

QUESTION
 A 45-year-old male patient with a long history of alcohol abuse presents to the emergency department with acute onset of severe abdominal pain, vomiting, and diarrhea. The patient reports feeling increasingly fatigued and has noticed yellowing of his eyes and skin over the past few weeks. Physical examination reveals a jaundiced appearance, scleral icterus, and a tender, enlarged liver. Laboratory studies show a total bilirubin of 4.5 mg/dL, aspartate aminotransferase (AST) of 180 U/L, and alanine aminotransferase (ALT) of 220 U/L. The patient's prothrombin time (PT) is 18 seconds, and his international normalized ratio (INR) is 2.5.

ANSWER

Condition	Key Features
Alcoholic Liver Disease	<ul style="list-style-type: none"> History of alcohol abuse Jaundice AST > ALT PT/INR abnormalities
Acute Viral Hepatitis	<ul style="list-style-type: none"> AST > ALT Recent onset of symptoms Normal PT/INR
Chronic Viral Hepatitis	<ul style="list-style-type: none"> Normal or mildly elevated AST/ALT Normal PT/INR Long-term symptoms

EXPLANATION

The patient's presentation is consistent with alcoholic liver disease (ALD). Key features include a long history of alcohol abuse, acute onset of severe abdominal pain, vomiting, and diarrhea, and laboratory findings of jaundice (total bilirubin 4.5 mg/dL), elevated AST (180 U/L) and ALT (220 U/L), and coagulopathy (PT 18 seconds, INR 2.5). The combination of AST > ALT and prolonged PT/INR strongly suggests ALD.

Acute viral hepatitis is less likely because of the patient's long history of alcohol abuse and the presence of coagulopathy. Chronic viral hepatitis is also unlikely because of the acute onset of symptoms and the presence of coagulopathy.

REFERENCE
 UpToDate. Alcoholic liver disease. Available at: <https://www.uptodate.com/contents/alcoholic-liver-disease>.