

QUESTION

A 40-year-old male with a long history of alcohol abuse presents to the emergency department with a 2-day history of severe, constant abdominal pain. The pain is located in the right upper quadrant and is exacerbated by movement. He also reports nausea and vomiting. He has a history of chronic hepatitis B and is currently on antiviral therapy. He has no recent travel or contact with sick contacts.

On physical examination, he appears ill and is tachycardic with a heart rate of 110 beats per minute. His blood pressure is 100/60 mmHg. He has scleral icterus and mild ascites. There is tenderness to palpation in the right upper quadrant, with guarding and rebound tenderness. There are no Murphy's sign, no costovertebral angle tenderness, and no bowel sounds. His laboratory studies are significant for a white blood cell count of 15,000/mm³ with a left shift, a total bilirubin of 2.5 mg/dL, and an aspartate aminotransferase (AST) level of 150 U/L. His alkaline phosphatase (ALP) level is 400 U/L.

Which of the following is the most likely diagnosis?

A. Acute cholecystitis	B. Acute pancreatitis	C. Acute hepatitis B	D. Acute cholangitis
E. Splenic rupture	F. Gallbladder perforation	G. Portal hypertension	H. Biliary colic

ANSWER: A

DISCUSSION



Acute cholecystitis is a common diagnosis in patients with RUQ pain. The clinical presentation is characterized by RUQ pain, Murphy's sign, and leukocytosis. The laboratory studies are significant for a white blood cell count of 15,000/mm³ with a left shift, a total bilirubin of 2.5 mg/dL, and an aspartate aminotransferase (AST) level of 150 U/L. His alkaline phosphatase (ALP) level is 400 U/L.