Rachel Freundlich
Rotation #5 - Family Medicine

History
Identifying Data:

Chief Complaint: Presents for follow up visit for tinea cruris

History of Present Illness:

49 year old F with PMH of prediabetes, osteoarthritis and obesity presents for follow up of tinea cruris. Pt was here previously for the same complaint and she was prescribed Fluconazole for 3 days. She states that she completed the course of medication, but the rash did not disappear. She returned to the clinic and was then prescribed Fluconazole for 7 days and instructed to take it every other day. She completed the course of treatment yesterday. Today, the patient states that the rash continues to be pruritic and bothersome. She reports that when she itches it, the rash "seems to spread". Upon physical exam, the rash is present on the upper thighs bilaterally, inguinal and pelvic area. The rash has an erythematous ring appearance consistent with tinea. No induration or fluctuance is noted. Patient denies any fever, chills, nausea, vomiting, abdominal pain, chest pain, shortness of breath, blurry vision, headache.

Past Medical History:
Present illnesses – Prediabetes
Past medical illnesses – None stated
Hospitalized – None stated
Childhood illnesses – Denies any illnesses
Immunizations – received Flu 11/20/2023
Screening tests and results – None currently on file

Past Surgical History:
Cholecystectomy - unknown, completed in India

Medications:
Naproxen 500mg tablet - orally every 12 hours as needed
Daily Multi Vitamins - 1 tablet orally once a day
Fluconazole 150mg tablet - orally every other day (completed 06/13/24)

Allergies:
Denies any food, drug, or environmental allergies.

Family History:
Mother – alive and well
Father – alive and well

Maternal/paternal grandparents – Deceased at unknown age & unknown reasons

Social History:
N.K. is a married woman currently living with her husband. She currently works at the airport.
Habits - Pt admits drinking one cup of black coffee daily. Denies alcohol, tobacco and drug use.
Travel - Pt denies recent travel.
Diet - Pt reports eating mainly home cooked meals.
Exercise - Pt denies consistent exercise routine.
Safety measures - Admits to wearing a seat belt.
Sleep – Pt reports regular sleep patterns.
Sexual Hx - Pt is currently sexually active with her husband.

Review of Systems:
General – Denies loss of appetite, weight gain/loss, generalized fatigue, fever or chills, or night sweats.

Skin, hair, nails – Admits tinea rash on bilateral upper thighs, pelvic and inguinal area. Denies any other changes in texture, excessive dryness/sweating, moles/rashes, hyperpigmentation, pruritus or changes in hair distribution.

Head – Denies headaches, vertigo or head trauma.

Eyes – Pt wears glasses. Denies recent vision changes. Next upcoming eye exam unknown, pt reports she will schedule it.

Ears – Denies deafness, pain, discharge, tinnitus or use of hearing aids.

Nose/sinuses – Pt denies nasal discharge, obstruction or epistaxis.

Mouth/throat – Denies bleeding gums, sore throat.

Neck – Denies localized swelling/lumps or stiffness/decreased range of motion.

Pulmonary system – Denies dyspnea, orthopnea, cough, wheezing, hemoptysis, cyanosis, or paroxysmal nocturnal dyspnea (PND).

Cardiovascular system – Denies chest pain, edema, syncope or known heart murmur.

Gastrointestinal system – Denies epigastric pain, nausea, diarrhea, change in appetite, rectal bleeding, intolerance to specific foods, dysphagia, pyrosis, unusual flatulence or eructations, jaundice, hemorrhoids, constipation, hematemesis.

Genitourinary system – Denies flank pain, oliguria, polyuria, urinary frequency, urgency, nocturia or dysuria.

Nervous – Denies seizures, headache, loss of consciousness, sensory disturbances, ataxia, loss of strength, change in cognition / mental status, weakness or recent onset memory loss.

Musculoskeletal system – Admits osteoarthritis of the knee. Denies back pain.

Peripheral vascular system – Denies peripheral edema.

Hematological system – Denies easy bruising or bleeding, lymph node enlargement, or prior history of DVT/PE.

