Pennsylvania Academy of Family Physicians Foundation

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Images in Clinical Medicine

Timothy Pelkowski, MD, Meaghan Johnson, MD,
Robert Mikelonis, MD, & Lydia Travnik, DO,
Saint Vincent Family Medicine Residency, Erie, PA

Disclosures:

Speakers have no disclosures and there are no conflicts of interest.

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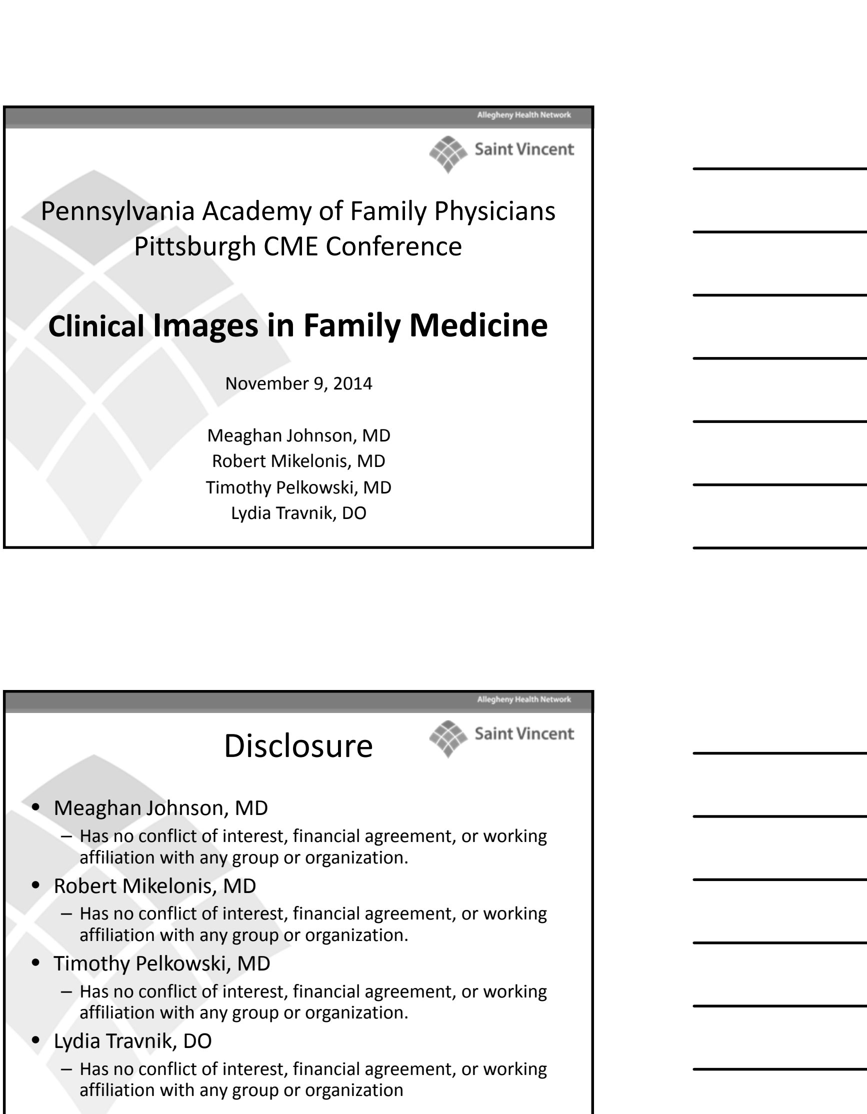

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Pennsylvania Academy of Family Physicians
Pittsburgh CME Conference

Clinical Images in Family Medicine

November 9, 2014

Meaghan Johnson, MD
Robert Mikelonis, MD
Timothy Pelkowski, MD
Lydia Travnik, DO

Disclosure

- Meaghan Johnson, MD
  - Has no conflict of interest, financial agreement, or working affiliation with any group or organization.
- Robert Mikelonis, MD
  - Has no conflict of interest, financial agreement, or working affiliation with any group or organization.
- Timothy Pelkowski, MD
  - Has no conflict of interest, financial agreement, or working affiliation with any group or organization.
- Lydia Travnik, DO
  - Has no conflict of interest, financial agreement, or working affiliation with any group or organization

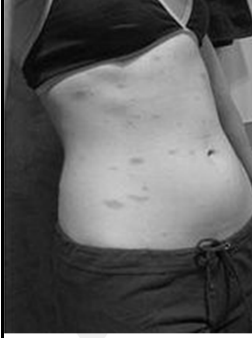
Saved By A Smartphone

Robert Mikelonis, MD

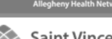
Clinical Case

- Chief Complaint
  - 29 yo female
  - Itchy rash on chest, neck, shoulders for 2 days
- PMH
  - Negative
  - On BCP
- SH
  - Wedding date one month
  - Sleeveless (and expensive!) wedding gown
  - Daughter of the doc
- PE
  - Pink macular oval lesions scattered on upper torso
- A+P
  - Pityriasis rosea
  - No useful treatment except antihistamines or steroids for itching

