



GOOD SAMARITAN HOSPITAL MEDICAL CENTER  
WEST ISLIP, NEW YORK

REPORT OF CONSULTATION

[REDACTED]

PT TYPE: [REDACTED] *GIP*  
LOCATION: [REDACTED]

TO (CONSULTANT): [REDACTED] SPECIALTY: OTO

FROM (REFERRING): [REDACTED]

DATE REQUESTED: [REDACTED] CONSULT DATE: 09/15/2008

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**REASON FOR CONSULTATION:** PATIENT IS A 9 YEAR-OLD MALE WITH PERSISTENT SWELLING ON THE RIGHT SIDE OF THE NECK.

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Physician states patient's name is [REDACTED]

**HISTORY OF PRESENT ILLNESS:** Patient is a 9 year-old male admitted on the date of 9/12/08 with swelling of the right side of his neck going on for approximately 2-3 days time. He had associated fever with it. He was initially treated with Clindamycin. Patient is hospitalized now since the date of the 12<sup>th</sup>. A CT scan was performed and revealed evidence of enlargement of lymph nodes in the right side of the neck, but no evidence of discrete abscess. There is no evidence of retropharyngeal process.

Patient had problems initially, was not swallowing well and is presently swallowing without difficulty. Has no [REDACTED], although is somewhat improved. Additionally, IV Unasyn has been added to his regimen with some decrease in size of the swelling over the past 24-36 hours.

Monospot has been negative. White count does reveals two atypical lymphocytes.

**PHYSICAL EXAMINATION:** On examination, this is a healthy appearing 9 year-old male in no acute distress. There is obvious swelling of the right side of the neck level II. Oral cavity and oropharynx is clear and no trismus is seen. Voice is normal. Left side of the neck is unremarkable. The right side reveals a firm, non-tender mass in level II approximately 5 cm in dimension. No other significant abnormality is found.

**IMPRESSION AND PLAN:** Right cervical adenitis with overlying mild cellulitis. No evidence of abscess. At this point, the clinical course appears to be more consistent with a viral mono-type process. Agree with continuing the IV Unasyn and Clindamycin. EBV titers are presently pending. Consideration for a dose of steroids should be made as a possible means to decrease the swelling, especially if it is a viral source. PPD is presently being planted.

[REDACTED]

Patient knows the parents are aware that this area may still progress into an abscess. At this time, continued antibiotics are recommended.

Thank you.

[REDACTED]

D: 09/15/2008 5:29 P Job [REDACTED]  
T: 09/15/2008 6:54 P lh Doc [REDACTED]

[REDACTED]

9/20  
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*See Next Page*

PHYSICIAN SIGNATURE REQUIRED FOR AUTHENTICATION

[REDACTED]

[REDACTED]

**CHIEF COMPLAINT:** A 9-year-old with swelling of the right side of the neck.

**HISTORY OF PRESENT ILLNESS:** [REDACTED] is a 9-year-old male who was in his usual state of health until approximately two days ago. He actually developed some neck pain approximately three days ago which the mother thought might be secondary to playing football or wrestling with the siblings. However, the subsequent day he developed fever as high as 102. The swelling and the fever worsened. There is no history of URI symptoms or difficulty swallowing. The patient states primarily he has pain because of the swelling he is unable to move his neck well and if the area is palpated he does have pain on that. He denies any abdominal pain. There is no significant travel history. There are no pets at home. He was brought to the emergency room with a CT scan was done to rule out retropharyngeal or peritonsillar abscess.

On CT scan, which showed bilateral cervical adenitis or adenopathy right side greater than left with no evidence of retropharyngeal or parapharyngeal abscess. The patient was given one dose of Unasyn in the emergency room. On admission in the pediatric floor, he was switched over to IV clindamycin. He continues to have fevers, but has been on antibiotics for less than 24 hours.

**PAST MEDICAL HISTORY:** Unremarkable.

**PHYSICAL EXAMINATION:** He is well-developed, well-nourished, alert and active, in mild discomfort, he definitely does hold his neck midline secondary to the pain from the right side inflammation. His tympanic membranes are positive light reflex bilaterally. His pharynx is pink with no significant tonsillar enlargement or exudates noted. The neck is supple. He does have shotty lymph nodes on left side, but he has markedly enlarged lymph nodes on the right side, they are tender to touch. There are not significantly warm to touch however. Lungs are clear. Heart has regular sinus rhythm. S1 and S2 is normal with no murmur. Abdomen is soft and nontender with no organomegaly. Extremities have full range of motion with no clubbing, cyanosis, or edema. Skin reveals no rashes. Neuro exam reveals no focal deficits.

**LABORATORY:** His initial blood count did show WBC of 22.3 with 89 polys, 9 lymphocytes, and 9 monocytes. The H&H was 13/38. The platelet count was 255. The renal profile was within normal limits. The urinalysis was also within normal limits.

**IMPRESSION:** A 9-year-old male with right cervical adenitis with mild left cervical adenopathy.

**RECOMMENDATIONS:** As discussed with Dr. [REDACTED] I would continue to monitor the patient for at least 48 hours on the clindamycin. If there is no improvement or if there is clinical deterioration on clindamycin, you may consider adding Unasyn to the current regimen. I would consider sending EBV titers as well as liver functions. It was noted that his initial CBC was not suggestive of Epstein Barr virus; however, It is reasonable test to send with the next blood draw. I will follow the results of today CBC also.

[Redacted]

Thank you for allowing me to participate in [Redacted] care. Should you have any other questions please do not hesitate to contact me.

Job Number Lan [Redacted]

[Redacted]

Date Time

D: 09/12/2008 12:40 P [Redacted]

T: 09/12/2008 6:54 P STN Doc [Redacted]

[Redacted]