Endocrine system – Denies polydipsia, polyphagia, heat or cold intolerance,.

Psychiatric – Denies history.

Physical

General: 49 year old female appears well groomed, dressed appropriately for the weather, A&O x3, looking about her stated age of 49. Pt in no acute distress.

Vital Signs:
BP: Seated: 123/86
HR: 65 BPM
R: 18 min unlabored
T: 98.6F (forehead)
Weight: 192 BMI: 34.4

Physical Exam:
Skin: Non diaphoretic. Warm and moist, with good turgor. Rash consistent with tinea cruris noted on the upper thighs bilaterally, pelvic and inguinal area. Rash consists of multiple circular marks with outer erythematous ring.
Neck: Trachea midline. No masses, lesions, scars. FROM, no stridor, 2+ carotid pulse, no thrills, no bruits noted bilaterally, no cervical adenopathy, JVD noted.
Thyroid: Non-tender, no palpable masses, no thyromegaly, no bruits noted.
Chest: Symmetrical, no deformities, no trauma.

Lungs: Chest expansion and diaphragmatic excursion symmetrical. Lungs clear to auscultation.
Heart: No JVP present. Regular rate, regular rhythm. S1 and S2 are distinct with no murmurs, S3 or S4. No splitting of S2 or friction rubs appreciated.
Abdomen: Nontender, nondistended abdomen. No CVA tenderness appreciated. No striae or pulsations noted. Normoactive bowel sounds present with no aortic/renal/iliac or femoral bruits. Tympanic throughout, no guarding or rebound noted. No hepatosplenomegaly to palpation.
PVS/MSK: 2+ pulses bilaterally, no edema noted. FROM bilaterally upper and lower extremities.

Labs: No labs discussed at this visit

Assessment/Plan:

49 year old F with PMH of prediabetes, osteoarthritis and obesity presents for follow up of tinea cruris which has been treated with Fluconazole for a 7 day course. Today, the patient states that the rash continues to be pruritic and bothersome. Upon physical exam, the rash is present on the upper thighs bilaterally, inguinal and pelvic area. The patient was prescribed Fluconazole 150mg and instructed to take it for 14 days every other day. Pt was also advised to wear loose fitting pants. She was prescribed Nystatin powder and Clotrimazole cream and advised to continue using it to alleviate itching. Pt will follow up in two weeks to monitor improvement.

Article: Efficacy of daily oral terbinafine versus pulse fluconazole therapy in the treatment of tinea corporis, tinea cruris, and tinea faciei: A Comparative Study

Someshwar S, Salunke P, Bhobe M. Efficacy of daily oral terbinafine versus pulse fluconazole therapy in the treatment of tinea corporis, tinea cruris, and tinea faciei: A comparative study. *MGM Journal of Medical Sciences*. 2020;7(1):10. doi:https://doi.org/10.4103/mgmj.mgmj_30_20

This study looked at the comparative efficacy of various treatment methods available to treat tinea infections such as tinea corporis and tinea cruris. 90 subjects with a variation of tinea were included in this study. There were three treatment arms of the study which consisted of Terbinafine 250mg once daily for a total of 2 weeks, Terbinafine 250mg twice daily for 1 week total and Fluconazole 150mg one time weekly for 4 weeks. Following the conclusion of each treatment method, all three treatment groups showed improvements in symptoms. The group which was treated with Terbinafine daily for 2 weeks had the most significant improvement (93.3%) in regards to symptom improvement and absolvement of the rash. The second most successful treatment arm was Terbinafine twice daily for 1 week with a success rate of 86.7%. Lastly, Fluconazole once weekly for four weeks was shown to have 83.3% improvement. Subjects treated with Fluconazole had the most GI adverse reactions compared to the other two

treatment groups. Lastly, recurrence rates were most prevalent in the group treated with Fluconazole (12%), while daily Terbinafine was associated with the fewest relapses (3.57%). This research suggests that while all treatment options that were looked at can be used to treat tinea, Terbinafine dosed once daily for two weeks is associated with the highest success rate and lowest recurrence rate combined.