

### QUESTION

1. A patient with a long history of alcohol abuse presents with a 2-week history of progressive weakness, weight loss, and decreased appetite. Physical examination reveals a thin, elderly man with a yellowish tint to the skin and sclera. Laboratory studies show a total bilirubin of 4.5 mg/dL, with a direct bilirubin of 3.8 mg/dL. The patient's liver enzymes are elevated, with an aspartate aminotransferase (AST) of 120 U/L and an alanine aminotransferase (ALT) of 150 U/L. The patient's prothrombin time (PT) is 18 seconds, and his albumin level is 2.5 g/dL. The patient's history is significant for chronic alcohol abuse, and he has no other significant medical history.

Question	Answer	Explanation
1. What is the most likely diagnosis?	Alcoholic liver disease	The patient's history of chronic alcohol abuse, along with the clinical findings of jaundice, weight loss, and decreased appetite, are highly suggestive of alcoholic liver disease. The laboratory findings of elevated bilirubin, AST, and ALT, as well as the prolonged PT and low albumin level, further support this diagnosis.
2. What is the most likely cause of the patient's jaundice?	Alcoholic liver disease	The patient's jaundice is most likely caused by alcoholic liver disease, which leads to liver dysfunction and impaired bilirubin metabolism. The elevated direct bilirubin level is consistent with this diagnosis.
3. What is the most likely cause of the patient's weight loss and decreased appetite?	Alcoholic liver disease	The patient's weight loss and decreased appetite are likely due to the effects of chronic alcohol abuse and liver dysfunction. Alcoholic liver disease can lead to malnutrition and decreased food intake.
4. What is the most likely cause of the patient's elevated liver enzymes?	Alcoholic liver disease	The patient's elevated AST and ALT levels are most likely due to alcoholic liver disease. Alcohol consumption can cause liver injury and inflammation, leading to elevated liver enzymes.
5. What is the most likely cause of the patient's prolonged PT and low albumin level?	Alcoholic liver disease	The patient's prolonged PT and low albumin level are likely due to liver dysfunction. The liver is responsible for the synthesis of albumin and the regulation of the coagulation cascade. Liver disease can lead to impaired synthesis of these proteins.

ANSWER CHOICES:

### QUESTION



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