

Week 7

Assignment: i-Human Case Study

Pt is a 48yo Caucasian female presenting with progressive intermittent RUQ abdominal pain for weeks that has now increased in severity from 3 to 7 for the past 2 days. Reports pain radiating to right shoulder occasionally. Pain is associated with eating--started with fast food and now with all food.

Treatments with AIDs and antacids ineffective. Other symptoms include nausea and vomiting, and poor appetite.

PE reveals pt is slightly overweight with a FHx of fever (100F), tachycardia, mild scleral icterus, RUQ tenderness to palpation, and a positive Murphy's sign.

Assessment:

Patient presents with typical signs and symptoms of choledocholithiasis which include abdominal pain that is episodic but constant in character, localized in the right upper quadrant, epigastrium, or both and may radiate to the right side; nausea and vomiting are common and tend not to relieve the pain; anorexia. The patient reports acholic stool but denies dark urine but this can be seen in complete or near-complete biliary obstruction (McNicoll, Pastorino, Farooq, & St Hill, 2020).

Her physical includes a positive Murphy' sign as well as multiple risk factors for biliary disease like female gender, age, BMI, multiple pregnancies, and a family history of biliary disease on her mother's side.

Choledocholithiasis is a complication of gallstones when stones obstruct the common bile duct it impedes the flow of bile from the liver to the intestine.

Pressure rises resulting in elevation of liver enzymes and jaundice, say Tnaja, Lopez, and Meer (2020).

Primary Diagnosis and ICD-10 code: Choledocholithiasis with K80.81- Other cholelithiasis with obstruction

Differential Diagnoses:

Cholecystitis- Similarities in presentation and a positive Murphy's sign makes this condition a viable DDx for Choledocholithiasis. Typically, it is positive in cholecystitis, but negative in choledocholithiasis unless there is an obstruction (Schuld, & Glanemann, 2015).