H&P #1 Family Medicine

Chief complaint: “Chest Pain” x over a month

Mrs. K is a 32 year old female with a past medical history of HTN who presented to the office for review of recent laboratory results, which were within normal limits. While in the office, she % chest pain for over one month. She describes the pain as a burning sensation located in the center of the chest, occurring most often after meals and at night. She states it is intermittent in nature, non-radiating, and rated 4/10 in intensity. She reports that the pain gradually improves with rest and hydration and has not taken any over the counter medications for symptom relief. She denies any other aggravating factors. She reports no prior history of similar symptoms. She also denies associated symptoms such as shortness of breath, palpitations, dizziness, syncope, fever, chills, cough, nausea, vomiting, dysphagia, abdominal pain, jaw pain, shoulder pain, recent travel, or sick contacts.

Past Medical History

Present Illness - HTN (1 year ago)

Vitamin D deficiency (6 months ago)

Immunization - Up to date; Flu vaccine yearly. childhood vaccines upto date
COVID-19 Pfizer – 03/2021, booster 2022

Screening - Pap smear 09/2024, negative.

Past Surgical History

None

Medications

Lisinopril 20 MG Tablet orally once a day, Last dose yesterday morning.

Patient is compliant with all medications.

Allergies

Denies medication, environmental or food allergies.

Family History

Mother - Alive, age 65, HTN, Diabetes Type 2

Father - Alive, age unknown, unknown illness

Maternal Grandparents- decease at unknown age and unknown reason

Paternal Grandparents decease at unknown age and unknown reason

Siblings - 2 brother and 1 sister, alive and healthy, unknown age

Social History

Travel: Denies any recent travel outside of the state or country

Marital history: Married

Occupational history: unknown

Home Situation: Lives with husband

Drugs/Alcohol: Denies any use of alcohol or drugs

Smoking history: Denies smoking

Diet: Consumes 2/3 meals per day, with meals typically consisting of breakfast with bread, eggs, cereal, and lunch/dinner with curry, soups, omelets, vegetables, chicken, fish, pasta, and rice. Denies any caffeine consumption.

Exercise: She reported going to gym 2-3 a week, doing cardio and weight bearing exercise

Sleep: Patient reports sleeping well for 6-8 hours at night

Safety measures: Admits to wearing seatbelt when driving.

Sexual History: She is sexually active. Denies history of STI and use of contraceptives.

ROS

General: Denies fever, chill, weight loss/gain, loss of appetite, generalized weakness, fatigue, fever, or night sweats

Hair, skin, nails: Denies rash, itching, excessive sweating or dry skin, new moles, change in existing moles, hair loss, change in hair texture or nail changes

HEENT: Denies lightheadedness, headache, trauma, dizziness, visual changes, double vision or blurriness, change in hearing, tinnitus, discharge from ears, nose bleed or discharge, congestion, sore throat, mouth ulcers or bleeding gums

Neck: Denies localized swelling, lumps, stiffness or decreased ROM

Pulmonary: Denies orthopnea, SOB, dyspnea on exertion, cough, sputum, hemoptysis, or wheezing

Cardiovascular: Denies chest pain, palpitations, syncope, irregular heart beat, heart murmur, or swelling of legs or feet

Gastrointestinal: **Admits heart burn;** Denies nausea, vomiting, changes in appetite, abdominal pain change in bowel habits, diarrhea, constipation, blood in stool,or pain with swallowing

Genitourinary: Denies urinary frequency or urgency, dysuria, nocturia, hematuria, incontinence, flank pain or penile discharge

Menstrual/Obstetrical – G1P1A0L1. LMP 12/16/2025. Menarche age unknown. Denies any postcoital bleeding, vaginal discharge, or dyspareunia

Neurological: Denies loss of cognition/memory, mild weakness, headaches, sensory disturbances, seizures, or weakness

Musculoskeletal: Denies redness, deformity, or swelling/pain or arthritis

Peripheral Vascular: Denies claudication, coldness trophic changes, varicose vein, peripheral edema, or color change

Hematologic: Denies anemia, easy bruising blood transfusions or hx of DVT/PE

Endocrine: Denies thyroid enlargement, heat/cold intolerance, changes in facial or body hair, change in weight or excessive hair growth

Psychiatric: Denies depression, anxiety, mood changes, sleep disturbances, difficulty concentrating or suicidal ideations

Physical Exam:

General: 32 y/o female is well-groomed and appears to be stated age. Patient appears A&O x3, without any acute distress. Good posture.

