A 36-Year-Old Man With Intractable Vomiting Craig A Goolsby, MD Background

A clinic refers a 36-year-old African man to the emergency department (ED) for vomiting. He has had episodes of vomiting for about a month, and the emesis occurs both when eating food and between meals. He often vomits more than 10 times daily. His vomitus is nonbloody and nonbilious. The patient's vomiting is accompanied by a constant, mild epigastric pain, with some radiation to his right upper quadrant. He characterizes the pain as a mild ache. There has been no associated chest pain or shortness of breath. The pain does not change with exertion. He has not had any diarrhea, fever, or night sweats and, other than during the past month, he has not suffered from similar symptoms. He denies experiencing any trauma. During the past several months, he has noticed an unintentional weight loss of approximately 20 lb. He denies having any prior medical problems, past surgical history, or taking any medications. The patient works as a military guard. He has not recently traveled to Africa or any other foreign destinations, and today is the first time he has sought treatment for his condition.

On physical examination, the patient has an oral temperature of 99.4°F (37.4°C). His heart has a regular rhythm with a heart rate of 110 bpm, his blood pressure is 106/72 mm Hg, and his respiratory rate is 16 breaths/min. He has a pulse oximetry reading of 99% while breathing room air. In general, the patient appears chronically ill; however, he is in no acute distress and is appropriately alert and oriented. He does appear dehydrated. He is noted to have cachexia, with temporal wasting and dry mucous membranes. Clear lung sounds are found bilaterally. His abdomen is mildly tender at the epigastrium, without any peritoneal signs. His extremities are well-perfused, and he has no rash. No focal neurologic deficits are found. See the EKG on the next page.

What is your assessment and plan?

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