

## QUESTION

1. A patient with a long history of alcohol abuse presents with a severe headache, vomiting, and confusion. The patient's vital signs are stable, but the physical examination reveals a tachycardia and hyperreflexia. The patient's laboratory studies show a serum sodium of 128 mEq/L, a serum glucose of 100 mg/dL, and a serum lactate of 2.5 mmol/L. The patient's arterial blood gas (ABG) shows a pH of 7.35, a pCO<sub>2</sub> of 35 mmHg, and a bicarbonate of 20 mEq/L. The patient's urine toxicology screen is positive for alcohol. The patient's most likely diagnosis is:

Option	Answer	Explanation
A. Ethanol withdrawal	Correct	The patient's symptoms of severe headache, vomiting, and confusion, along with tachycardia and hyperreflexia, are characteristic of ethanol withdrawal. The patient's laboratory studies show a serum sodium of 128 mEq/L, a serum glucose of 100 mg/dL, and a serum lactate of 2.5 mmol/L. The patient's ABG shows a pH of 7.35, a pCO <sub>2</sub> of 35 mmHg, and a bicarbonate of 20 mEq/L. The patient's urine toxicology screen is positive for alcohol.
B. Acute alcohol poisoning	Incorrect	Acute alcohol poisoning typically presents with a depressed level of consciousness, hypotension, and hypothermia. The patient's symptoms and laboratory studies are not consistent with acute alcohol poisoning.
C. Wernicke's encephalopathy	Incorrect	Wernicke's encephalopathy is a neurological disorder caused by a deficiency of thiamine. It typically presents with a triad of symptoms: ophthalmic (nystagmus, lateral gaze palsy), ataxic (ataxia), and mental (confusion). The patient's symptoms and laboratory studies are not consistent with Wernicke's encephalopathy.
D. Delirium tremens	Incorrect	Delirium tremens is a severe form of alcohol withdrawal that typically presents with a triad of symptoms: hyperthermia, tachycardia, and hyperreflexia. The patient's symptoms and laboratory studies are not consistent with delirium tremens.

2. A patient with a long history of alcohol abuse presents with a severe headache, vomiting, and confusion. The patient's vital signs are stable, but the physical examination reveals a tachycardia and hyperreflexia. The patient's laboratory studies show a serum sodium of 128 mEq/L, a serum glucose of 100 mg/dL, and a serum lactate of 2.5 mmol/L. The patient's arterial blood gas (ABG) shows a pH of 7.35, a pCO<sub>2</sub> of 35 mmHg, and a bicarbonate of 20 mEq/L. The patient's urine toxicology screen is positive for alcohol. The patient's most likely diagnosis is:

## ANSWER



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