

Diary of a Family Physician



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9:00 a.m.

A hair stylist presents for the third time in one month with a recurrent abscess between the fourth and fifth toes of her left foot. I had previously incised and drained the abscess. She insisted that she had hair in her foot, but I didn't find any. Today I remove the scab from her foot and gently probe the wound with splinter forceps. Surprisingly, I extract a number of different colored hairs. The patient tells me that she wears sandals to work and that hair lands on her feet all the time. The hairs became embedded in the web space, causing the abscess.

9:45 a.m.

I see a young man for hospital follow-up of an intractable headache. In the ER two days earlier, he had labs drawn and a brain CT. He was administered ketorolac and ondansetron and then discharged. I note a vesicular rash on his left medial eyebrow and another just below his hairline on the left side and significant left scleral injection. I diagnose him with zoster, start appropriate therapy, and refer him to an ophthalmologist.

10:05 a.m.

An older man returns to discuss test results. Two weeks ago he presented with leg edema. I had suspected DVT, but his venous Doppler results were negative. I ordered ultrasonography of the abdomen, followed by a CT; these showed significant abdominal and inguinal adenopathy. An ultrasound-guided biopsy of one of the inguinal nodes was positive for adenocarcinoma, so I refer him to oncology.

11:00 a.m.

My medical assistant announces that he has just received a call from the dean of the medical school where he had

interviewed and was told he had been accepted. We celebrate the great news and are happy that our other student was also recently admitted to medical school.

11:20 a.m.

I thought that COVID-19 was on the wane, but I've seen three married couples who've contracted it this week. Only one of the six had been vaccinated. Today, one duo presents to my parking lot clinic two days after the husband was seen at the ER. His oxygen saturation is 71%. He looks acutely ill, and his wife is visibly upset. I send him back to the ED.

2:00 p.m.

I've been inundated with sick children and their parents since the school year started. A young mother presents with her two children who are in daycare and have upper respiratory symptoms with fevers. She says her hands are so sore that she can barely use them. Examination of her palms reveals a diffuse erythematous papular rash consistent with hand-foot-and-mouth disease. One of her daughters has a much milder case, and the other has no characteristic rash at all. Unfortunately, I don't have much to offer this exhausted woman besides supportive measures.

2:30 p.m.

A mother brings in her newborn for a well-child examination. The mother is wearing a Lifevest because she developed severe postpartum cardiomyopathy. She was in perfect health prepregnancy, but now her ejection fraction is 20%. Her father is in the room to help her with the baby. The Lifevest has not activated, fortunately, and she was told by the cardiologist that she has a good prognosis for regaining cardiac function.

6:30 p.m.

I call the wife of the patient with COVID-19 I had examined in the parking lot earlier and find that he has not been intubated, as I feared would happen. He is on high-flow oxygen and had been given remdesivir and steroids. I wish he had accepted my offer of treatment with the monoclonal antibody earlier in the week before he became so hypoxemic. ■

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