

Mr. Ibrahim methqal shtiwi 22 Years old male patient single he lives in el zaton, he is work in bookshop, he was in medical department after admitted to ER on 15th of October.

3 day ago

The history was taken from the patient himself and he was cooperative by me.

CC:

lef leg pain

He complains from ~~DVT~~ in Lt leg for one night.

HPI:

He was in the usual state of health till 1 night before admission, The condition starts with sudden severe left leg pain, not radiating to other area, not relieved with anything, the severity was 10/10, he can't go out because of the pain, he has fever in his legs, no weight loss, no loss of appetite,, no night sweat [No B symptoms]

* DVT → history of trauma - travel history -
* cellulitis blurred abdominal pain - periorbital edema
fever ←
chills
injury.
rupture pteryx
[pancreatic-esophageal cancer] major surgery.
SLF - miscarriage ✓
- heparin ✓
- polycythemia < itching
blurred vision.
* chest pain - hemo physis.
physis

PMH:

He is a known case of DVT diagnose before 2 year and take medicine regularly. *in PHI → red flag*

He was admitted with similar attack on 2020 in his Rt ~~hand~~ and leg and another attack in last month in pelvis

No chronic diseases, DM, HTN, CKD, asthma.

PSH:

No

Drug history:

Comodine 5mg every 2 days

He took corona vaccine. *for children.*

No drug ^{or food} allergy.

No blood transfusion.

Family history:

His mother has DM and DVT in the Rt leg, his father has cardiac disease, there is no 1st degree relative consanguinity.

Social history:

He lives in the 2nd floor with a good ventilation
no smoking, no alcohol, no drug abuse, no
animal contact, no medical insurance.

Travel history:

Egypt.

ex smoker

→ if he cessation the cigarette
6 month ago.

Systemic review: resp - Cardia - GI

CNS: NO

Musc: No

Cardio: No

Res: chest pain, hemoptasis

Endo: No

Hemat: No

Urinary: No