

QUESTION

A 68-year-old man with a 10-year history of type 2 diabetes mellitus presents to the emergency department with a 2-day history of severe, constant abdominal pain. The pain is located in the right lower quadrant and is associated with nausea and vomiting. He has not had a bowel movement for 3 days. He has a history of hypertension and is currently on metformin, lisinopril, and insulin.

On physical examination, he is tachycardic with a heart rate of 110 beats per minute. His blood pressure is 140/90 mmHg. He has mild tenderness to palpation in the right lower quadrant, with no rebound tenderness or guarding. Bowel sounds are normal. There is no costovertebral angle tenderness.

Initial laboratory studies show a white blood cell count of 12,000 cells per cubic millimeter with a left shift. His serum lactate is elevated at 4.0 mmol/L. His serum amylase and lipase levels are within normal limits. A computed tomography scan of the abdomen shows a 4-cm, enhancing soft tissue mass in the right lower quadrant, consistent with an appendiceal mass. There is no evidence of perforation or abscess.

Which of the following is the most appropriate next step in the management of this patient?

A. Appendectomy

B. Appendicectomy

C. Appendicostomy

D. Appendicectomy with appendicostomy

E. Appendicectomy with appendicostomy and appendicectomy

ANSWER: A

EXPLANATION: This patient has a 4-cm, enhancing soft tissue mass in the right lower quadrant, consistent with an appendiceal mass. The most appropriate next step in the management of this patient is appendectomy.

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ANSWER: A