Lily Fremaux
Ambulatory Care Rotation
H&P 3
06/13/2026

Name: A.V.
DOB: 03/10/1963
Location: One Stop Medical- Queens, NY
Date of Service: 06/12/2026
Address: Queens, NY
Source of Information: Self
Reliability: Reliable

CC: "Right hand swelling and pain"

HPI:
63 y/o female with a PMHx of HTN (on Losartan 50mg) and HLD (on Atorvastatin 20mg) presents to the office for evaluation of right hand swelling and pain that began yesterday and has gradually worsened since onset. Pain is constant throughout the day and has progressively worsened since onset, currently rated as a 4/10 in severity. Patient reports associated redness over the dorsum of the right hand. Pain is described as constant and is aggravated by movement, particularly flexion and extension of the fingers. Patient has not tried any methods to improve symptoms such as over the counter analgesics. Denies any known trauma, injury, puncture wound, insect bite, or recent overuse of the hand. Denies prior similar episodes. Patient denies fevers, chills, malaise, nausea, vomiting, numbness, tingling, weakness, drainage, or skin breakdown. No recent illness. No symptoms involving the contralateral hand or other joints.

PMHx: HTN, HLD
PSHx: Denies
Medications: Losartan 50mg, Atorvastatin 20mg
Allergies: N.K.D.A.
Social History: Denies smoking, drinking, and drug use. Patient works as a chef.
Family History: Mom-HTN, breast CA (deceased); Dad- HTN, DM2
Screenings: Mammogram and PAP smear 6 months ago, unremarkable per patient. Upcoming Colonoscopy next month.

ROS
General: Denies fever, chills, fatigue, malaise, nausea, or vomiting.

Musculoskeletal: Endorses right hand pain and swelling. Pain worsened with movement of the fingers. Denies trauma, injury, or symptoms involving other joints.

Skin: Endorses redness of the right hand. Denies drainage, skin breakdown, wounds, ulcerations, or rash.

Neurologic: Denies numbness, tingling, weakness, or loss of sensation

Physical Exam

Vitals:
HR: 84 beats/minute
BP: 128/76 mmHg
RR: 16 breaths/minute
SpO2: 99% on room air
Temp: 98.4°F (36.9°C)

General: Well-appearing female in no acute distress. Well-groomed and well-dressed. Appears stated age.

Cardiovascular: Regular rate and rhythm. Normal S1 and S2. No murmurs, rubs, or gallops. Peripheral pulses intact. Radial pulses 2+

Respiratory: Clear to auscultation bilaterally. No increased work of breathing. Speaking in full sentences.

Skin: Erythema present over the dorsal aspect of the right hand, most prominent over MCPs of 2nd and 3rd digits without visible drainage, fluctuance, open wounds, ulceration, or necrosis. Capillary refill less than 2 seconds.

Musculoskeletal: Right hand with diffuse soft tissue swelling and overlying erythema involving the dorsal aspect of the hand, most prominent over MCP of 2nd and 3rd digits Area is warm and tender to palpation. No palpable fluctuance or appreciable abscess. No crepitus. Range of motion of the wrist and fingers is intact but limited secondary to pain. No obvious deformity.

Neurovascular: Sensation intact to light touch throughout the right hand and digits.

Assessment:

63 y/o female presents with one day of progressively worsening right hand swelling, erythema, warmth, and pain. On exam, there is diffuse soft tissue swelling with overlying erythema and tenderness of the right hand without fluctuance, abscess formation, neurovascular compromise, or open wound. Overall presentation is most consistent with uncomplicated cellulitis. Patient is afebrile, hemodynamically stable, and without systemic symptoms such as fever, chills, or malaise, making a more severe soft tissue infection less likely. No findings concerning for necrotizing infection, septic arthritis, or drainable abscess at this time.

DDx:

Cellulitis (most likely):

Acute bacterial infection of the skin and subcutaneous tissue presenting with erythema, warmth, swelling, and tenderness, consistent with exam findings. Lack of trauma or systemic symptoms further supports uncomplicated cellulitis.

Local inflammatory reaction secondary to insect bite or minor skin trauma:

Localized inflammatory response to an unrecognized insect bite or minor skin injury, which can present with similar erythema and swelling; however, typically more focal in distribution and less progressively worsening than infectious etiology.

Inflammatory arthritis (less likely):

Inflammatory arthropathies such as rheumatoid arthritis or crystal arthropathy may present with pain and swelling; however, isolated soft tissue involvement of the dorsum of the hand without involvement of other joints or a history of similar episodes makes this less likely.

Flexor tenosynovitis (less likely):

Infection of the flexor tendon sheath classically presenting with Kanavel signs; however, patient lacks fusiform swelling, flexed posture, tenderness along tendon sheath, and pain with passive extension, and symptoms are dorsal rather than volar in location, making this less likely.

Septic arthritis (less likely):

Infection of a joint typically presenting with severe pain, decreased active and passive range of motion, and often systemic symptoms; however, patient lacks fever or systemic signs, making this less likely

Plan:

Start oral antibiotic therapy for presumed cellulitis- Cephalexin
Acetaminophen or NSAIDs as needed for pain control.
Advise elevation of the affected extremity to reduce swelling.
Patient educated regarding signs of worsening infection to present to ED including increasing redness, swelling, pain, fever, purulent drainage, red streaking, numbness, weakness, or decreased range of motion.
Given absence of systemic symptoms, hemodynamic stability, and lack of evidence of abscess or deep space infection, outpatient management is appropriate at this time.
Follow-up in clinic within 2-3 days for reassessment or sooner if symptoms worsen.