**Identifying Data:**

Full Name: T.T.

Sex: Female

DOB: XX/XX/1984

Race/Nationality: African American

Primary Language: English

Address: Brooklyn, NY

Date & Time: 09:30AM 05/26/22

Location: Woodhull

Source of Information: Self & Medical records

Reliability: reliable

Source of Referral: N/A

**Chief Complaint:** “I have a really painful abscess on my vagina” x3 months

**HPI:**

38 y/o G2T1101 female PMHx HTN & obesity presents with complaints of right vulvar pain and swelling x3 months. Pt had abscess in this area 5 years prior treated via surgical resection. Three months prior pt was seen at ER for actively draining abscess at this site and treated with PO Abx which pt states helped relieved symptoms for 1 week before pain and swelling returned. Pain is rated as 10/10 today and is worse with applying pressure to the area. Admits symptoms worsen during menstrual cycle, LMP 4/26/22. Also admits to fever of 101.9F last night treated with Tylenol. She denies HA, vision changes, dizziness, syncope, CP, SOB, palpitations, N/V/D, or chills.

**Past Medical History:**

* Hypertension
* Hidradenitis Suppurativa
* Obesity

*Immunizations*

* Up-to-date
* SARS-CoV-2 (3 doses)

**Past Surgical History:**

* OR drainage of right vulvar abscess

**Current Medications:**

* Metoprolol 5mg PO 1x/daily – pt states she rarely takes because she does not like the way it makes her feel

**Allergies:**

* NKDA, environmental or food allergies

**Family History:**

* unknown

**Social History:**

* Habits – No alcohol use. Smokes tobacco 1/2PPD x6-7 years. No reported illicit drug use
* Travel – Denies recent travel
* Occupation – unknown
* Marital History – Single
* Diet – No dietary restrictions
* Sleep – unknown
* Exercise – not exercising regularly
* Sexual History – Two male sexual partners in last year

**Obstetrics History:**

* NSVD: x1
* Termination of pregnancy: denies
* Cesarean section: denies
* Spontaneous abortion: x1
* Ectopic pregnancy: denies

**Gynecological History:**

* LMP: 4/26/22
* STI Hx: denies
* Number of sexual partners last year: x2 (males)
* Condom use: Denies, not using contraception

**Review of Systems:**

* General
	+ Denies generalized weakness, fatigue, weight loss, loss of appetite**,** fever/chills/night sweats
* Skin, hair, nails
	+ Denies rash, pruritis
* HEENT
	+ Denies headache or dizziness. Denies visual disturbances or photophobia.
* Pulmonary System
	+ Denies cough, shortness of breath, wheezing, hemoptysis
* Cardiovascular System
	+ Denies chest pain, known murmur, palpitations, irregular heartbeat, or syncope
* Gastrointestinal System
	+ Denies N/V/D, abdominal pain
* Genitourinary System
	+ **Admits to right vulva swelling and pain**
	+ Denies incontinence, changes in frequency, nocturia, oliguria, polyuria, abnormal color of urine, flank plain, or dysuria
	+ Sexual History – refer to Social Hx
* Nervous System
	+ Denies headache, loss of consciousness, & ataxia
* Psychiatric
	+ **Admits to Hx of anxiety – not medically treated**
	+ Denies Hx of depression, obsessive/compulsive disorder, or other psychiatric illnesses

**PHYSICAL EXAM**

Vital Signs:

BP: 150/98mmHg Pulse: 68 RR: 18 Temp: 98.7F SPO2: 98%

Height: 5’5 inches Weight: 250 lbs BMI: 41.6 kg/m2

General Appearance: Alert & Oriented x3. No acute distress. Not diaphoretic. Appears reported age and well groomed. Obese body habitus.

Head: normocephalic, atraumatic.

Eyes: PERRLA. No strabismus/exophthalmos. Sclera white, cornea clear, conjunctiva pink. No erythema of lacrimal sack.

Ear: Appropriate in size. No lesions/masses/trauma visualized on external ear.

Nose: Symmetrical, no external masses/lesions/deformities/trauma/discharge.

Mouth & Throat: Lips Pink and moist. No cyanosis, lesions, or ulcerations. Oral Mucosa Pink &Moist. No masses/lesions noted. No leukoplakia. Tongue pink, well papillated. Frenulum intact. Oropharynx Hydrated, no exudate/masses/lesions/erythema/postnasal drip/foreign bodies noted. Grade 1 tonsils. Uvula pink, midline with no lesions or edema.

Neck: Trachea midline. No lesions/pulsations noted. No stridor noted. No cervical adenopathy. No carotid pulses/thrills/bruits heard on auscultation.

Cardiovascular: PMI located at the 5th ICS in midclavicular line. Carotid pulses are 2+ bilaterally without bruits. RRR. No murmurs. Normal S1 & S2. No splitting of S2 or friction rubs appreciated.

Pulmonary: Chest symmetrical with no deformities or trauma. Lat/AP diameter 2:1. Normal chest expansion and diaphragmatic excursion. No adventitious sounds

Abdomen: Abdomen symmetric and flat**.** No scars, striae, or pulsations noted. Bowel sounds are normoactive in all 4 quadrants. No aortic/renal/iliac/femoral bruits heard.

Skin: Warm and moist. Non-icteric. No tattoos noted. No visible moles.

Hair: Average quantity, quality, and distribution. No seborrhea/lice/dandruff noted

Nails: Capillary refill <2 seconds in bilateral upper and left lower extremities. Appropriate color, shape, and thickness.

Musculoskeletal: No erythema / ecchymosis / atrophy or deformities in bilateral upper and lower extremities.

Peripheral Vascular: Warm to touch bilaterally. 2+ pulses throughout. No edema or ulcerations. Calves equal in circumference. No palpable cords bilaterally. No palpable epitrochlear adenopathy.

Neurological: A&O x 3.Able to follow commands.

Vulva: **8 cm x 6 cm swelling of right superolateral labia majora. Swelling tender, fluctuant, defined margins, no active drainage.**

**Labs:**

WBC 13:28

Urine preg: negative

UA: no nitrites, leuk esterases. pH 5.5, yellow appearance

**Assessment:**

38 y/o female with 8cm x 6cm recurring right vulvar abscess

**Plan:**

-I&D of right vulvar abscess

-Bactrim DS 800mg/160mg two tablets twice daily x3 days

-Ibuprofen 400mg PRN for pain

-Continue with sitz baths

-Return to Woodhull Women’s Health Clinic Monday 5/30 for evaluation

**Procedure note:**

Pt was pre-treated with 4mg IV morphine x3 and 2mg IV Ativan for anxiolytic and analgesic effects. Consent was obtained. Timeout was performed. The pt was placed in the frog leg position and the area was sprayed with topical benzocaine. The area was then prepped with betadine and local 1% lidocaine injections administered. A 2cm straight incision was made on the superolateral surface of the Bartholin cyst and the abscess subsequently ruptured. Loculations were released but it is possible some remain due to patient’s inability to tolerate procedure. Unable to place iodoform packing as well. Discussed with pt the importance of packing to prevent recurrence of symptoms. Pt declines stating it is too painful. Hemostasis was achieved.