradual onset. Patient denies associated symptoms, denies aggravating and alleviating factors. Papules have been increasing over past two months. Patient rates pain as 0/10, denies itching, and has not tried any treatments.

Medications:

Cetirizine 10mg PO daily

Acetaminophen 650mg PO every 6 hours as needed for mild-moderate pain,

Motrin 600mg PO every 6 hours as needed for mild-moderate pain,

Fiber gummy supplement 2 chews daily.

Senna tablet PO daily

Colace 100mg PO daily

Allergies: No known drug allergies

Past Medical History (PMH):

Constipation, controlled with medications and fiber supplements

Seasonal allergies, controlled with Cetirizine

Chicken Pox age 6, resolved.

Past Surgical History (PSH):

Appendectomy, age 6

Personal/Social History: Include tobacco use, alcohol use, drug use, patient's interests, ADL's and IADL's if applicable, and exercise and eating habits.

No tobacco products, never smoker.

5 glasses of wine weekly

No illicit drug usage

Sexually active with female partner, monogamous.

Immunization History:

Childhood vaccines up to date
Last flu vaccine August 2018
Never received pneumococcal vaccine
Last Tdap July 2009

Significant Family History: Include history of parents, grandparents, siblings, and children.
Son, age 11 with severe peanut allergy, asthma, and eczema
Mother with Type 2 diabetes, well controlled. Not currently taking insulin. Dx at age 35.
Father with history of depression, high blood pressure, and sleep disorder.
Brother with asthma, well controlled.

Lifestyle: Librarian, married x 15 years, 3 healthy sons living at home. College graduate, rents home.

Has a primary physician who he sees yearly for physical and checkups. Medical insurance through spouse, healthy diet and eating pattern. Goes for regular daily walks of 15-30 minutes. Enjoys playing Dungeons and Dragons with friends online.
Has a fair support system consisting of a brother and aunt who live locally.

Review of Systems

General: Negative for fever, malaise, weight changes, night sweats

HEENT: Denies: headaches, dizziness, loss of consciousness, headaches, sore throat, vision changes, hearing changes, mouth sores, bleeding gums, dental problems, ulcers or sores, epistaxis, congestion, sneezing, false teeth, ringing of the ears, hearing changes, ear pain, and changes in smell. Patient wears glasses, last vision appointment 12/2018, has annual exams. Last dental exam 12/2018, sees dentist annually. No neck pain.

Breast: Negative for lumps, tenderness, or discharge.

Respiratory: No shortness of breath, cough, or sputum.

Cardiac: No chest pain, palpitations, swelling, and shortness of breath on exertion. No dysrhythmias or murmurs.

Abdominal: Denies abdominal pain, nausea, vomiting, diarrhea, constipation, changes in bowel movements. Has daily bowel movement.

GU: Negative for dysuria, frequency, urgency, dribbling, incontinence, and blood in urine. No history of STDs.

Musculoskeletal: Patient positive for pain of right hand, swelling, tenderness, and redness. Limited movement of right hand with decreased hand grasp.

Psych: No hx of mental health disease, anxiety or depression. No difficulties with concentration or sleeping. Denies suicidal and homicidal ideation.

Neuro: No loss of consciousness, dizziness, weakness, tingling, or numbness.

Endocrine: Denies hot or cold intolerance, weight changes, or changes in size to hat, glove or shoe sizes.

Physical Exam:

Vital signs: Ht: 5'7, Wt: 200 pounds, BMI: 31.3 (obese)

BP: 117/65, HR 85, Pulse Ox: 98% RA, Temp: 97.6F oral, Resp Rate: 15, Pain 0/10

General: No recent weight changes, denies chills, fatigue, weakness, fevers, or night sweats. Patient appears well groomed.

HEENT: PERRL, EOMI, nasopharynx with mild congestion, clear nasal discharge, no epistaxis.

Neck: No lymphadenopathy, no bruit, no JVD.

Chest: Lungs clear bilaterally with good air movement. No retractions.

Lungs: Clear bilateral in upper and lower lobes. Good air movement, no complaints of shortness of breath with exercise or orthopnea.

Heart: S1 & S2 audible, no murmur, no extra heart beats, no complaints of shortness or breath.

Peripheral Vascular: Pulses strong and equal bilateral at ulnar pulse.

Abdomen: Soft, nondistended, nontender. Bowel sounds present in 4 fields. Last BM today, well formed, denies diarrhea, no blood present in stool.

Genital/Rectal: No lesions within genital and perineal area. No difficulties with urination, no blood in urine.

Musculoskeletal: Full ROM in all joints. No complaints of pain, equal strength bilateral, +5 hand grip.

Neurological: Alert & oriented x4. Denies dizziness and weakness

Skin: Multiple 3-5mm raised smooth bright red papules to anterior chest and abdomen. Skin warm, dry, no peeling or flaking or swelling or tenderness. No clubbing, cyanosis or palpable masses.

Assessment:

Lab Tests & Results: WBC 10,000, Hgb 10.9

Biopsy: Results pending procedure

Labs: Complete Blood count, basic metabolic panel.

Diagnostics: Skin lesion biopsy

Differential Diagnosis:

1. Cherry angioma
2. Angiokeratoma
3. Pyogenic granuloma

Diagnoses/Client Problems:

1. Seasonal allergies
2. Constipation
3. Headaches

Diagnosis Rationale:

Cherry angioma's are benign lesions that are due to a formation of blood vessels usually appearing on the torso in patients older than 30 years old (Medline Plus, 2019). Cherry

angiomas are idiopathic, however they tend to be genetically inherited (Medline Plus, 2019).

Angiokeratoma occurs most often in elderly populations and are benign skin lesions that can grow up to five millimeters in size (American Osteopathic College of Dermatology, n.d.).

Angiokeratoma vary in size and color, can have multiple papules form together, and are hard and non-blanchable (American Osteopathic College of Dermatology, n.d.). Pyogenic granuloma are

common benign vascular tumors that can affect both the skin and mucous membranes (Wollina, Langner, Franca, Gianfaldoni, Lotti, & Tchernev, 2017). Bleeding is often associated with the formation of new lesions, and the tumors are similar to solid tumors, vascular lesions, and soft tissue infections (Wollina et al., 2017). Given the size, shape, location, age of the patient, and characteristics of the papules, the most likely diagnosis is cherry angiomas.

References

- American Osteopathic College of Dermatology. (n.d.). Angiokeratoma. Retrieved from <https://www.aocd.org/page/Angiokeratoma>
- Medline Plus. (2019). Cherry angioma. *U.S. National Library of Medicine*. Retrieved from <https://medlineplus.gov/ency/article/001441.htm>
- Wollina, U., Langner, D., França, K., Gianfaldoni, S., Lotti, T., & Tchernev, G. (2017). Pyogenic Granuloma - A Common Benign Vascular Tumor with Variable Clinical Presentation: New Findings and Treatment Options. *Open access Macedonian journal of medical sciences*, 5(4), 423–426. doi:10.3889/oamjms.2017.111