Image & An Internet Answer



- Within minutes daughter corrects elderly father
- Google search identifies erythromycin as effective treatment option



Pityriasis Rosea

- Common, M~W, small epidemics occur, more in winter, usual age 10-35, 2% recur, 20% recently ill with fever, 68% recent mild URI, can affect first trimester fetus
- Herald patch 2-10 cm oval, resembles tinea, followed by general eruption 2-14 days later, 1-2 cm oval patches along skin lines on trunk, proximal ext, but can be <u>inverse</u> on face, distal ext., and may be papular on kids, and dark skin
- Salmon pink on light skin, hyperpigmented on dark skin,
- often on face and often residual hyperpigmentation on dark skin
- Usually asymptomatic, sometimes mildly itchy

Pityriasis Rosea

- **Clinical diagnosis**, KOH for herald patch early in disease, epidemics?
- If significant itching can use Benadryl, Group V (weak) topical steroids, oral steroids, UVB light or sunlight.
- For rash sunlight or UVB light may help

- Serologic and EM evidence of HHV 7 (or 6) as etiologic agent
- Erythromycin 250 QID for 2 weeks helped in one study (2), not in another.
- Azithromycin was ineffective
- Acyclovir 800 five x a day x 7 days cleared lesions in 18 days vs 37 days for placebo (3)
- Acyclovir 400 five x a day for one week was effective but less than 800 mg dose (4)

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Hidradenitis Suppurativa

Meaghan Johnson, MD

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HIDRADENITIS SUPPURITIVA (ACNE INVERSA) KEY POINTS:

- A Chronic, recurrent, inflammatory disease presenting as painful subcutaneous nodules
- Double comedomes, deep sinus tracts, and abscesses are characteristic
- Diagnosis is made clinically without the use of laboratory tests
- … Who, what, why?

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HURLEY STAGING SYSTEM

I. Abscess Formation (single or multiple) without Sinus tracts and cicatrization
II. One or more widely separated recurrent abscesses with tract formation and scars
III. Multiple interconnected tracts and abscesses throughout an entire area

Treatment can be guided by staging, with more aggressive treatment earlier on for Stage 3 disease

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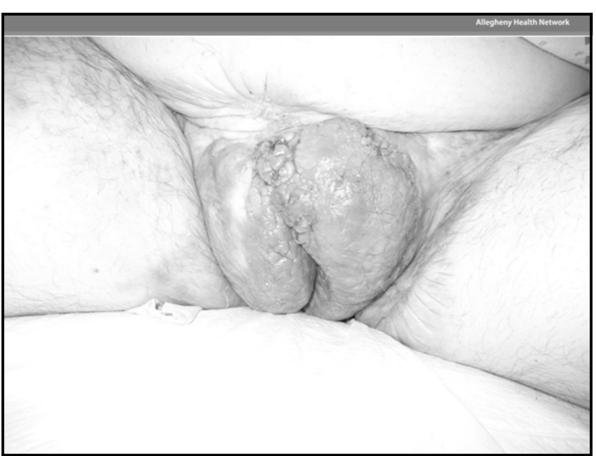

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Adolescent Hip Pain

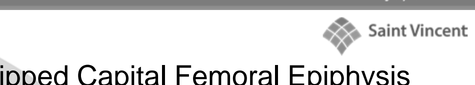
Lydia Travnik, DO

Case: 14yo male with RLE pain

- 14yo male sent to ED from Urgent Care due to right hip xray findings.
- RLE pain x 6 months – generalized hip and knee pain worse with activity, better with rest.
- Pt developed limp in last 2 weeks. No systemic symptoms.
- Seen by PCP 3 weeks ago – thought to be pes anserine bursitis. Mother instructed to call back if symptoms persisted.

Differential diagnoses:
Osgood-Schlatter disease
Bursitis
Growing pains
Thigh contusion
Muscle strain
Stress fracture
Tendonitis

With limp:
Fracture (Salter I)
Soft tissue injury
Transient synovitis
Osteomyelitis
Septic arthritis
Foreign body in foot

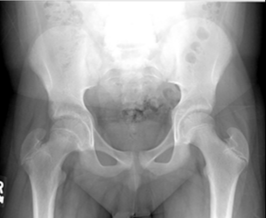


Slipped Capital Femoral Epiphysis

- SCFE: Displacement of femoral head posteriorly, inferiorly and medially from femoral neck
- Epidemiology
  - Most common disorder of adolescent hips, found 10 in 100,000
  - Ages 10-17 years, boys 2-4 times than girls
  - Commonly overweight, black, obesity during growth spurt
- Presentation
  - Hip pain often referred to medial knee
  - In retrospective review of 65 kids in SCFE, 77% presented with hip, groin or proximal thigh pain and 23% presented with distal thigh or knee pain
  - **Highly suggestive: passive flexion from an extended position causes obligatory external rotation of the hip**

