

Transcription

D: Come in.

P: Good morning.

D: Good morning, nice to see you.

P: And you.

D: Come take yourself a seat. What would you like to talk about today?

P: Well it's more of a trivial thing but when I first booked the appointment I had erm, see look, a stripe across there and it was just sort of about there when I made the appointment and it's gradually gone across and I've got another one on this wrist.

D: Hmm.

P: I haven't burned it or anything, so. I mean it's not a life threatening condition but I was puzzled.

D: What do you think it might be?

P: I have no clue that's why I'm here.

D: Okay.

P: And it was really really sore when it started and this last couple of days it's not sore anymore but it looks as if I've burned myself on the oven or something doesn't it.

D: But clearly you haven't?

P: No.

D: No.

P: Well not to have equally on both wrists it's...

D: Marks on your skin anywhere else?

P: No.

D: No, okay. So no theories? No worst fears?

P: No.

D: No. It was originally sore?

P: It was very sore yes.

D: But less sore now?

P: It's not sore at all now.

D: And how's your general health?

P: Okay, yeah.

D: Was there some other issue you were planning to raise today?

P: No.

D: No? okay. And I saw a letter from the cardiologist about your pace maker.

P: Pace maker. Yes it's erm, it's sort of moved across here so when I turn over in bed, it's about the size of a two pound coin only thicker, and when I turn over in bed the thing actually turns on it's edge...

D: Catches.

P: ...and makes the muscles all sore and achey and it wakes me up in the night.

D: Yeah okay.

P: So they kindly offered to rebury it. I thought that was rather a weird term.

D: Yes, yes. Okay.

P: As long as they don't bury me with it.

D: But you understand what they mean?

P: Of course I do, yeah.

D: Yeah. Alright. Erm, okay in terms of your side of things, you're really just wanted an idea of what might be causing this...

P: Yes.

D: ...and rule anything out that might be nasty?

P: I really just think, and as it sort of went along I just thought I don't know what it could be I can't even make a guess of what it could be. Can you?

D: Well let's have a closer look at your skin generally and that might be a helpful thing. Your weight's steady?

P: Yeah.

D: Yeah?

P: Sadly.

D: Breathing's okay?

P: Yes.

D: Joint's are okay?

P: Well apart from this loose implant.

D: Yeah, are you having anything done about that?

P: Yes, I'm on the waiting list to go for a revision but that might not be until October or November.

D: Heartburn wise, how are things?

P: Fine.

D: You're alright? Okay. Living on your own? Coping at home? Mobile enough?

P: I did have an episode about two weeks ago where this flared up and it was unfortunate at the time because you know I've got shoulder problems as well and they decided to have a hissy fit that day as well and I managed, I was in pain laying in bed so I went downstairs and settled on the settee and then I couldn't get up of the settee. I just could not and then I was dying to go to the loo and in the end I rang my neighbour and she's, a puff of wind, she's so small so she was trying to heave me off the settee and I said Maureen you're not going to, and fortunately she has a nephew lodging with her at the moment so she went and got him...

D: Fab.

P: ...and between...

D: Got you up and about.

P: ...between the two of them they hauled me to my feet but it was a real, I, I was quite scared actually and erm...

D: Okay. I wonder...

P: ...the next day everything returned to normal.

D: Couple of thought's related to that if that's okay in terms of temporary immobilities, is it worthwhile thinking about having some sort of emergency call system?

P: Well I did look into that, but most of the ones I explored, they just ring your neighbour.

D: Right.

P: I thought, well I can do that.

D: Well social services have a system where you can actually get...

P: I have had an occupational therapist coming from...

D: Yeah, that's the next thing I was going to ask about yeah.

P: ...and he went around the house and had a look and that but that day he came I was very mobile, I didn't need my walking stick and he suggested a stair lift and I said only in my grave.

D: Okay, so just thoughts...

P: But he didn't have anything to offer.

D: Yeah, thoughts related to that emergency buzzer system, it can work really well where you can either have a thing around your neck or around your wrist.

P: I know, I've used them when I had my knees done...

D: Yeah. So you can actually call carers out.

P: Yes.

D: So that might actually be worth while thinking about.

P: And erm, yeah I'll have to do a bit more Googling on that one.

D: Shall we have a closer look at your skin? Got no lesions in your mouth at all?

P: No.

D: No? Okay.

P: I hesitated because just at the moment I have lost a great chunk of tooth and I got bite marks on my tongue where the edge of the tooth keeps rubbing on it.

D: Have you, oh dear, okay.

P: I've got an appointment to go and see the dentist.

D: Fabulous.

P: It's not a very big cavity it's just the edge of the cavity is, erm...

D: Got you, okay. But no sore marks in your mouth at all?

P: No, no.

D: And no irregularities in the skin inside your mouth at all?