Vital Signs:

BP: 126/80 Right arm (Manual)

HR: 76 bpm, regular

RR: 16 rpm unlabored

T: 98.00, ear

O2 Sat : 99% on Room air

Weight: 188 lbs Height: 66 in BMI: 30.47

Cardiovascular: Regular rate and rhythm (RRR). No murmurs.
Respiratory: Lungs are clear to auscultation bilaterally. No wheezing or rales.
HEENT: Normocephalic, atraumatic. PERRLA, EOMI. Oral mucosa is moist, no oropharyngeal lesions
Neck: Supple, no cervical lymphadenopathy or thyromegaly
GI: Soft, non-tender, non-distended. No organomegaly
MSK: Full ROM of all extremities. No joint swelling or deformities.
Neuro: CN II-XII intact. Strength 5/5 bilaterally in upper and lower extremities. Normal gait.
Skin: No erythema, ulceration, or exudate. No similar findings on other fingers or toes. No discoloration migration, scaling or fungal debris, nail plate thickening or dystrophy.

Assessment:

A 32 year old female with a past medical history of hypertension presents with intermittent chest pain for over one month, described as a burning sensation located in the center of the chest, occurring after meals and at night, rated 4/10, non-radiating, and improving with rest and hydration. Review of systems is notable for heartburn. Given her young age, lack of cardiac risk

factors aside from hypertension, and absence of red-flag symptoms, the presentation is less concerning for acute coronary syndrome and more suggestive gastroesophageal reflux disease (GERD)

Differential Diagnoses:

1. Gastroesophageal Reflux Disease (GERD)

This is my primary diagnosis based on the patient's presentation. She reports intermittent, burning substernal chest pain for over one month, occurring after meals and at night, which improves with rest and hydration. She also endorses heartburn, further supporting a reflux etiology. The pain is non-radiating, moderate in intensity, and not associated with exertion. Her symptoms are classic for acid reflux, and there are no alarm features such as dysphagia, weight loss, or GI bleeding. Given her age, symptom pattern, and benign physical exam, GERD is the most likely cause of her chest pain.

2. Acute Coronary Syndrome (ACS)

ACS was considered due to the complaint of chest pain and the patient's history of hypertension. However, it is less likely given her young age, absence of exertional pain, lack of radiation to the jaw or shoulder, and denial of associated symptoms such as shortness of breath, diaphoresis, palpitations, syncope, or nausea. Her pain is meal-related and nocturnal rather than exertional, which further decreases concern for a cardiac etiology. While ACS is unlikely, it cannot be completely excluded and should be reconsidered if symptoms change or worsen.

3. Peptic Ulcer Disease (PUD)

PUD was included in the differential because ulcer disease can cause burning epigastric or substernal discomfort. However, the patient denies epigastric pain, hematemesis, melena, nausea, vomiting, or NSAID use. Additionally, she has no prior history of ulcer disease, making this diagnosis less likely at this time.

4. Esophagitis

Esophagitis is another consideration, particularly in the setting of untreated or chronic acid reflux. It can present with burning chest pain and heartburn. However, the patient denies odynophagia or dysphagia, and her symptoms appear mild and intermittent, making uncomplicated GERD more likely than erosive disease at this stage.

5. Musculoskeletal Chest Pain (Costochondritis)

Musculoskeletal causes were considered, as they are common in younger patients. However, the pain is not reproducible on palpation, is clearly associated with meals and nighttime symptoms,

and improves with hydration rather than movement or NSAIDs, making this diagnosis less likely.

Plan:

GERD

- Start aluminium & Magnesium hydroxide suspension 200-200mg/5ml between meals and at bedtime as needed
- Start Pantoprazole sodium tablet 40mg, 1 tablet before morning meal orally once a day
- Follow up in 1 month

Other: Chest pain

- Cardiology Referral

Preventive:

- Don't lay down immediately after eating
- Maintain a Healthy diet, decrease consumption of spicy food and physical activity is encouraged
- Call 911 or go to ER if symptoms worsen, are not relieved with antacids or present with any pain radiating to shoulder, back, abdomen, arm and/or jaw.

Chronic Issues

Hypertension

- Continue Lisinopril 20 MG Tablet orally once a day
- Monitor BP and keep a log

Vitamin D Deficiency

- Continue vitamin D3 2,000 IU (50 mcg) PO daily,
- Recheck vit D 25(OH) level in ~3 months
- Encourage safe sun exposure with sunscreen and dietary sources of vitamin D (orange juice)

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