

Date of visit: May 12th, 2023

Full name: M.R

Address: unknown

Date of Birth: 09/12/1986

Location: NYC Health + Hospitals/Metropolitan, breast clinic (outpatient)

Source of information: Self

Reliability: Reliable

Source of Referral: Self

Mode of Transport: Car

S:

HPI: A 36-year old female with a history of left breast granulomatous mastitis (biopsy proven - 2021) with chronic mastitis of the right breast, with multiple abscesses requiring multiple I&D, presents today for a wellness check. Patient states she is doing well; breast tissue is becoming softer and she is getting less abscesses that require I&D (last one was a year ago). Reports intermittent mild right nipple pain, described as a burning sensation, that is relieved with motrin. No specific aggravating factors noted. Denies any discharge or bleeding. Patient is following up with rheumatology, who have her on Methotrexate 15 mg PO QW. Patient denies any negative side effects.

PMHx: Idiopathic granulomatous lobular mastitis left breast (2021), GERD

PSHx: incision and drainage (2021, 2022 x 2)

Medications: Methotrexate 2.5mg tablets (6 tablets weekly), Indomethacin 25mg tablets, Folic acid 1mg tablet, Depo-provera,

Allergies: Vancomycin (hives)

FHx: non-contributory

SHx: denies illicit drug use, alcohol use, or smoking tobacco.

ROS:

denies fever, chills, nausea, vomiting, diarrhea, urinary urgency or frequency, abnormal bowel movements, headache, dizziness, or weight changes. No pain in the right nipple currently.

O:

Vitals: T: 97.2°F (36.2° C) | P: 85 BPM, regular | RR: 15 breaths/min, unlabored | BP: 120/60 mm hg | SpO2 100% room air | weight: 76.2 kg (168 lb) | height: 5'2 (157.48 cm) | BMI: 30.73 kg/m²

General: obese female appears well developed. Alert, awake, and oriented x 3. In no acute distress.

CV: RRR.

Pulmonology: Breathing comfortably in room air, with no accessory muscle use. Chest expansion symmetrical without wheezing, rhonchi, rales, stridor.

HEENT: Normocephalic and atraumatic. PERRLA and EOM intact.

Breast:

- **Right: well-healed incision scars to the periareolar region, no open wounds upon examination of the breast. No induration, fluctuance, or discharge. Ight nipple with**

mild induration due to the NAC, but no drainage or inversion. No erythema. No signs of cellulitis or active abscesses. No overlying skin changes. Breast tissue is soft; no discrete palpable masses.

- **Left: breast without discrete palpable masses. Scar tissue on the 9 O'clock and 3 o'clock areolar region. No nipple discharge or inversion. No erythema, inflammation, or overlying skin changes.**
- **No palpable axillary lymph nodes bilaterally.**

Extremities: moves all 4 extremities spontaneously. No edema, erythema, inflammation noted. Pulses are 2+ bilaterally in the upper extremity.

A: 36-year old female with a history of left breast granulomatous mastitis in remission on Methotrexate. Patient is doing well with no current abscess or new complaints.

P:

- Continue with Methotrexate 2.5 mg tablets, 6 tablets PO QW (follow up with Rheumatologist)
- Continue Folic acid 1mg tablets, QD
- Advised patient to apply warm compresses when areas become inflamed
- Seek immediate medical attention if new or worsening symptoms occur, including fever, chills, nausea, and vomiting.
- Return to clinic in 6 month for wellness check