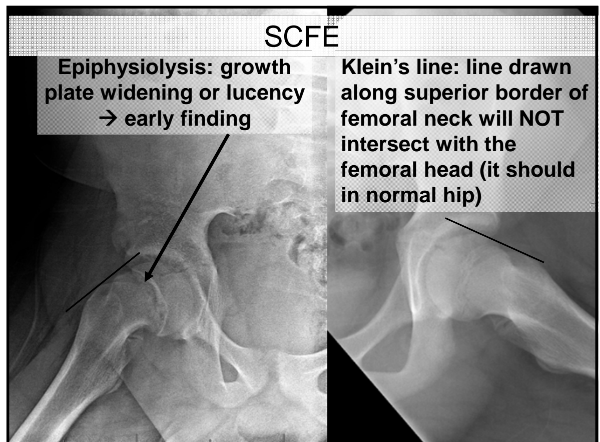
Slipped Capital Femoral Epiphysis

- Classification
  - Stable vs. unstable
  - Acute, chronic, acute on chronic
  - Southwick angle classification
  - Grade (difference between angles of both hips)
    - Grade I: 0-33% slippage
    - Grade II: 34-50% slippage
    - Grade III: >50% slippage



Ortho diagnosis: Right grade I stable SCFE

SCFE



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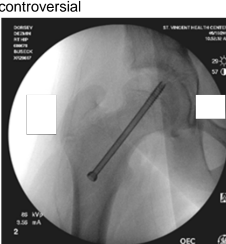
Slipped Capital Femoral Epiphysis

- Treatment
  - Gold standard: percutaneous in situ fixation
  - Prophylactic pinning of contralateral hip is controversial
- Complications
  - Osteonecrosis of the femoral head
  - Chondrolysis
  - Slip progression
  - Hip stiffness
  - Degenerative osteoarthritis



- Pearls for the PCP:
  - SCFE more likely to be missed at the initial visit if **hip pain is absent or thigh pain is present**
  - Any adolescent patient that presents with a limp and complains of pain in the hip, groin, thigh, or knee should be considered to have SCFE until proven otherwise.

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RUQ Abdominal Mass

Timothy Pelkowski, MD

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Clinical Case

- Chief Complaint
  - 72 year old white male
  - Cough for weeks
  - Right upper quadrant abdominal pain
- Past Medical History
  - HTN, Hyperlipidemia, DVT, Pulmonary Embolism, Gout, IFG, ED, Retinal Artery Occlusion, Rosacea, and Glaucoma
- Medications
  - acetylsalicylic acid, warfarin, lisinopril, simvastatin
- Physical Exam
  - Vital signs
  - General
  - Abdominal findings
- Assessment & Plan
  - Differential diagnosis?
  - Studies?

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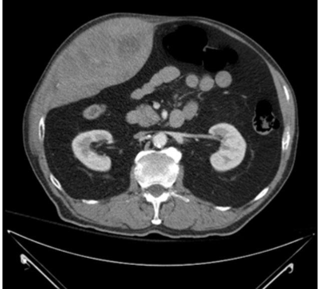
Testing & Image



Laboratory Tests

- CBC – Hgb 13.6 (14 – 18)
- INR – 2.5 (0.9 – 1.1)
- CXR - negative

Differential Diagnosis

- Abscess from diverticulitis
- Desmoid tumor
- Gallbladder empyema
- Neurofibroma
- Rectus sheath hematoma

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Rectus Sheath Hematoma

- Risk Factors
  - Systemic anticoagulation
  - Trauma
  - Intraabdominal injections
  - Exertional wall straining
  - Advanced age
  - Pregnancy
  - Surgical complication
  - Female sex
- CT Classification
  - Type I
  - Type II
  - Type III
- Management
  - Conservative
  - Emergent
- Case Follow-up
  - Stable VS and H&H – no transfusion required
  - No pneumonia
  - Warfarin and ASA held
  - IVC filter placed
  - Recurrence of leg DVT
  - Long term follow-up
    - Restarted warfarin and ASA
    - Expanding abdominal ecchymosis
    - Still with a mass, less pain

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Questions

- Pityriasis Rosea – Robert Mikelonis
- Hydradentis Suppurativa – Meaghan Johnson
- Slipped Capital Femoral Epiphysis – Lydia Travnik
- Rectus Sheath Hematoma – Tim Pelkowski