7/15/20

J.S.

**CC:** “I found these lumps on my chest about a week ago”

**HPI:** JS is a 39 year old male smoker with significant PMH of asthma who came in today for a wellness examination. Patient found 2 subcutaneous lumps on his chest, bilaterally about a week ago. Each nodule is approximately an inch from his nipple. Patient does not believe these nodules are painful, but he does complain of some soreness when he touches them. Denies this ever happening before, taking anything to relieve the pain, or recalling its exact onset (i.e. whether it was sudden or gradual). Denies discoloration or change in quality of skin, any nipple discharge, generalized weakness/fatigue, fever, chills, night sweats, headache, recent travel, or exposure to COVID.    (nipple piercing/paraphernalia)

**PMH:**

Asthma

**PSH:**

None

**Allergies:**

NKDA

**Medications:**

Montelukast Sodium 10mg Tablet 1

Flovent HFA 220mcg/actuation Inhalation Aerosol 2

**Family History:**

Mother: alive and well, 57

Father: died at 45, alcohol abuse

Patient states there is family history of breast cancer- only thing he recalls is that his maternal aunt and maternal grandmother both had it

**Social History:**

Lives at home alone

Sexually active with females

Currently smokes cigarettes (½ pack a day x 15 years)

Drinks alcohol socially

**ROS:**

General: Denies fever, recent weight loss/gain, loss of appetite, weakness/fatigue

Head: Denies headache, vertigo

Neck: Denies stiffness and decreased range of motion of the neck.

Eyes: Denies any changes

Respiratory: Denies SOB, cough

Cardiac: Denies chest pain, palpitations, syncope. No history of DVT/PE

GI: Denies abdominal pain, nausea, vomiting, diarrhea, constipation

GU: Denies pain on urination

Breast: Admits to palpable breast nodules bilaterally.  Denies discoloration or change in quality of skin, any nipple discharge

Musculoskeletal: Denies muscle weakness in the upper/lower extremities

Neuro: Denies dizziness, loss of balance, seizures, ataxia

Psychiatric: Denies feelings of sadness/depression, anxiety, changes in mood

**Physical Exam:**

VS: BP: 110/80 Pulse: 65 Respiration: 13 Temp: 97.1 O2: 100% RA

Height: 5’11 Weight: 199 lbs BMI: 27.8

General: 39 year old male in no acute distress, well nourished and well developed

Head: Normocephalic, non-tender to palpation throughout

Neck: Trachea midline, tender to palpation, full range of motion. No palpable lymphadenopathy

Eyes: PERLLA, EOM intact, visual fields normal

Heart: S1 and S2 normal. Regular rate and rhythm. No S3, S4, splitting of heart sounds, murmurs or rubs

Lungs: Lung fields clear to auscultation bilaterally, respirations unlabored and no accessory muscle use

Abdomen: Soft and non-distended. No rebound or guarding. BS present in all 4 quadrants. Non-tender to palpation throughout the abdomen

Breast: Palpable medial breast nodules (2 total) bilaterally that are soft and mobile in nature:

*Left Breast:* dime sized nodule noted at 3’oclock location, 2 finger breadths from the areola. Tender/sore to palpation. No nipple discharge, palpable supraclavicular or axillary lymphadenopathy noted

*Right Breast:* dime sized nodule noted at the 9’oclock location, 2 finger breadths from the areola. Tender/sore to palpation. No nipple discharge, palpable supraclavicular or axillary lymphadenopathy noted

Extremities/Peripheral Vascular: Extremities are all normal in size and temperature. No clubbing/cyanosis/edema noted.

Neuro: Awake, alert and oriented to person time, place, and situation. Appears as stated age, well groomed, eye contact good. No dysarthria, dysphonia or aphasia noted.

**Assessment:**

39 year old male smoker with asthma presents to the clinic complaining of sore palpable bilateral breast nodules x1 week

**Labs/Imaging:**

EKG performed (normal sinus rhythm)

Patient had Chest X-ray in January that was unremarkable

**Differential Diagnosis:**

1. *Breast carcinoma*→ likely diagnosis due to patient’s presentation + family history of breast cancer (first on the differential due to its importance/need to rule out)
2. *Fibroadenoma*→ most common type of benign breast tumor; patient complaining of soreness and it was found to be mobile on physical exam
3. *Lipoma*→ possible diagnosis due to patient’s presentation and that the patient is complaining of soreness and not pain
4. *Gynecomastia*→ patient presenting with a typical initial sign of gynecomastia (i.e. lump of fatty tissue near the nipple)
5. *Pseudogynecomastia*→ also a possible diagnosis (gynecomastia= excess of glandular tissue vs. pseudogynecomastia= excess of fat)

**Plan:**

-Bilateral breast sonogram to further evaluate these bilateral nodules

-CT scan of the chest (patient is a smoker & has palpable breast nodules)

-Smoking cessation counseling offered

-Continue Montelukast & Flovent to manage patient’s asthma

-Ensure patient is following up regularly with pulmonologist

-Follow up appointment made for 2 weeks to discuss imaging results/ reassess situation (Consider referral to surgeon pending imaging results to schedule possible lumpectomy)

Good plan