

QUESTION

A 65-year-old man with a 30-year history of hypertension and a 20-year history of type 2 diabetes mellitus presents to the emergency department with a 2-day history of severe, constant, and worsening abdominal pain. The pain is located in the right lower quadrant and is associated with nausea and vomiting. He has a history of chronic kidney disease (stage 3) and is currently taking lisinopril, metformin, and insulin. He has no recent travel history and no known contact with sick contacts.

On physical examination, he is tachycardic (heart rate 110 bpm) and tachypneic (respiratory rate 22 breaths per minute). His blood pressure is 140/90 mmHg. He has mild conjunctival injection and a dry mouth. His lungs are clear to auscultation. His abdomen is soft but tender in the right lower quadrant, with mild rebound tenderness. There is no guarding or rigidity. His bowel sounds are normal. He has no lower extremity edema or rashes.

Laboratory studies show a white blood cell count of 12,000 cells per cubic millimeter with a left shift (70% neutrophils). His serum lactate is 2.5 mmol/L. His serum creatinine is 1.8 mg/dL, and his blood urea nitrogen is 20 mg/dL. His hemoglobin is 14 g/dL, and his hematocrit is 42%. His serum electrolytes are sodium 138 mEq/L, potassium 4.2 mEq/L, and calcium 10.0 mg/dL. His serum amylase and lipase are within normal limits. His urinalysis shows 10 white blood cells per high power field and 2 red blood cells per high power field. His stool guaiac is negative.

Which of the following is the most likely diagnosis?

- A. Acute cholecystitis
- B. Acute diverticulitis
- C. Acute pancreatitis
- D. Appendicitis
- E. Crohn's disease

ANSWER



- A. Acute cholecystitis
- B. Acute diverticulitis
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- D. Appendicitis
- E. Crohn's disease