Simulated Patient Brief — Thompson (Lymphoma)

CSFC

Age	27 yrs (DOB 20/03/1997)
Name	Clare Thompson
Presenting complaint	‘There is a lump on my neck’
Opening statement	There is a lump on my neck.
Location	GP surgery

STUDENT BRIEF

You are a medical student based at a GP surgery, and you have been asked to take a history from Clare, a 27-year-old woman.

PATIENT BRIEF

Name: Clare Thompson. DOB: 20/03/1997.

PRESENTING COMPLAINT

‘There is a lump on my neck’

HISTORY OF PRESENTING COMPLAINT

You have a small swelling on your neck for about 8 months. It has gradually grown especially in the last month. The lump is located just above your collar bone. You decided to see your GP because it is not getting any smaller. The lump is not painful, but it is firm, and it does not seem to move when you touch it. The skin does not look red. No pus/discharge.

You have no issue moving your neck or arms.

You have always had dry skin but recently it has become a lot itchier than before.

You have not been ill recently. No rash.

You do not have any other lumps.

Only give this information if asked: You have night sweats and often need to change your pyjama and beddings overnight as they are soaked with sweats. This happened intermittently for the last 2–3 months.

You have lost 10kg over the last 6 months, but you have put this down to being tired and a lack of appetite.

You have noticed some discomfort around the lump after alcohol consumption.

PAST MEDICAL HISTORY

You had a few episodes of tonsilitis 5–6 years ago. Had glandular fever when you were at university.

DRUG HISTORY

No allergies.

FAMILY HISTORY

Your father had a history of skin cancer, and your mother had hypertension. There are no other significant family health issues.

SOCIAL HISTORY

You work in HR and consider yourself as a social smoker e.g. 1–2 a week when hanging out with friends. You drink alcohol occasionally.

SYSTEMS REVIEW

Night sweats. Weight loss. Lethargy.

IDEAS, CONCERNS AND EXPECTATIONS

> You are very concerned about the lump as you are going to Dubia in 1 months' time to celebrate your best friend's wedding. You want to know if the lump will resolve on its own. If not, you want to be referred to dermatology to have it removed.

FOLLOW-UP QUESTIONS TO GUIDE DISCUSSION

What is your leading differential diagnosis and why?
Diagnosis: Hodgkin Lymphoma
Differential diagnosis: Non Hodgkin Lymphoma, leukaemia, myeloma

How would you manage this patient in primary care?
Suspected cancer pathway referral (2 week wait) for lymphoma.

What findings would you expect to see from biopsy?
Reed-Sternberg cell / bi or multinucleated, with prominent eosinophilic nucleoli