

QUESTION

1. A patient with a long history of alcohol abuse presents with a 2-week history of weight loss, anorexia, and weakness. Physical examination reveals a 10% weight loss, tachycardia, and a positive Tinel's sign. Laboratory studies show a serum albumin of 2.5 g/dL, a total bilirubin of 2.0 mg/dL, and a prothrombin time of 18 seconds. The patient's most likely diagnosis is:

A. Alcohol withdrawal
B. Acute pancreatitis
C. Wernicke's encephalopathy
D. Cirrhosis
E. Vitamin B12 deficiency

Option	Correct Answer	Explanation
A	Incorrect	Alcohol withdrawal typically presents with tremors, tachycardia, and hypertension, but not with the chronic weight loss and anorexia seen in this patient.
B	Incorrect	Acute pancreatitis is characterized by severe abdominal pain and elevated serum amylase and lipase levels, which are not mentioned in the case.
C	Incorrect	Wernicke's encephalopathy is a neurological emergency characterized by the triad of ophthalmoplegia, ataxia, and confusion, which are not present here.
D	Correct	The patient's chronic alcohol abuse, weight loss, anorexia, weakness, and laboratory findings (low albumin, elevated bilirubin, and prolonged PT) are all consistent with cirrhosis. The positive Tinel's sign is also a common finding in cirrhosis.
E	Incorrect	Vitamin B12 deficiency typically presents with megaloblastic anemia and neurological symptoms such as paresthesias and gait disturbances, which are not described in the case.

ANSWER: D

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