

2601 E. Oakland Park Blvd, Suite 102 Ft. Lauderdale, FL 33306 Phone: 855-573-2663

Urology Second Opinion (extended consultation)

Patient: xxxxxxxxxxxxxx

DOB: 12/02/1968

DATE: 03/16/2022

Discussion and questions:

- Based on the report, I believe the patient had a serious drug reaction or allergy to levofloxacin. His rash and arthralgia and fevers were likely a drug reaction. This was confirmed on the second trial of levofloxacin when his symptoms got worse.
- Was a urinalysis or urine culture ever performed throughout the time of his urinary symptoms or initially in April 2013? If so, what was the result?
- Was the patient ever diagnosed with prostatitis in the past?
- Has the patient ever been treated for prostate enlargement/BPH? If so, was the medication used flomax/uroxatral/proscar?
- Was a serum PSA blood test ever done to r/o prostate cancer or acute prostatitis?
- How long is the intended treatment for his chronic prostatitis? The standard recommended 4 weeks?
- Was a post-void residual bladder scan ever done on his initial visit?

Specific concern:

Was outpatient treatment according to protocol and hospital admission in adequate time?

- Yes, the standard treatment for presumed prostatitis includes 4 weeks of fluoroquinolone antibiotics such as levofloxacin or ciprofloxacin. Also can include an NSAID and can consider alpha-blockers such as flomax/uroxatral. Supportive care can also include sitz-bath and more frequent ejaculation. However, the patient's initial symptoms may be related to BPH and that diagnosis should be entertained and a treatment trial for that should be considered.
- In terms of his timing for hospital admission, I think the admission was appropriate to determine and rule out other causes for the fever or to consider other IV antibiotic treatment and to treat his allergic reaction if needed.

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-Electronically Signed by: , MD, Board Certified Urologist

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-Electronically Signed by:, MD, Board Certified Urologist on 03/16/2022 9:45:14 AM

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