

QUESTION

A 60-year-old man with a 20-year history of hypertension and a 10-year history of type 2 diabetes mellitus presents to the emergency department with a 2-day history of severe, episodic abdominal pain. The pain is localized to the right lower quadrant and is associated with nausea and vomiting. He has no fever, chills, or diarrhea. He has been on lisinopril, metformin, and insulin for many years.

On physical examination, he is tachycardic and has mild tenderness in the right lower quadrant. Laboratory studies show a white blood cell count of 12,000/mm³ with a left shift. His serum lactate is elevated. A computed tomography scan of the abdomen shows a small, enhancing appendix. The patient is diagnosed with acute appendicitis and is taken to the operating room for an appendectomy.

Postoperatively, the patient develops a fever and tachycardia. His abdominal pain persists, and he has a small amount of purulent drainage from the surgical site. Laboratory studies show a white blood cell count of 15,000/mm³ with a left shift. His serum lactate remains elevated. A computed tomography scan of the abdomen shows a small, enhancing appendix. The patient is diagnosed with acute appendicitis and is taken to the operating room for an appendectomy.

What is the most likely cause of the patient's symptoms?

ANSWER



The appendix is a small, finger-like projection from the cecum, which is the first part of the large intestine.

The appendix is located in the right lower quadrant of the abdomen.

The appendix is a vestigial organ, meaning it is a remnant of an organ that was once functional but is now mostly useless.

The appendix is thought to have evolved from the cecum, which is a large pouch at the beginning of the large intestine.

The appendix is a common site of infection, known as acute appendicitis.