**Single Best Answer**

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| **Teaching Block** – Emergency Medicine and Critical Care | | **Teaching Topic** - Emergency Medicine | |
| **Presenting Complaint and Common Conditions** -  Life-threatening circulation presentations including hypertensive emergencies | | **Fundamental Unit** - ICF1 interpret Hx, examination and MSE | |
| **Author** – Phua Dong Haur | **Complexity** - 1 | **Resource Needed** - Nil | Choose an item. |

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| EM: | A 69-year old man with past history of hypertension, chronic smoking and dyslipidaemia complained of sudden onset of left flank pain radiating to the para-umbilical region that started about 2 hours before consultation. The pain was so severe he had multiple episodes of near syncope and diaphoresis. He also had urges of bowel movement, but no urinary complains. He had nausea and 2 episode of vomiting undigested food.  Physical examination revealed an anxious looking gentleman who appeared uncomfortable and pale. Urine dipstick examination was also positive for microscopic haematuria.  What is the diagnosis that should be considered? | |
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|  | (A) | Leaking abdominal aneurysm |
|  | (B) | Left renal colic |
|  | (C) | Acute diverticulitis |
|  | (D) | Acute ancreatitis |
|  | (E) | Intestinal obstruction |

**Correct Response: A**