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Nadel, Marguerite J
OFFICE NOTE
01/24/2012

DOB: 11/06/1935

PROBLEMS: MYCOBACTERIUM AVIUM COMPLEX LUNG INFECTION.

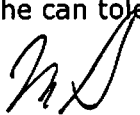
ANTIBIOTICS: None.

SUBJECTIVE: The patient had a bout of upper respiratory tract infection for which she eventually took amoxicillin from the walk-in clinic. This has resulted in near-resolution of the signs and symptoms. She comes in because she is now more convinced that she needs to start treatment for MAC based on the persistence of her background respiratory symptoms and recent events of radiographic progression. She states that she has done some research and found that she can get this medication from overseas at a price that she can afford.

OBJECTIVE: On exam, her weight is 124 pounds down from 127 pounds. Vital signs are stable. HEENT is negative. She has had a few respiratory wheezing in the left midlung field posteriorly. The rest of the exam is unchanged.

ASSESSMENT AND PLAN: Total of 25-minute talk. We elected to proceed with triple treatment with Zithromax, ethambutol and rifampin. We will start with Zithromax and shortly thereafter if she tolerates we will introduce ethambutol. If she tolerates that, she will start rifampin and we will see her in followup 2 to 3 weeks after she starts her medications. Discussed with her in detail.

ADDENDUM: Mrs. Nadel's anti-Mycobacterium avium complex treatment will last 18 to 24 months if she can tolerate.



Manuel Gordillo, MD

MG/cc

cc: Ziad Ghamra, MD

DD: 01/24/2012 DT: 01/24/2012 Voice #: 16538009

Nadel, Marguerite

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CONSULTATION NOTE
10/25/2011

DOB: 11/06/1935

REASON FOR REFERRAL: Progressive Mycobacterium avium complex.

REFERRING PHYSICIAN: Ziad Ghamra

INTERIM HISTORY: This 76-year-old female known to Dr. Mercado in the past has requested to see someone else in our practice for a second opinion. She is known to have Mycobacterium avium complex in respiratory secretions in the past interpreted as MAC colonization. However, she has developed increasing cough and a CT scan from October 10 has shown mild progression of lingular and right middle lobe bronchiectatic changes and areas of nodular consolidation in the left lower lobe and the lingula are somewhat improved. However, there are new fine lobular changes in the left lower lobe. With this clinical radiographic progression, the patient is referred. She has a known history of ductal carcinoma in situ of the right breast and a mastectomy in the past. She is a former smoker and she believes in alternative treatments, as she puts it, the power of healing from our own body. Furthermore, she has issues with medication coverage and the potential high cost of MAC treatment. For all of these, she wants to be reassessed.

OBJECTIVE: On exam, her weight is 127, temperature 97.8, pulse 72, respirations 18, blood pressure 148/100. HEENT is negative. She has prolonged expiratory phase but no crackles or wheezes. The abdomen is soft, nontender. Extremities: Unremarkable.

Dr. Mercado's and Dr. Ghamra's notes were reviewed.

ASSESSMENT AND PLAN: Had a 30-minute conversation with her going over the natural history of MAC, the accepted methods of dealing with this disease and the therapeutic approaches. After going over with this in detail, she is willing to consider treatment with something like Zithromax, ethambutol and rifampin, but she needs to check her financial situation first. I will see her if she decides to get treated, otherwise, we will see her in a year. At this point, she is undecided.



Manuel Gordillo, MD

MG/pls

COMPLETED

cc: Marc Weinberg, MD
Ziad Ghamra, MD

DD: 10/25/2011 DT: 10/27/2011 Voice #: 16116518

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