P: No, no.

D: No? Okay. Let's have a closer look at your skin.

P: What tickles me is the edge of this is really rough skin. You know, and it's dead white. It just...

D: Well you've got atrophic skin here but it started off inflamed and sore and now it's become quite thin and paper-like. Has it always been paper-like?

P: Even when it was that big it was really painful and then it sort of gradually crept across there and I thought if it gets all the way round is my hand going to drop off. That's stupid but you know it sort of makes you think, but it has a rough edge there. When you say atrophic skin can you erm...

D: So the skin's quite thin isn't it? You're not using any creams on this at all?

P: No.

D: So that's five centimetres by about two and a half on that wrist.

P: Yeah.

D: It's interesting it's at the same point on both hands.

P: I know this is a peculiarity isn't it.

D: Five by two and a half, three again. Again it's very similar in shape and size, none on your ankles at all?

P: No.

D: But it originally was sore and that was you say a couple of weeks ago?

P: When it started it was probably nearer a month ago but I made the appointment two weeks ago.

D: Ah, okay, okay. So the pain has gone out of it?

P: And it's not hurting anymore.

D: Yeah.

P: It hasn't progressed actually since, in the last week. It hasn't got worse. But erm, and to be honest I was almost tempted to cancel the appointment but I thought I'd come and bother you anyway.

D: Thank you, consider myself bothered. Okay, well it doesn't look like anything nasty and that's reassuring isn't it and it doesn't seem to be bothering you too much. In fact if anything it's got a little bit better. Because the skin is so thin there you might choose to use a greasy moisturiser and I can prescribe some of that if you like.

P: Well, are you talking about a steroid?

D: Well, if it was sore...

P: Because I've got buckets full of them at home.

D: Well, can I ask you about steroid use because this type of change potentially could be caused by using steroids, but you're not using them on there?

P: I never put it on there and if, when, I do it on my perineum, Clobetasol.

D: I was going to ask you about that. So you've got areas of lichen sclerosus et atrophicus there?

P: That's right, yes.

D: And it could be, it could potentially be a related condition on your wrist here.

P: Yeah, and I also get some sore sort of eczema-ry type spots.

D: Do you mind me having a look at the eczema?

P: Not at all. I got them under control at the moment but sometimes they really weep.

D: So you get eczema intertrigo underneath your breast there?

P: Oh is that what it's called?

D: Yeah, yeah. Can I check in terms of...

P: So, and I sort of vary. I sort of go through a regime, I might use Clobetasol, Hydrocortisone cream or Daktacort and see which one works and I actually found that Canesten works.

D: I was going to suggest that Canesten probably works better than anything else. Your diabetes control is adequate at the moment?

P: Yeah, yeah.

D: Because sometimes it could be linked in with that as well.

P: Indeed, yes I did think of that, yes.

D: So, I think that this is a skin condition that's probably linked in with your lichen sclerosus et atrophicus that you've got down below.

P: I never thought of that.

D: It's kind of a little bit eczematous and red. There's a little bit of scale on that one but it's mostly just tissue thin isn't it?

P: It's never been wet anymore.

D: If it's sore then the steroids make a lot of sense but they will thin the skin further so I would probably stick with the greasy moisturiser, so something like Zeroderm ointment is quite good because it's kind of, it puts the natural oils back into the skin. Shall I prescribe you some of that at the moment?

P: Just a small tube.

D: Sure okay. What I would suggest is...

P: I've got so many huge tubes of things. I got one of Clobetasol and the metal tube is so stiff, I can't squeeze the stuff out.

D: Okay, do you need anymore for your perineum?

P: No not at all, I've got loads of it.

D: So what I'd suggest that we do...

P: In actual fact my lichen is pretty much under control at the moment which is a joy.

D: Okay so I need to see you again if it's persistently painful or ulcerated.

P: Yes. I'd be round here like a shot if it got ulcerated.

D: So I'll give you some Zeroderm at the moment for it. Does that all make sense? Do you want to ask any further questions?

P: No it all sounds logical. It just seemed really weird.

D: So you can have it as often as you want.

P: I've actually had to type out a little list of which product I use where and stick it on my

bathroom wall next to the toilet.

D: It can get complicated can't it.

P: Yes, because I got to the point and I thought, oh what the hell do I use this for and where do I use that for? And I've even got a tube that I use just in one spot in my groin, you know because it's, that does get quite sort of cracky and...

D: It sounds like you're relatively comfortable with what you're using and where you're using.

P: Absolutely, yeah, it all works.

D: Good. That has gone through to your pharmacist next door, if it's not doing the trick or you need further support feel free to give me a call.

P: I will thank you very much indeed.

D: Your welcome, anytime.

P: Sorry to trouble you.

D: Not at all. Bye for now.

P: Such a minor thing.

D: No trouble.