Chief complaint: “My groin is red hurts” x 2 weeks ago

51 year old make with history of type 2 diabetes mellitus and hyperlipidemia. Patient complains of erythema and pain in his left groin for the past 2 weeks. The pain is sharp, and the erythema and pain has been increasing ever since it began. The patient says the pain is an 7/10 and occurs across his entire left groin. Patient recalls that redness first developed on his left groin 2 weeks ago after shoveling snow in tight sweatpants, and that he had an abscess on his right groin 2 years ago which was treated with incision and drainage and antibiotics. Patient states that the pain is worse when he touches his groin. He is not aware of anything that alleviates the pain nor the erythema. He denies any fever, chills, trauma to his groin, sick contacts or recent travel. Denies any chest pain, shortness of breath, nausea, vomiting, and diarrhea.

Past Medial History

- Type 2 diabetes mellitus x present, controlled

- Hyperlipidemia x present, controlled

Past surgical history

- None

Medications

Atorvastatin 40 MG PO QHS for high cholesterol, last dose last night

Metformin 500 MG PO QHS for type 2 diabetes mellitus, last dose last night

Denies use of any other medications/supplements.

No blood transfusion

Allergies:

No medication, seasonal or food allergies reported

Family history:

- Paternal/maternal grandparents – deceased at unknown ages: diabetes mellitus

- Mother (76), alive with diabetes mellitus

- Father (76), alive with diabetes mellitus

- no children

- one sister (49) alive with diabetes

- one brother (34) alive with no known medical conditions

Social History

J.P is a single man, living at home with his mother, brother, sister, and two cats

Patient denies being more stressed than usual.

Habits – Denies a history of substance abuse or illicit substance use or smoking history. Denies caffeine use. Denies drinking alcohol.

Travel – no recent travel

Diet – Breakfast (scrambled eggs, oatmeal, juice or soda), Lunch (Deli, Soda), Dinner (Mash potatoes, vegetables, and chicken)

Exercise –minimal to nothing

Safety measures – reports to wearing a seatbelt in the car

Sleep – average 7-8 hours per night

Sexual history – Currently sexually active with only girlfriend. Heterosexual, monogamous. Admits to using barrier protection. Denies history of any sexually transmitted diseases.

Occupation- Manage at bicycle store for 30 years

ROS

Admits to redness and pain on left groin

Denies fever, congestion, cough, chest pain, abdominal pain, urinary complaints, muscle ache, weakness, stress

Physical exam

General: Male, neatly groomed, and appears his stated age. He is awake, alert, and oriented x 3, and not in acute distress.

Vital signs:

BP: L

Supine 120/63 mm Hg

R: 18 breaths/min, labored

P: 64 beats/min, regular

T: 98.0 degrees F (oral)

O2 Sat: 98% room air

Height: 67 inches Weight: 175.9 lbs. BMI: 27.5

Skin– large dark discolored area to left inguinal region with surrounding induration and tenderness, warm, dry, no cyanosis

Head: no swelling, no tenderness

Eyes: PERRLA, EOMI, no conjunctiva pallor, no scleral icterus

ENT: Mucous membranes moist, no erythema, airway patent, no stridor

Neck: No JVD, non-tender to palpation, no stiffness

Heart: RRR, S1 and S2 audible, no S3 or S4, no murmurs, rales, gallops

Lungs: clear to auscultation bilaterally, no wheeze, rales, rhonchi

Abdomen: Soft, nontender to palpation, +BSX4 quadrants, no suprapubic tenderness, no guarding, no rebound tenderness

GU: No swelling, erythema, tenderness to tests bilaterally. Rash does not extend to perineal region, no palpable fluctuance, no crepitus.

Ext: Pulses are 2+ bilaterally in upper and lower extremities. Full range of motion. No pitting edema around B/L ankles, no tenderness

MS/Neuro: A&OX2-3, no focal deficits. Sensation grossly intact. Strength grossly intact.

Assessment:

51 year old male with history of type 2 diabetes and hyperlipidemia presents with erythema and pain across his entire left groin which is described as sharp and increasing for the past two weeks. The patient first noticed redness in his left groin 2 weeks ago after shoveling snow in tight sweatpants. The pain worsens when he touches his left groin. On physical examination, the patient has large dark discolored area to left inguinal region with surrounding induration and tenderness.

1) Furuncle

Rationale: Diabetes is a predisposition and the patient has a history of abscess on the right groin. Induration is a physical exam finding associated with furuncles.

Plan: Point of care ultrasound, incision and drainage, send wound culture, ceftriaxone

2) Cellulitis

Rationale: Diabetes is a predisposition and the patient has a history of tight clothing and skin disruption prior to erythema of the left groin. Progressive erythema, tenderness, and induration are physical exam findings associated with cellulitis.

Plan: CBC with diff, BMP, bedside ultrasound, cephalexin, NSAIDs, mark borders of erythema and reassess in 48 hours

3) Intertrigo

Rationale: Diabetes increases risk and intertrigo is associated within the groin fold area

Plan: Keep area dry, zinc oxide, topical clotrimazole if fungal, oral cephalexin if bacterial

4) Hidradenitis Suppurativa

Rationale: History of abscess can increase risk of hidradenitis and occurs in the groin

Plan: Topical clindamycin, Dermatology referral

5) Fournier's gangrene

Rationale: Diabetes is a major risk factor and is diagnosis that must be ruled out because it is life threatening

Plan: CBC, CMP, lactate, blood cultures, surgical debridement, IV vancomycin + zosyn

Plan: Furuncle

- Point of care ultrasound
- incision and drainage
- send wound culture
- ceftriaxone 1g, IV

/s/ Jeremy Chao, PA-Student