**CC:** Breast pain for past 1 year

**Subjective:**

A 70 years female with PMHx hypertension, hypercholesterolemia came to the clinic for 6 months to follow up for left breast pain for the past 1 year. Patient describes the pain as a burning sensation on the whole left breast, 8/10 radiating to the axilla and back. No alleviating or aggravating factor. The patient reports mild relief taking gabapentin and tylenol but for the last month the patient has run out of gabapentin. Denies discharge, breast skin changes, itching, nipple inversion, weight loss, abdominal pain, chest pain, SOB, fever, chills, dizziness, or headache.

**PMHx**: hypertension, hypercholesterolemia

**Medications**: Losartan, pravastatin , gabapentin, restasis, therems

**Past surgical history**: Hysterectomy (2002)- no complication

**Allergies**: NKDA

**FHx**: Unremarkable

**SHx**: denies EtOH, no smoking, no recreational drug use. Retired, used to work in TV manufacturing. Currently lives with husband.

**Objective:**

**Vitals:**

BP: 136/69

Pulse: 73

Resp: 20

Temp: 98.6 °F

Weight: 151 Lb

Height: 62 inches

BMI: 27.61

**PE:**

**General:** Pt appears well-developed and well-nourished. Non-toxic appearance.A&O x3, NAD

**Breast**- bilateral mammillary tissue in axillae, no lumps, or discoloration noted. No ulceration or discharge noted on the areola.

**Heart:** regular rate and rhythm (RRR); S1 and S2 are normal

**Lungs** – clear to auscultation and no evidence of adventitious sounds

**Abdomen**: Bowel sound is present in all four quadrants. soft, nontender, no palpable masses, lumps, organomegaly.

**Imaging: Mammogram**

Impression

**Bilateral**

There is no mammographic evidence of malignancy.

 **BI-RADS:** Overall: 2 - Benign

**Assessment**:

A 70 years female with PMHx hypertension, hypercholesterolemia came to the clinic for 6 months following up for breast pain. Based on physical examination and diagnostic tests, the pain appears neuromuscular in nature.

 **Differential diagnosis:**

1. Neuromuscular pain
2. Breast cancer
3. Breast cyst
4. Esophagitis

**Plan:**

* RTC 6 months
* Annual Screening Mammogram on April 2021
* Continue taking Gabapentin 300 mg TID PO for pain management
* Continue acetaminophen prn